

Agenda item: 2.3

Paper No: 7



**Guildford and Waverley
Clinical Commissioning Group**

Committee:	Governing Body
Venue:	Dominion House, Woodbridge Road, Guildford
Date:	24 January 2017
Status:	FOR ONWARD RECOMMENDATION TO GOVERNING BODY

Title of Report	Annual Equality Report 2016/17		
Presented by	Elaine Newton, Director of Governance & Compliance		
Author	Liz Patroe, Head of Partnership & Engagement		
Relevant Legislation and Source Documents	Equality Report, 2010 The Health & Social Care Act, 2012		
Freedom of Information	<table border="1"><tr><td>Author considers that no exemption applies:</td><td><input checked="" type="checkbox"/></td></tr></table>	Author considers that no exemption applies:	<input checked="" type="checkbox"/>
Author considers that no exemption applies:	<input checked="" type="checkbox"/>		

Executive Summary:

This report demonstrates the commitment of the CCG to the discharge of its Public Sector Equality Duty to recognise and address inequalities amongst two groups:

- Its resident population
- Its workforce

The CCG applies the Equality Delivery System goals and objectives to achieve the following:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and inclusive staff
- Inclusive leadership

The CCG has carried out three significant procurements this year, which have all benefited from detailed equality analysis to inform the enhancements that need to be made to improve access and outcomes for the different equality groups in Guildford and Waverley. In addition, the CCG has invested in leadership training that will enhance delivery of equality and diversity objectives for the workforce.

The report outlines objectives for 2017/18 to build awareness and knowledge of the CCG's different communities to inform the Sustainability and Transformation Plan for Surrey Heartlands, along with the consideration of equality in relation to other key projects such as the re-procurement of NHS 111 and primary care out of hours services.

Implications:

Health/ CCG strategic objectives	<p>We will improve the health of our local population and reduce health inequalities</p> <p>We will involve local people in shaping what we do, respecting and valuing patient and carer experience and feedback.</p> <p>We will be a learning, listening organisation that values our staff and the wider workforce, and ensures good governance within the CCG and between organisations.</p>
Financial/Resource	No implication
Legal/compliance	Statutory duty to publish an Annual Equality Report by the 31st January of each year (Public Sector Equality Duty)
Equality Analysis	<p>The report highlights the work that the CCG has carried out to reduce health inequalities within its population and promote diversity in its workforce.</p> <p>This paper can be made available in different formats on request.</p>
Patient and Public Engagement	<p>Patient & Public Engagement Group – bimonthly meetings</p> <p>Patient & Public Engagement Forums</p> <p>Patient Participation Group Chairs Network – quarterly meetings</p> <p>Log of PPE special interests has been developed in order to promote opportunities for involvement in CCG business and influence commissioning throughout the year</p>
Risk (including reputational) and rating	No risks have been identified on the GBAF. Delivery of the 2017 equality objectives will strengthen the routine assessment of the impact of QIPP plan on difference equality groups.

Recommendation(s):

1. The Governing Body is asked **to reaffirm their commitment** to be personal, fair and diverse champions.
2. **To agree** the Equality Objectives for 2017/18 on page 21 of the report
3. **To approve** the Annual Equality Report 2016/17 for publication

Next Steps:

If the recommendations and equality objectives for 2017/18 are approved, the Annual Equality Report will be published on the Equality page of the CCG's website by 31/01/17 and circulated to members of the Patient & Public Engagement Group.

An action plan will be implemented to achieve the proposed Equality Objectives for 2017/18



**Annual Equality
Report
2016/17**



Contents

Contents.....	3
Preface.....	4
Equality Duties	5
Equality Delivery System (EDS2).....	6
Who lives in Guildford and Waverley?	6
Delivering Equality	10
Commissioning and designing services to meet local health needs	12
Assessing and meeting people’s health needs in appropriate and effective ways	14
Smooth transitions between services.....	14
Informing and supporting people to be involved with decisions regarding their care	15
Handling complaints respectfully and efficiently.....	15
A representative workforce	17
Equal pay for equal value.....	18
Training and development.....	18
Freedom from abuse, harassment, bullying and violence.....	19
Flexible working	19
Board commitment to promotion of equality.....	19
Equality-related impacts routinely recorded	20
Culturally competent workforce.....	20
Equality objectives for 2017 to 2018	21
Appendix 1 Patient & Public Engagement Group Members.....	22

Preface

NHS Guildford & Waverley CCG is pleased to present its fourth Annual Equality Report covering the year, 2016. It describes how the CCG is responding to the Public Sector Equality Duty (PSED) for our patients and public, as well as our staff. We set out at the end of last year to make progress on several areas of equality and diversity. This report will describe progress against these areas.

The CCG has carried out three different and significant procurements this year: integrated dermatology services; adult community health care services and children's community health care services. Equality analyses for all three procurements were detailed and instructive and helped to develop new service specifications focussed on reducing inequalities in access and outcomes for our population. The evaluation of submitted bids to provide these services in turn asked questions about the ability and commitment of providers to assess and meet equality related needs.

This is clinical commissioning grounded in addressing inequalities and I look forward to seeing the difference that attention to this kind of detail at the procurement stage can make to the experience of services amongst our patients and the overall outcomes across different equality groups.

The CCG has a committed workforce that has grown in size substantially this year, particularly with Guildford and Waverley CCG assuming the lead on behalf of Surrey CCGs for learning disabilities, safeguarding adults and mental health (in addition to children's services) and taking back a local lead for adult community health services. 2016 has seen the highest levels of satisfaction to date for the CCG with 94.2% of staff feeling satisfied or very satisfied in their job. However, the CCG should take seriously the feedback that some staff gave and make particular effort to ensure there are equal opportunities for career progression for all staff groups.

I recognise that progress needs to be made on recruiting and retaining a broad range of people. Of note is the much smaller contingency of men working for the CCG compared to women and so recruitment practices and retention techniques need to bear this in mind going forwards. Diversity in an organisation ensures that diversity in the population served remains a high priority and this is what we will continue to strive for.

Membership of the Patient and Public Engagement Group continues to grow and become more diverse and representative. Views and experiences highlighted by these members to the CCG are critical to having a commissioning organisation that reflects on and learns from experiences amongst our different patient groups.

Thank you to all our stakeholders for their continued support in meeting our equality objectives, particularly our Patient and Public Engagement Group and the Chairs of Patient Participation Groups in our member GP practices, for promoting the many different ways that people can get involved with the work of the CCG. We want to involve diverse groups in our commissioning remit – please do get in touch if you would like to know more about the opportunities to do so.

David Eyre-Brook, Chair

Equality Duties

NHS Guildford and Waverley Clinical Commissioning Group (CCG) is a statutory body comprising 21 GP member practices. Its role is to commission or buy local healthcare that meets the health needs of people living in Guildford and Waverley.

In fulfilling this role, it has a statutory obligation to abide by the Equality Act 2010 and by provisions made under the Health & Social Care Act 2012, which means it must have due regard to:

- ⊕ Reduce inequalities between patients with respect to their ability to **access** health services
- ⊕ Reduce inequalities between patients with respect to the **outcomes** achieved for them by the provision of health services

The Public Sector Equality Duty requires all statutory organisations to publish progress made against the following objectives by the 31st January each year:

- ⊕ Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this 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.

These apply to its role as an employer as well as to its purpose as a commissioner.

What does this mean for people living in Guildford & Waverley?

The CCG has particular responsibility for commissioning the following services:

- ⊕ Acute/emergency health care
- ⊕ Mental health care
- ⊕ Community health care
- ⊕ Children's services including children with complex needs (Surrey-wide remit)
- ⊕ A limited range of services from primary care, known as locally commissioned services

Reducing inequalities between patients with respect to access and outcomes means that the CCG must first understand its particular population and ask:

- ⊕ Which groups have the worse health outcomes?
- ⊕ Which groups find it most difficult to access services?

The CCG should then ensure the services it designs and commissions build in systems that narrow the gap between worse and better off.

Equality Delivery System (EDS2)

The EDS2 is a framework to help organisations to review and improve their performance for people with characteristics protected by the Equality Act 2010. Using the EDS2 can help the CCG to deliver on its PSED as a commissioner and as an employer.

This year’s annual equality report presents a high level review of the CCG’s position against the goals and objectives of the EDS2.

Who lives in Guildford and Waverley?

Understanding the different characteristics within our population is the first stage in addressing health inequalities. In July 2015, Public Health Surrey published an updated Health Profile of Guildford and Waverley. The full Health Profile can be read on Surrey Information Point <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1612> and key points are summarised below.

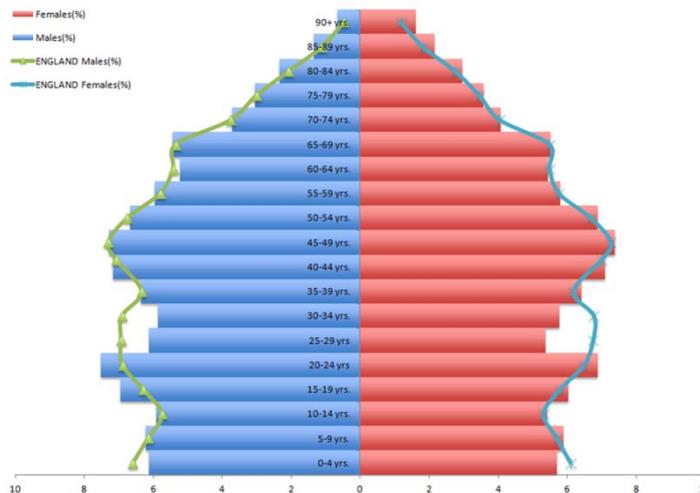
Overall, the key feature of Guildford and Waverley is a number of small areas or ‘pockets’ of deprivation whose residents experience poorer health outcomes overall. It is not a noticeably ethnically diverse population, with the largest ethnic group being the Gypsy, Roma and Traveller community.

Age and Gender

The total GWCCG population is 207,772 and consists of approximately 102,725 (49.4%) men and 105,047 (50.6%) women. Approximately one quarter (24%) are children and young people aged 0-19 years. Almost 60 per cent (58%) are adults of working age (20-64 years).

Approximately a fifth (18%) are older adults, aged 65 years and over, with 3% of the population, the very old, aged 85 years and over.

Age	Male	Female	Total	% Total
0-19	25,915	24,188	50,103	24
20-64	59,792	59,962	119,754	58
65 and over	17,018	20,897	37,915	18
85 and over	2,071	3,958	6,029	3
Total	102,725	105,047	207,772	100



Over the next ten years the age status population has been projected to change as shown in the table below:

Age band	2015	2017	2019	2021	2023	2025	Population change from 2015 to 2025	% change	Population change Surrey %
0-14	35,600	36,600	37,300	37,700	37,700	37,700	2,100	5.9	2.7
15-29	39,000	39,500	39,800	40,100	40,900	41,700	2,700	6.9	-2.3
30-44	38,000	37,300	37,100	37,300	37,600	37,500	-500	-1.3	-4.7
45-64	50,900	52,100	52,800	53,200	53,200	53,400	2,500	4.9	5.3
65+	38,000	39,200	40,500	41,800	43,400	45,000	7,000	18.4	18.9
85+	6,200	6,700	7,200	7,700	8,300	8,900	2,700	43.5	41.8
Total	201,500	204,700	207,500	210,100	212,800	215,300	13,800	6.8	4.1

The dominant feature of the population of Guildford and Waverley is the projected increase in the number of people aged over 65, as highlighted above. The major implications of this are around the increase in long term conditions (often with co-morbidities), depression, falls, social care needs and loneliness.

In terms of the make-up of the population there are several key groups for whom there are health and care implications:

- People of working age with moderate or serious physical disabilities – estimate 18,600
- People with long term mental health problem – estimate 10,000
- Households experiencing fuel poverty – estimate 8,000
- People with Learning disabilities – estimate 4,000
- People providing more than 50 hours of unpaid care per week – estimate 3,000

Further information within the Health Profile regarding different equality groups is relatively unchanged from the previous profile published in July 2014. It is summarised below:

Ethnic Group

- The ethnicity of Guildford and Waverley CCG is 85.7% White British whilst the largest ethnic minority group is Other White at 5.9%.
- The Gypsy, Roma and Traveller communities are a significant minority ethnic group living in the CCG.
- The CCG has engaged proactively with these communities in its commissioning lead role across Surrey for children and maternity.
- It is also recognised by the CCG that a significant number of Nepalese families have settled in South West Surrey. Whilst the majority of these families live near to the military bases in NHS Surrey Heath CCG, it is expected that movement will naturally occur over the years.

Religion

- Guildford and Waverley CCG is predominantly Christian, with 62.1% of the population stating it as their religious affiliation in the last Census, with the next largest group having no religion at 26.7%.

Deprivation

- The deprivation score (Index of Multiple Deprivation 2010) calculated for Guildford and Waverley CCG for 2012 is 7.98 which is in the least deprived tenth of all CCGs in England and is the fourth least deprived out of 211 CCGs. None of the LSOAs in the Guildford and Waverley CCG area are in the most deprived national quintile.
- However, there are local deprivation hotspots (where we expect worse health outcomes), with the most deprived areas being in the wards of:
 - Godalming Central and Ockford
 - Stoke
 - Westborough
- Westborough is one of the Surrey priority places which are areas of increased inequality and deprivation relative to the rest of Surrey.
 - Life expectancy is lowest in Haslemere Critchmere and Shottermill at 79.9 years, 8 years shorter than Burpham and Blackheath and Wonersh at 87.9 years, indicating significant health inequalities across the area.
 - Of particular concern is evidence that life expectancy in Alfold, Cranleigh Rural and Ellens Green has fallen by 4.5 years from 1999-2003 to 2007-2011 indicating that more work needs to be done in this area to address health needs. A number of wards have a life expectancy which is statistically significantly lower than Surrey and which might warrant attention.
 - PHE report male life expectancy at 81.7 years and 84.9 for females in Guildford and Waverley CCG compared with 78.9 and 82.8 for England respectively for the period 2008-2012.

Specific Groups

- The specific groups requiring a targeted approach in Guildford and Waverley CCG include: older people, carers, the Gypsy, Roma, and Traveller (GRT) population, the armed forces community (serving members, reservists, veterans, and families) and offenders serving community sentences, those on probation and ex-offenders.
 - *Carers*: more than 18,300 people of all ages provide unpaid care; 2,200 are over 65 providing >20 hours a week
 - *Armed forces*: just over 1,100 members of the armed forces live in Guildford and Waverley, either in barracks or in the community, with families. Ensuring that services honour the terms of the Armed Forces Covenant is an important role for CCGs and one that will be focussed on in 2017
 - *Older people*: particularly with the high rate of falls, hip fractures, and increasing impact of excess winter deaths on local populations
 - *Gypsy, Roma and Traveller community*: Surrey has the 4th largest GRT community in the country. Pitches that are known to Surrey County Council are detailed below and show that Guildford and Waverley is home to the largest proportion of the GRT community across Surrey, as detailed on the next page.

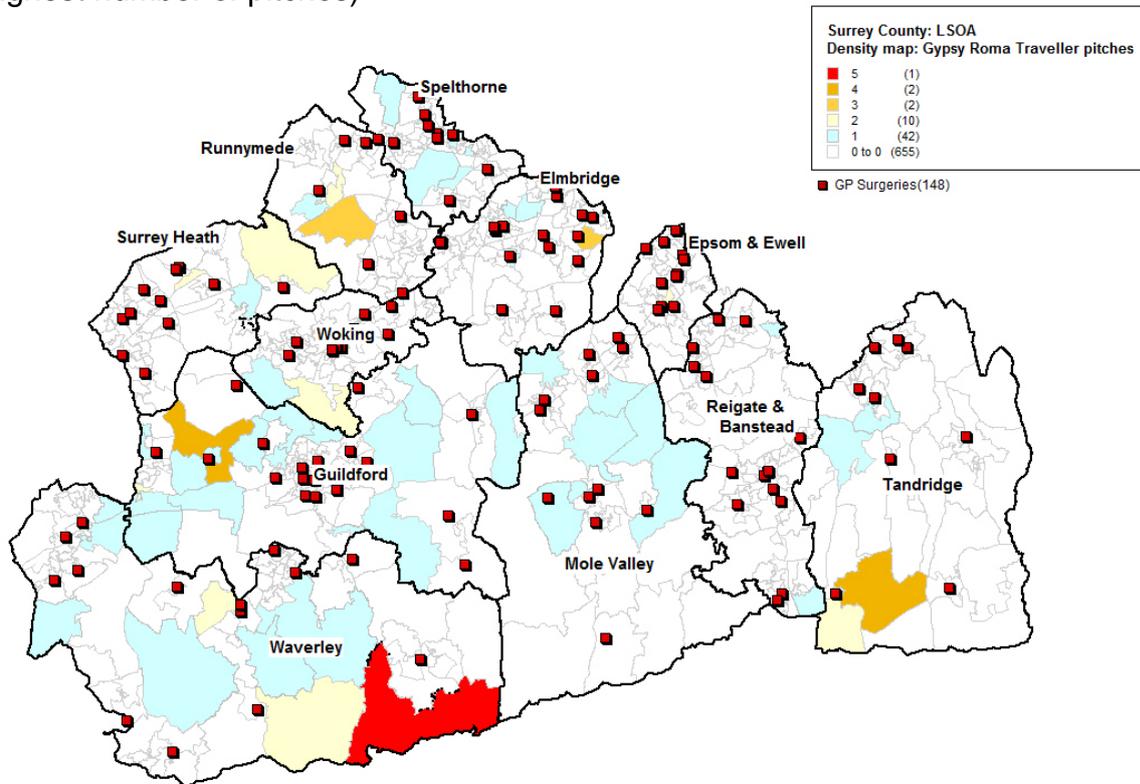
Surrey Gypsy and Traveller sites by borough, 2012		
Local Boroughs	Pitches	Population (approx)
Elmbridge	41	164
Epsom & Ewell	33	132
Guildford	112	448
Mole Valley	25	100
Reigate & Banstead	7	28
Runnymede	46	184
Spelthorne	28	112
Surrey Heath	38	152
Tandridge	68	272
Waverley	125	500
Working	57	228

(1) The average number of persons per pitch is four. This has been used to estimate the population numbers at local authority level.

(2) To meet IG requirements around small counts, the data has been colour coded on the map in terms of quintiles with the first quintile having the highest number of pitches and the fifth quintile the lowest (< 12 pitches) at Lower Super Output Area (LSOA)

* It should be noted that LSOAs

Number of Surrey Gypsy Roma Traveller Pitches in Surrey – by Quintile (no 5 having the highest number of pitches)



Delivering Equality

The CCG set equality objectives for 2016/17. The following table summarises progress towards achievement of these objectives:

CCG Objective	Progress
<p>All proposed service developments and transformations and any service specifications developed as part of procurement shall build in Equality Analysis from the start, underpinned by diverse patient and public engagement.</p>	<p>Three services have been procured this year. Equality analysis was carried out for each one during the early stages and the findings were used to inform the service specifications and evaluation questions for each service. Patient and public engagement informed the specifications in different ways, the most exciting of which was offering a patient representative a “speaker slot” at the bidder engagement event to impress upon potential bidders the value of patient experience. They have all been published on the CCG’s website¹.</p>
<p>We will follow up implementation of Equality Analysis recommendations in terms of tangible outcomes.</p>	<p>Mobilisation plans for two of the three services have progressed this year and covered findings from the equality analyses. Greater engagement with patients and carers is expected of the preferred providers.</p>
<p>We will promote involvement with the work of the CCG amongst diverse groups.</p>	<p>The membership of the Patient and Public Engagement Group is now more diverse and representative. Equality groups are better represented overall although there is still room for improvement e.g. the gay, lesbian, bisexual and transgender equality group.</p>
<p>One service selected by the PPE Group will undergo in-depth EDS2 review including a dedicated engagement event with service users.</p>	<p>Dementia was the subject of the PPE Forum in July 2016. This highlighted areas of inequality that have been incorporated into the aims and objectives of the Joint (with Surrey County Council) Dementia Strategy.</p>
<p>The Workforce EDS Objectives will be developed as part of the Organisational Development (OD) Strategy and will be published during April 2016.</p>	<p>These objectives have been developed through the OD Strategy and sessions with staff.</p>
<p>We will continue to ensure that our reporting and governance arrangements embed equality, diversity and human rights throughout the organisation and we will promote the same through our primary care localities development and other partnership working.</p>	<p>All procurements have incorporated detailed equality analyses to ensure the new service specifications target a reduction in health inequalities.</p> <p>Improvements planned for equality awareness, described below, will impact positively on this objective in 2017</p>
<p>We will continue to have designated Governing Body</p>	<p>The lay member for Patient & Public Engagement leads on equality and diversity for the CCG. We also have a GP</p>

¹ <http://www.guildfordandwaverleyccg.nhs.uk/documents.aspx?t=3>

CCG Objective	Progress
leadership for the equality and diversity agenda.	Member, Dr. Sian Jones, who is the designated clinical champion for equality and diversity.
We will continue to expect systematic consideration of equality, as evidenced by Equality Analysis, referenced in Governing Body and Committee reports.	<p>Equality analyses have been completed for procurements, as described above. An aspiration for next year is to encourage more systematic completion of equality analyses for projects and work streams which make up the CCG's QIPP programme, governed by the Quality Delivery Assurance Group.</p> <p>A focus for 2017 will be increasing understanding of equality-related needs that require consideration in programme planning. A series of learning and development sessions focused on equality and diversity will be delivered through short seminars, developed with members of the CCG's Patient & Public Engagement Group</p>
We will continue to use EDS2 to plan, monitor and review our equality performance.	This happens via the annual equality report.
We will publish an Annual Report on Equality in accordance with the statutory deadline, signed off by the Governing Body.	The draft Annual Equality Report will be presented to the Quality & Clinical Governance meeting on the 3 rd January 2017, for recommendation for approval by the Governing Body on the 24 th January 2017.
We will provide our compliance update to NHS England.	This will be provided in line with the CCG improvement assessment framework and performance meetings as planned.

The CCG as a Commissioner

Commissioning and designing services to meet local health needs

The CCG has carried out three significant service procurements this year:

- Integrated Dermatology Service
- Adult Community Health Care Services
- Children's Community Health Care Services

Equality analyses were carried out for all three and published on the [Equality page](#) of the CCG's website. Each analysis produced meaningful recommendations for the new services to take account of, to improve access and outcomes. These have been included in the service specifications and particular aspects were evaluated during the procurements.

Integrated Dermatology Service

- A local Patient Participation Group Chair was part of the evaluation panel for the procurement.
- The equality analysis identified several key areas that required bidders to address as part of their bids, for example, meeting the needs of the local student population (estimated to comprise 10% of the CCG's population due to the location of the University of Surrey in Guildford).
- The specification required providers to ensure communications materials are provided in accessible formats, as well as demonstrating evidence of how they would ensure sites were accessible and compliant with the Disability Discrimination 1995

Adult Community Health Services

- The equality analysis demonstrated that access to community services must be more widely spread across G&W to support those who are elderly, not able to drive, those who use public transport for example.
- The service specifications for each service under this umbrella of **adult community health services** include a detailed description of local requirements, which includes the following, new criteria:
 - Carers are supported at all times
 - Safe and continuous transition between children's and adult services
 - Reasonable adjustments are understood and applied by all members of staff
 - Provide services for all equality groups within the community and adapt to meet these needs
 - Demonstrate through policies, employment and services that actions is being taken to reduce health inequalities

- Ensure needs relating to mental health and learning disability are met whilst delivering community health services
- The bid questionnaire included a specific section on patient experience and engagement as well as featuring in other sections.
- Meetings were held with local groups, such as League of Friends and Haslemere Health Group to discuss what was required of adult community health services.
- There was a lay representative on the procurement evaluation panel.

Children's Community Health Services

- Equity and consistency of access will be ensured for children and young people wherever they live within the county, based on clinical health need not geography.
- Services will be available between 8am and 8pm from Monday to Friday and between 9am and 12pm on Saturdays. There will also be an advice line available in the same hours. These offer greater choice of appointments and flexibility for families.
- There will be no barriers to entry to the services on any grounds through the adoption of a **'No Wrong Door'** approach – no referral for a child or young person will be turned away from advice and direction to support will be given. This will be supported by a **Single Point of Access**, which will enable families to tell their story once to a single health provider to enable them to receive the right health service at the right time.
- The commissioners have developed the service specifications and shaped overarching principles and outcomes around the needs of the child/young person and their family/carers. The provider will be held to account for these principles and will be monitored through quality reporting requirements written into the contract.

In addition to these three procurements, which are given as examples of how the CCG makes best use of this opportunity to reduce health inequalities, the CCG is carrying out work to reduce inequalities in **cancer screening uptake and immunisation** and has established a **falls prevention programme** in the Park Barn area of Guildford, one of the more socially deprived wards in the CCG.

Stroke Reconfiguration Proposals

Following an extensive review of stroke services across Surrey, which included engagement with patients and the public, proposals to reconfigure stroke services in order to improve stroke outcomes were developed towards the end of 2016. These proposals are due to go out for formal public consultation in February 2017.

The CCG has carried out an equality analysis of these proposals, which will be used to inform the consultation in 2017.

Carers

Carers are valued by the CCG and maintaining their health and wellbeing is paramount. Work has progressed this year, following an equality analysis in 2016, in identifying and improving support for **carers from different minority ethnic communities**. A Black Asian Minority Carers Group has been established pan-Surrey, led by the CCG's Partnership

Manager for Carers. Its role is to review performance and makes recommendations to the Surrey Carers Commissioning Group and support awareness-raising initiatives. A forum for people in the Nepalese community has been planned for delivery in February 2017, with the aim of sharing this approach across different ethnic groups.

Furthermore, the CCG has been involved with continuing the health-focussed work under the auspices of the **Surrey Civilian Military Partnership Board**. The main focus going forward will be on ensuring that contracts that the CCG holds reflect the commitments of the armed forces covenant.

Assessing and meeting people's health needs in appropriate and effective ways

The **Accessible Information Standard (AIS)** was launched this year by NHS England. Providers are obliged to ensure that the communications needs of all patients are asked about, recorded and shared when referring on. Through the Patient and Public Engagement Group and the Chairs of the practice-aligned Patient Participation Groups, the CCG has raised awareness of what patients and carers should expect in this regard, with effect from the 1st July 2016.

All providers were requested to share their action plans to implement the AIS with the CCG and these show that providers are at varying stages of awareness and implementation. An **AIS Best Practice Group** is being established by the CCG to link providers together, including primary care, to share best practice and resources where feasible to make best use of knowledge and expertise and ultimately ensure patients with language, visual and hearing needs are able to fully participate in their own health care.

Meeting people's health needs requires a skilled workforce. As part of the CAMHS² transformation, the CCG was required to focus on improving **recruitment into learning disability services**. The CCG commissioned a recruitment video, which was produced by young adults with learning disabilities and has been shared far and wide across the country.

Smooth transitions between services

The **dermatology service** has been designed to be integrated across community and secondary care and include all adults and children under the one service umbrella. This design removes the need to transition between services for people with long term dermatological conditions.

Transition between children's and adult services for people with **mental health issues and learning disabilities** is being addressed by the CCG through targeted work. A role has been established to work across the different providers to smooth transition and improve overall health outcomes for this equality group.

² Children's and Adolescents Mental Health Service

Addressing the issues of transition was included as a separate, detailed requirement in all the service specifications that form part of **adult community health care services**.

Informing and supporting people to be involved with decisions regarding their care

Proactive Care planning extended to all age groups

18% of the CCG's population is over 65yrs and this is due to increase by 21% over the next 10 years. They are an important equality group that the CCG has focussed on since its inception in 2013.

The terms 'frail' and 'vulnerable' are often used to describe older people; the CCG recognises that older people are valuable members of the community who contribute in many and varied ways and that frailty and vulnerability are not necessarily the preserve of older people. The CCG therefore extended its Frailty Initiative this year, aimed at looking after people proactively in the community to prevent unplanned admissions to hospital, to all age groups. Over 3,000 Proactive Care (PACe) plans are now in place, jointly agreed with families and patients.

PACe usage is aimed at:

- People who have been diagnosed with a terminal illness (amber/red on the GSF register) i.e. with weeks or days to live
- People with a terminal diagnosis who want to be clear on their future care
- People living in nursing homes/residential care
- People living in the community with long term conditions where hospital admission may not offer clear benefit

Citizen's Panel in new Adult Community Health Service

The CCG requested through its procurement that potential providers increase the degree of patient and carer involvement in developing and designing adult community health services to ensure people are informed and supported to be as involved as they wish to be in decisions about their care and to inform development of integrated care.

The preferred provider plans to coordinate a Citizen's Panel and has been guided to include a broad range of patients and carers to ensure all equality needs are raised and subsequently met through these services.

Handling complaints respectfully and efficiently

The CCG has introduced equality monitoring into its complaints system. This will enable the CCG to identify particular equality related concerns, should they emerge, in addition to the concerns which are already highlighted through our quarterly complaints summaries.

Quarterly summaries to the CCG's Quality & Clinical Governance Committee identify particular themes, with mental health accounting for just over half of all complaints in

2015/16. The CCG has addressed this issue through a range of initiatives to increase access to certain services, regardless of co-existing disability.

Internal audit of the complaints handling procedures resulted in “reasonable assurance” being awarded on the systems used and recommendations as follows which have all been expedited:

- *Ensure information on the complaints log is consistent with the documentation held*
 - The CCG’s business intelligence team upgraded the operational management of the Complaints log to allow the complaints process to be tracked through to resolution, flagging administrator attention at specific stages.

The CCG as an Employer

A representative workforce

All vacancies are advertised through NHS Jobs2 as standard practice to ensure all groups can apply on an equal footing. To ensure even greater coverage, the CCG has also utilised different recruitment campaigns.

Whilst the equality group characteristics of applicants are quite broad, those recruited fall into the following categories (as of end 2015/16 financial year):



The gender profile for year ending 2015 – 2016 is 82 percent female and 18 percent male employees.



The highest percentage of age for CCG employees is 31 – 40 years old at 36 percent. 11 percent are aged 20 – 30 years old, 30 percent are aged 41 – 50 and 23 percent are over the age of 50. Our highest variance from the previous reporting period is a 3 percent increase of 41 to 50 year olds.



For those employees that have disclosed their sexual orientation, 67 percent have stated that they are heterosexual.



3 percent of the current workforce has disclosed a disability.



35 percent of CCG employees have stated their religion as Christian, with Islamic, Judaism and other religions represented by 11 percent of our workforce. 25 percent are atheists. 29 percent have not disclosed their religion.



50 percent of CCG employees have stated that they are married.



89 percent of employees represent White British / White Irish / White other. 7 percent are Asian / Asian British - Indian / Any other background. 1 percent are Black / Black British - African. 3 percent have not disclosed their ethnicity.

Although there is a fairly even spread of gender at Governing Body and Very Senior Manager level, the overall gender balance of the CCG's workforce is heavily weighted towards female employees (67 women and 19 men at end of 2015/16 financial year).

The CCG has continued to demonstrate its commitment as a **Disability Confident Employer** through both its recruitment and employment processes and policies to encourage applications from individuals with a disability and to support its employees to

manage their conditions. Being an accredited Disability Confident Employer means that the CCG:

- undertook and successfully completed the Disability Confident self-assessment
- is taking all of the core actions to be a Disability Confident employer.
- is offering at least one activity to get the right people for our business and at least one activity to keep and develop our people.

Examples of actions taken include:

- Occupational health referrals are made for all successful candidates offered employment to ensure that reasonable adjustments are made as required to support the individual in the workplace
- A flexible working policy to encourage employees to apply for suitable flexible working for a work/life balance.

An organisation's workforce brings knowledge and values to the work that they carry out. It is recognised that a diverse workforce underpins successful commissioning.

Equal pay for equal value

The majority of substantive staff are graded according to the Agenda for Change terms and conditions. There is verification and review of very senior manager (VSM) roles in accordance with the National NHS VSF Framework whilst the Remuneration Committee uses benchmarking data for Governing Body members.

Training and development

A new **induction process** has been developed this year alongside all-staff training on various recruitment-related policies and procedures. These are aimed at ensuring equal opportunities for all who may wish to work at the CCG.

The CCG has continued to employ an **apprentice** this year, who has become a valuable member of the organisation and received the 2016 Chairman's Award in recognition of his contribution. From January 2017, the CCG is offering **work experience** to a young adult with learning disabilities and we expect this person to become an equally valuable member of our workforce.

The 4th annual staff survey asked questions regarding the opportunities available for personal development and career progression. Although no concerns were identified relating to any particular equality groups, a degree of focus is required by the CCG to ensure **opportunities to develop and progress** are available on a fair and equitable basis across all staff groups.

Freedom from abuse, harassment, bullying and violence

The annual staff survey referred to above asks questions related to this expectation. The CCG takes very seriously reports that some staff have experienced feeling bullied/harassed/ discriminated. The Executive is committed to working this through, with the support of the Staff Partnership Forum and through the Senior Delivery Team maintaining close oversight of the staff they manage, to ensure they have good work/life balance, are supported in managing stress and make use of the opportunities offered to promote their health and wellbeing.

Flexible working

There has been a significant increase in flexible working applications this year that have all been fulfilled, including for protected equality group employees. As the organisation grows it is important that all groups have access to these arrangements regardless of position, as is the case now.

Board commitment to promotion of equality

Governing Body members made a commitment to being personal, fair and diverse champions at the last presentation of the Annual Equality Report in January 2016, and will be asked to reaffirm this commitment in January 2017.

The CCG has appointed a lay member for Patient and Public Engagement who is firmly committed to bringing the voice of the many varied communities and equality groups to bear on decisions and plans undertaken by the CCG. The CCG was featured on the Voluntary Action South West Surrey AGM agenda, which provided the opportunity to reach out to groups and volunteers that may not understand how their involvement with the CCG can promote equality across the services that it commissions.

The terms of reference for the PPE Stakeholder Group were updated this year, with the aim of widening its membership to achieve greater diversity. Representatives of a range of people with protected characteristics now routinely attend and contribute to the work of the CCG including representatives of people who are homeless; people with mental illness; people with physical disabilities; people with sensory disabilities and people who belong the Gypsy, Roma and Traveller Communities, the largest ethnic group in Guildford and Waverley. See Appendix 1 for membership details.

Patient stories have been introduced to the agenda for Governing Body meetings, to focus members on equality related issues. Presentations this year have been made by people affected by disability and by the Chief Executive of a charity that provides services for people who are homeless, who commended the services of a local Guildford GP in ensuring registration of homeless people with a GP, as this reduces exclusion from other services as well as helps to meet primary care health needs. The Board is committed to addressing the equality issues that these presentations raised.

Equality-related impacts routinely recorded

Papers submitted to all of the CCG's committees require information related to equality impact to be analysed and presented. Varying levels of detail regarding equality are submitted under this section. Awareness and knowledge of equality related issues and how to complete an equality analysis requires sustained focus on 2017 to ensure all plans fully consider impacts on different equality groups and then propose mitigation to address any issues identified.

Equality monitoring has been introduced this year into complaints management. Annual reporting will take place to establish whether there are any discernible links between complaints and protected characteristics. .

The CCG uses a national system for recording and managing Serious Incidents, known as STEIS. STEIS does not collect information on all the protected characteristics. It is not possible to filter out the fields Gender + Ethnic Group and age is only recorded as date of birth. However, with the limited information provided, it can be established that there was an even gender balance amongst patients involved in Serious Incidents. From the 1st January to the 10th December 2016, 322 reports were logged onto the system of which 160 were male and 156 were female with 6 recorded as not applicable or left blank. More detailed information might be collected through the National Reporting & Learning System which the Trusts can generate.

Culturally competent workforce

All staff are required to complete statutory and mandatory training within 12 weeks of employment with the CCG, which includes a module on Equality, Diversity and Human Rights. Completion of this training, as of the 19th December 2016, is at 91% of all staff, including Governing Body members, completing the required modules (not including new starters less than 12 weeks).

The CCG has been awarded the **Disability Confident Employer** award (previously Two Tick) following assurance that processes and policies promote equal opportunities for all.

All policies have been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. This is supported by our Corporate Induction Programme and values of the CCG.

Leadership development has been a key programme this year for the CCG as part of its Organisational Development Strategy. All line managers have undertaken the Institute of Leadership Development People Management Programme that promotes equal treatment for all; equipping them with the skills to enhance their team's performance through equality, diversity and inclusion

Equality objectives for 2017 to 2018

The CCG is part of the Surrey Heartlands Sustainability and Transformation Plan (STP) area, which covers North West Surrey, Surrey Downs and Guildford & Waverley CCGs' geographical areas. The STP is the cross-organisational strategic planning framework that will inform the work of the CCG over the next four years. It is therefore important that equality objectives take account of this important piece of work and that CCG staff are fully equipped to consider equality requirements across a broader area and can contribute fully to these plans.

These objectives are proposed for 2017:

Implement a combined Quality and Equality Impact Assessment framework to underpin all programme plans

Knowledge and awareness raising for all staff on different equality groups, to be delivered in partnership with members of the CCG's Patient & Public Engagement Group.

Drop-in Equality Analysis updates for key staff throughout the year

Establish an Accessible Information Standard Best Practice Group to link providers together in order to share best practice

Refresh the Communications & Engagement Strategy to reflect the evolution of the STP

Patient and public involvement in the STP Stakeholder Reference Group

Patient and public involvement in the NHS 111 and Out of Hours procurement

Deliver two Patient and Public Engagement Forum focussed on the needs of the Gypsy, Roma and Traveller communities and the armed forces aimed at informing commissioning intentions for 2018/19

Review commissioning plans and contracts to assess how well they reflect the commitments of the armed forces covenant

HR: Training needs for new Governing Body members identified

HR: Staff Survey – demonstrate an improvement on staff views regarding fairness of career progression and opportunity

HR: Work with line managers to implement innovative recruitment processes for all roles, whether temporary or permanent to encourage interest and applications from a diverse workforce

Appendix 1 Patient & Public Engagement Group Members

Membership of the CCG's Patient and Public Engagement Group (November 2016)

Communities Engagement Team – Diocese of Guildford/Guildford Borough Council
Surrey County Council – Brighter Futures Project for Gypsy, Roma & Traveller Communities
Healthwatch Surrey
University of Surrey – Nurse Advisor
Patient Participation Group Representative (Guildford)
Practice Participation Group Representative (Guildford)
Patient Participation Group Representative (Waverley)
Patient Participation Group Representative (Waverley)
Sight for Surrey
Practice Manager Representative
Guildford Action
Catalyst
National Childbirth Trust
Carers' Support Guildford
Cranleigh Arts Centre
Voluntary Action South West Surrey
Governor Royal Surrey County Hospital

CCG Members

Lay Member for Patient & Public Engagement
GP Governing Body Member & Clinical Lead
Communications Manager
Head of Partnership and Engagement