Annual Equality Report

2013 – 2014

Delivering Equality
A view of Equality from our CCG Chair

At NHS Guildford and Waverley Clinical Commissioning Group (NHS G&W CCG) we are committed to improving health care services that are provided to our local communities; and providing working environments that are free from discrimination and where there is equality of opportunity.

We believe that everyone has the right to access appropriate health care regardless of their age, race and culture, religion, gender, sexual orientation, or whether they have a disability. Under the Equality Act 2010, the CCG has embraced the public sector equality duty to make sure that the health care services it commissions meet the needs of different groups of people, particularly those that are protected. The CCG must also, as the NHS Constitution states, “pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”

The 2013/14 Equality objectives set out how we intended to make sure Equality is at the heart of everything we do:

1. Ensure that an Equality Impact Analysis (EQIA) is undertaken on proposals to introduce or change services; policies; organisational structures and ways of working;
2. Ensure that the Equality Delivery System (EDS) Equality assurance framework is an integral part of the CCG’s governance structures. (The EDS is a toolkit that helps us to meet our Equality duty and to better understand where we need to improve);
3. Commission hospitals to improve access to healthcare for people with a learning disability, and people on the autism spectrum;
4. Build strong relationships with diverse groups and communities to understand their needs, priorities and experiences;
5. Improve the data about our staff to identify patterns of potential discrimination and publish this data in the next Annual Equality Report;
6. Work with and support Public Health to target prevention, early intervention and self-management programmes;
7. Improve access to and provide a patient centred approach to delivering primary and community services;
8. Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation.

As Chair of Guildford and Waverley CCG, I am proud to confirm that our Equality objectives for 2013/14 have been met through a range of actions and initiatives which are outlined in this report. We have set ourselves an even greater Equality challenge for 2014/15 as we embark on a journey of delivering the outcomes set within the revised Equality Delivery System 2 (EDS2).

This is our first Annual Equality report and it aims to demonstrate our continued commitment to supporting our staff and the population of Guildford and Waverley by ensuring there is equality of opportunity in all aspects healthcare commissioned.

We have concentrated on collating comprehensive data to ensure we use an evidence based approach to our action planning. Included in this report is a snapshot of the CCG’s staff and population profile and we are now in a position to do some trend analysis that has informed our Objectives for EDS2.

I hope you enjoy reading about some of the key developments undertaken and our plans for 2014/15.

Thank you to all our stakeholders for your continued support in making Guildford and Waverley a great place to live and to all our staff in making the CCG a great place to work.

Chair of Guildford & Waverley CCG
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About Us

Guildford and Waverley Clinical Commissioning Group (CCG) was established under the Health and Social Care Act 2012 as a statutory body with responsibility for commissioning health care services for its population. This includes (but is not restricted to) community and hospital services, emergency, urgent and continuing health care services; and healthcare for population groups - older people, children, people with mental health and learning disabilities. As such, we are required to fully embrace the Equality Duty and the Delivery System designed within the healthcare system.

As a clinically led membership organisation, 21 general (member) practices make up the foundations of our CCG. Our organisation forms part of the ‘new’ health and social care system and we have progressively introduced positive changes to the way health and social care is commissioned within Guildford and Waverley. However, we recognise that there is more work to do to ensure we have reached out to all community groups, to be able to obtain information that we can analyse and use to determine how services are commissioned in future and ultimately increase care, prevention and cure out in the community, reducing the dependency on acute care.

At the heart of what the CCG and member practices set out to achieve is the Equality Delivery System. We aim to deliver improved outcomes for patients and better working environments for staff, which are personal, fair and diverse. Using the EDS, we analyse Equality performance against 18 outcomes grouped under the following four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and inclusive staff
4. Inclusive leadership

Our Constitution document sets out the true nature, spirit and ambition of the CCG and what it can achieve for all Guildford and Waverley patients and residents. We will be measured by how effectively we engage GP practices and other partners and how we improve our local population’s health outcomes, reaching all groups of the community, particularly those protected under the Characteristics defined within the Equality Duty.

The CCG Vision is:

“To ensure that innovative, quality driven, cost effective health and social care is in place. We will deliver services which reflect the needs of the local population and improve the health and wellbeing of people living in Guildford and Waverley.”

Our six strategic objectives are:

<table>
<thead>
<tr>
<th>1. We will Improve the health status of our local population and reduce inequalities in health</th>
<th>2. We will aspire to achieve a sustainable health economy</th>
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<tr>
<td>3. We will enhance the quality and safety of patient services</td>
<td>4. We will work to change the way patients receive care</td>
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<td>5. We will enable local people to have a greater influence on services that we commission and increase the ability of people to manage their own care</td>
<td>6. We will develop into an effective and responsive commissioning organisation</td>
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Our Values

NHS Guildford and Waverley has in place seven core values.

A series of workshops were held with staff throughout 2013/14 to identify what behaviours and attitudes could bring to life the CCG values, every day in work and what we set out to achieve.

Our values underpin the work of the CCG, especially in setting our commissioning intentions and ensuring equality considerations remain at the fore.

Our values are defined as follows:

**Respect and dignity**
We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we are able to do.

**Commitment to quality of care**
We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

**Compassion**
We respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked because we care.

**Improving lives**
We strive to improve health, well-being, and people’s experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation.

**Working together for patients**
We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

**Everyone counts**
We use our resources for the benefit of the whole community, and make sure nobody is excluded or, left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others’ opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.
Our Aims

Beyond our commissioning intentions agreed in 2013/14, our plans for this year will ensure that Quality Innovation Productivity and Prevention (QIPP) enables the CCG to establish a sustainable financial footing into the future, taking into account the 4 goals and 18 outcomes of EDS to create a greater collaborative emphasis on and integrated Equality outcomes with our partner organisations and providers.

Our agreed CWCCG commissioning intentions for 2014/15 are set out below:

<table>
<thead>
<tr>
<th>Eliminating excess bed days through enhanced discharge from community services</th>
<th>Targeted stop smoking interventions to specific populations</th>
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<tbody>
<tr>
<td>Improve Community Nursing productivity and integration with Primary Care</td>
<td>Implement structured education and support to clinicians, for long term conditions such as diabetes</td>
</tr>
<tr>
<td>Enhanced urgent care provision to reduce Accident and Emergency attendances</td>
<td>Improve self-care programmes for conditions such as chronic obstructive pulmonary disease (COPD) and depression</td>
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<tr>
<td>Out of Hours (OOH) procurement aimed at integrating OOH with our agreed clinical pathways, avoiding missed opportunities for quality and efficiency</td>
<td>Improve access through Improving Access to Psychological Therapies (IAPT) to increase coverage to 15% by April 2015</td>
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<tr>
<td>Implement Referral Support Service to allow for ongoing real-time service mapping, and optimisation of clinical pathways</td>
<td>Redesign rehabilitation services across mental health and learning disability services to ensure care and support is provided in people communities</td>
</tr>
<tr>
<td>Verify consultant to consultant (C2C) referrals are appropriate and eliminate those without benefit</td>
<td>Improve liaison psychiatry at Royal Surrey County Hospital (RSCH)</td>
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<td>Reduce tariff for telephone follow ups (encouraging telephone not face-to-face follow up)</td>
<td>Implement new palliative care strategy including identifying a lead provider pilot for end of life care, and examine the potential for new palliative care bed provision.</td>
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<tr>
<td>Move specialties to community provision such as dermatology and ophthalmology</td>
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</table>

Our commissioning intentions span across the Transforming Elderly Care, Planned Care, and Long Term Conditions, Mental Health and Learning Disabilities and End of Life Care which are key priorities and areas of prime focus for the CCG. Although our commissioning intentions are high level and depend upon clear and detailed plans being agreed through the Clinical Commissioning Committee, these transformation programmes represent the core of our business, what all of our work contributes to. Throughout this report, you will see how our work within Equality and Diversity makes reference to the CCG’s commissioning intentions, our strategic objectives and the EDS goals and outcomes to be achieved.
We have a range of policies that underpin our practice of commissioning healthcare and ensure that we will fulfil our duties as an employer, all reflecting the CCG’s commitment to Equality and Diversity.

All our employment policies are available on the CCG website, along with corporate policies, plans and strategies that outline our approach to robustly and ethically commissioning healthcare. Please visit www.guildfordandwaverleyccg.nhs.uk to access the following policies, frameworks, strategies and plans that further support the CCGs commitment to Equality and Diversity:

<table>
<thead>
<tr>
<th>Ethical Framework</th>
<th>Dignity at work Policy</th>
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<tbody>
<tr>
<td>Joint work with Pharmaceuticals Industry Policy</td>
<td>Organisational Change Policy</td>
</tr>
<tr>
<td>Compliments and Complaints Policy</td>
<td>Human Resources Strategy</td>
</tr>
<tr>
<td>Fair Treatment at work Policy</td>
<td>Organisational Development Strategy</td>
</tr>
<tr>
<td>Flexible Working Policy</td>
<td>Collaborative Frameworks</td>
</tr>
<tr>
<td>Integrated Commissioning Plan</td>
<td>Equality Impact Assessments on Services commissioned</td>
</tr>
<tr>
<td>Equality Impact Assessments on Documents (policies, strategies, business cases, for example)</td>
<td></td>
</tr>
</tbody>
</table>

We have also developed an approach to managing risks emerging within an Equality context - all strategic risks have now been assessed for impact in relation to the Equalities Act and a summary of the findings and outcomes has been reported to the Governing Body.

Our key risks being managed related to Equality and Diversity, with a summary of planned progress are:

**Health needs assessment for continuing care patients**
Capacity to recover timely reviews being planned by Surrey Downs as lead commissioner, improving access to care for vulnerable continuing care patients

**Performance of SEC Ambulance v contract**
Surrey CCGs are agreeing revised contract management arrangements to enable commissioning and ambulance provider plans to have positive effect on equity of performance at GWCCG and Guildford practices and Waverley practices level

**Equality and Diversity: listening to our patients - does not adequately engage hard to reach patients**
Patient and Public Engagement events led by Lay Member contributing to “Call to Action”. Initial contacts made (e.g. traveller communities) and being made with existing networks that engage harder to reach groups. Review carers support needs and Governing Body approval of strategies for Young and Adult Carers.

**Mental Health crisis response in Acute Hospital setting**
Current discussions with Surrey and Borders Partnership Trust (SABP) are progressing with the expansion of psychiatric liaison at the Acute Hospital from January 2014. The liaison service is now operating across seven days.

**A diverse profile of Guildford & Waverley**

Using the information made available to the CCG during March 2014, this section highlights the data we have gathered about the population of Guildford and Waverley. It should demonstrate how such information has
been used when developing future commissioning intentions and QIPP plans as well as ensure we have a good understanding of the local population.

**The total population for Guildford and Waverley is 216,476.** Our strategic plan sets out our local health needs and reflects an ageing population. In relation to the rest of England we have fewer children aged 0 – 4 and fewer young adults aged 25 – 34, however, we have more young people aged 10 – 19, slightly more older adults between the age of 45 – 64 and considerably more adults 75 and over.

Our focus on transforming elderly care and progressing plans to provide greater care in the community have derived from analysing the ageing profile of the population and using the information made available to the CCG from provider organisations. This work resonates across a number of commissioning intentions and is made more prominent when 19.7% of the population of Guildford and Waverley CCG is projected to be over the age of 65 by 2020 with 3.7% of the population projected to be over the age of 85 by 2020.

Whilst we are able to breakdown our population by **female and male**, the CCG recognises that in order to improve the quality and productivity of health and social care, a greater depth of information and engagement needs to be achieved from community groups that are hard to reach, that may not proactively engage with the work the CCG and partner/provider organisations proactively undertakes out in the community. Such groups remain a focus for the CCG to reach out to.

**Figure 2** shows the breakdown of population by **religion**, highlighting that although there is a small non-Christian following within the community, the CCG will continue to ensure engagement plans and strategies are inclusive and reach out to all community groups. Where possible, we proactively obtain data and information from engagement groups in order to be assured that we are effective in reaching all diverse elements of the population, and in particular, groups where characteristics are protected.
Through analysis of the population by ethnicity (figure 3), the CCG has been able to identify that there is a higher risk of disease in particular ethnic groups, and different attitudes to disease in seeking support and advice around health.

The CCG is using various methods of engagement to try and reach out to all diverse groups to adequately promote, (taking into account different languages spoken and the need for interpretation), health and wellbeing, prevention of disease and access to services where health issues, around disease are apparent.

Learning Disabilities is a key focus with the CCG commissioning intentions and based on Public Health England data, the learning disability projections for Guildford and Waverley are as follows:

<table>
<thead>
<tr>
<th>Disability</th>
<th>Guildford</th>
<th>Waverley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability aged (18-64)</td>
<td>2180</td>
<td>1620</td>
</tr>
<tr>
<td>Moderate or severe learning disabilities</td>
<td>490</td>
<td>370</td>
</tr>
<tr>
<td>Learning disability aged 65+</td>
<td>130</td>
<td>100</td>
</tr>
<tr>
<td>Moderate or severe learning disabilities</td>
<td>460</td>
<td>510</td>
</tr>
<tr>
<td>People with learning disabilities displaying challenging behaviour(aged 18 - 64+)</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>Autistic spectrum disorder</td>
<td>890</td>
<td>660</td>
</tr>
<tr>
<td>Downs syndrome( aged 18 - 64)</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>Downs syndrome and dementia(45-64)</td>
<td>60</td>
<td>4</td>
</tr>
</tbody>
</table>

A considerable body of work has been developed over the last year to improve access to services for members of the community with learning disabilities, their carers and families as well as improving services.

Following the publication of the Marmot Review in 2010, it is clear that there is a strong association between health inequalities and other measures of deprivation, including education, skills and employment, income, and housing. The Index of Multiple Deprivation (IMD) measures deprivation by a weighted average of seven domains: income, employment, health and disability, education, housing, crime, and environment. Accordingly, areas with higher IMD scores are likely to also have a poorer health status and health outcomes.

Some areas of Guildford and Waverley have particularly high deprivation and consequently high health and social care needs. In particular, Stoke, Westborough, Godalming Central and Ockford have the highest levels of deprivation in the CCG area. Stoke has a significantly lower life expectancy at birth than national average,
while life expectancy in Westborough is lower than neighbouring wards. Both Stoke and Westborough have the highest rate of smoking in Guildford.

The CCG has mapped areas of deprivation (as outlined in figure 4 below) and will use this information in conjunction with other population data and information to develop a targeted approach. From this, the key groups to focus on for 2014/15, include:

- **Carers:** more than 18,300 people of all ages provide unpaid care; 2,200 are over 65 providing >20 hours a week
- **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. Guildford and Waverley CCG has around 14 authorised GRT sites
- **Armed service personnel and veterans:** large number of army personnel and family at Pirbright, Deepcut and Keogh barracks and veterans and reservists in the local area, with particular health needs
- **Prisoners and ex-offenders:** Send women’s prison located in Guildford.
Commissioning for Equality in Guildford & Waverley – Key Areas

When commissioning services it is of critical importance to ensure that groups with protected characteristics receive clear and unambiguous consideration to ensure that any differential impact is identified.

We have made a positive start in terms of our efforts to meet our Equality duty which include:

- Ensuring that we use the National NHS standard contract to enable us as to commissioners to hold providers to account on their Equality duty
- Ensuring our plans are adequately assessed in terms of their impact on different groups
- Obtaining data and information about our population at every opportunity to try and best analyse and compile an accurate population profile and further assure ourselves that our commissioning intentions will achieve differences in the provision of health and social care that are of a priority for Guildford and Waverley
- We have undertaken a full Equality Impact Assessment on our Commissioning Intentions for 2014/15

Specifically, we have made a number of adjustments to address the impact of plans, for all protected characteristics, such as:

- For people with a learning disability, the service may not be accessible because it relies on an individual being able to read the letters that are sent and attend the appointment. This could equally apply to any individual with communication difficulties. As such, we have created a series of posters to assist people going into, during and returning from appointments and hospital stays

- The introduction of a Referral Support Service (RSS), an automated booking service for people who are referred to the hospital for routine care by their GP, ensures that treatment is not delayed. RSS will automatically book an appointment with GPs, Community Clinics or Hospital Outpatients, depending on the conditions of care required, after attempts to contact individuals’ have been made

- The CCG is establishing a clinical assessment service within ‘Choose and Book’ (the automated system for booking appointments) which creates a clinic for people with a learning disability or other communication difficulty to be booked into and then contacted and/or seen by a liaison nurse who can ensure that all reasonable adjustments and best interest considerations are made prior to the individual having to attend hospital.
A Care Passport has been created for people with learning disabilities to carry with them and use, where required, so that there is a clear understanding from the outset about what keeps them safe; is important to them; and their likes and dislikes. It also comprises basic information about the individual – contact information and key information about their health needs and care.

In addition, the CCG is developing specific plans around the frail elderly population that ensure more services are available in GP practices or closer to home, in recognition that travel to hospital is not always an accessible, convenient form of healthcare.

The number of people aged 65 and over is projected to grow by 8.5% from 41,696 to 45,261 over the next 5 years from 2014-2019, with those aged 85 and over increasing by 19.8% from 7,132 to 8,543.

An increasing proportion of the population will be suffering from conditions requiring additional care needs, including:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Dementia and depression</td>
<td>Frailty and being prone to falls and consequent fractures (particularly hip fractures)</td>
</tr>
<tr>
<td>Visual and hearing impairment</td>
<td>Multiple chronic diseases requiring polypharmacy; and</td>
</tr>
<tr>
<td>Long term health conditions as a result of stroke</td>
<td>Inability to manage domestic tasks, self-care, or mobility on their own</td>
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</table>

The CCG has, therefore, undertaken considerable work to increase the support for members of the population suffering from dementia. This includes the initiative around members of the community who are deaf with dementia.

Although the population in Guildford and Waverley is ageing, the needs of children must also remain in focus. Outcomes for children in Surrey are generally better than for children in England as a whole, but vaccination rates remain lower than the national average, whilst A&E attendances for children aged 4 and under are higher than the national average.

The CCG is working on multifaceted programmes to increase the provision of care in the community and reduce the dependency on acute care. The outcomes of this work will start to emerge in 2014/15.

There are currently over 1,800 people (approximately 0.6% of the population) in Guildford and Waverley on GP registers with a diagnosis of severe and enduring mental health problems. A further 28,000 (12% of population in Guildford and 13.5% in Waverley) have been diagnosed with depression. Both are likely to be an underestimation of prevalence due to the continuing stigma associated with mental ill-health. In
developing the CCGs strategic plan for 2014/15, it has become apparent that further work on projection of future need is required as there are inconsistencies in current projections when compared with current prevalence.

Over the coming year we will have further embedded the Equality impact assessment process into our planning and commissioning processes to ensure we strengthen our approach to the delivery of this duty – both in identifying equality impacts and addressing the outcomes.

**Our Workforce**

Over the last year the CCG has progressively recruited to its substantive establishment. All vacancies are advertised through NHS Jobs as standard practice. This has resulted in almost 40,000 views, with over 650 applications submitted for the 40 adverts the CCG has placed.

We had **almost an equal balance of men and women apply** (41% male), 6% of the total (650+) applicants classed themselves as disabled and 51% were of an ethnic background other than ‘White British/Irish’.

The **highest age range of applicants came from the 25 – 29 year olds** (16%), with 50 year olds and over contributing 24% to the total applications made. Whilst the majority of applicants (57%) were of a Christian faith, **22% were from other religions ranging from Buddhism, Islamic and Sikhism beliefs.**

**3% of applicants were non-heterosexual.** Through our robust recruitment and new starter process, we are able to capture marital status for employees, where individuals’ have chosen to disclose such data, for those commencing employment with the CCG. With the recent implementation of NHS Jobs 2, an improved application and reporting mechanism should increase the likelihood of obtaining this information from applicants.

From the 40 adverts placed 28 posts were successfully appointed. This redresses the gender balance in the CCG’s workforce - increasing our male population by 50%.

We are demonstrating that we are able and **embracing the opportunity to employ people with a disability and reasonable adjustments are being made where required.** The CCG is currently in the process of obtaining the ‘two wick disability’ symbol for employers.

**85% of the CCGs workforce from an ethnic background, were recruited in last year.**

We have increased a broad age range of the CCGs workforce, whilst acknowledging the ageing population of our workforce (83% over the age of 30); we have actively recruited to under the age of 30 and maintained a healthy balance of supporting people in work beyond the national age of retirement.
There are elements of data where staff have requested that the information remains ‘undisclosed’, however, the amount of data not identified remains in the minority.

When comparing the breakdown of the workforce in comparison to the population of Guildford and Waverley, as best we can, the CCG is attracting a diverse workforce reflective of the local population.

In the last year the CCG has supported one member of staff returning from maternity leave to work on a change (flexible) work pattern. Two members of staff have made use of the CCG’s scheme for Paternity leave.

The CCG is looking to adopt the principles set out in the North West Region and Department of Health Equalities Framework for leaders, designed to measure the strengths, weaknesses and overall capability of the 63 NHS commissioning and provider organisations in North West England to meet equality and inclusion expectations, and to level up the outcomes experienced by all protected groups (both staff and service users).

The framework that the CCG will adopt aims to provide:

- Senior management teams with a tool to help them to ensure that they have (between them) the right skills and expertise to excel in leading their organisations to successful Equality and Diversity (E&D) outcomes;
- Individual managers charged with E&D leadership with a clear picture of their role and the expectations attached to it, so that they can plan their own career development;
- The NHS with a consistent national approach to developing the skills and expertise needed to deliver healthcare in a way that takes proper account of issues of Equality, diversity and inclusion – and the outcomes required by the Equality Delivery System (EDS).

How we Manage Complaints

In the last year the CCG received 41 complaints; 29 from female members of the community and 12 from male members. Whilst we have not been able to capture the age of our complainants, we know that 7 complaints were made by parents on behalf of their children.

We are aware that 16 of the complaints received were from people with a recognised disability (this figure may be greater as not all complainants have ‘declared’ a disability). However this level of complaints represents a high proportion of the total and should therefore signal a review of service provision/access around this protected characteristic. Similarly 3 complaints were related to pregnancy and conception and should be reviewed for any common factors.

The CCG is currently undertaking a Privacy Impact Assessment (PIA) to determine how it can request and record Equality and diversity information from complainants covered by protected characteristics. This will enable us to further analyse and improve not only the process, but also the subject of complaints, where indicated.
Patient and Public Engagement (PPE)

By December 2014, all GP practices will be expected to offer their patients the opportunity to provide feedback using the Friends and Family Test – would you recommend this service? The CCG has been awarded funding to pilot this programme and will aim to integrate building connections with community members, particularly those with a protected characteristic connection.

We have also used ‘A Call to Action’ when engaging with various stakeholder engagement groups. We have adapted a user friendly briefing you-tube video (viewed over 370 times) that we promote on our website and other communication channels to enable individuals to learn and understand more about Guildford and Waverley CCG in the context of the wider changes to the NHS system architecture.

We work in partnership with the Voluntary Action South West Surrey (VASWS) umbrella organisation for Guildford and Waverley’s Voluntary and Community Sector organisations; their role is to capacity build the sector by recruiting volunteers, to give support advice and information and act as a point of liaison between the sector and statutory bodies. They have proactively supported health campaigns such as the 111 call service.

We have undertaken an array of engagement activities with members of the Guildford and Waverley Traveller community and have recently been awarded funding from NHS England (NHSE) as part of the Friends and Family Test (FFT) Pathfinder, to improve access to healthcare for specific community groups these recent achievement will strengthen our engagement approaches to groups where we need to achieve greater engagement.

We currently conduct various forums, events and initiatives as part of engaging with our local population and our Twitter account following is ever on the increase. We have tweeted over more than 270 tweets and we are followed by 596 followers, we have our own Facebook page and our ‘blogging’ is increasing with the number of authors we have writing articles about the CCG and the number of readers we are attracting. This year we aim to use Twitter far more as a means to engage with hard to reach groups, whilst also using traditional methods of engaging with new and emerging groups such as the Guildford Area Gay Society (GAGS), asocial group for Gay men and; Outline, a group established to support Lesbian, Gay, Bisexual and Transgender members of the Surrey community; the Surrey Minority Ethnic Forum, a collective community and voluntary groups from Black, Asian & Minority Ethnic (BAME) as well as our local National Children’s Trust (NCT) Group in Guildford to further support and engage members of our community that are pregnant.
The CCG has committed in its strategies and plans to support and champion the work of Stonewall, the lesbian, gay and bisexual charity. They have recently issued (March 2014) their Healthcare Equality Index 2014, our second guide to England’s best healthcare organisations for lesbian, gay and bisexual patients, families and carers. Stonewall’s research demonstrates that there are many lesbian, gay and bisexual people who continue to face poor health outcomes as well as expecting poorer treatment from health services. The organisations that have taken part are sending a powerful signal of commitment to Equality in healthcare. As part of supporting their work, the CCG will adopt the 5 principles they have set out for healthcare organisations in their recent index issued.

Our Equality Duty

The Equality Act 2010 was implemented on 1 October 2010. It harmonised discrimination law by re-stating existing discrimination legislation, adopting a unified approach where appropriate, and by strengthening the law to support progress on Equality. It replaced previous legislation, such as the Race Relations Act 1976 and the Disability Discrimination Act 1995.

The Act also introduced a ‘Public Sector Equality Duty’ which required all public sector organisations, including the CCG, to meet both general duties and also specific duties:

General Duty – Organisations must have regard to the need to:
• Eliminate unlawful discrimination, harassment and victimisation
• Advance Equality of opportunity between different groups
• Foster good relations between different groups

Specific Duty – Specific duties require public bodies to publish:
• Equality objectives, at least every four years
• Information to demonstrate compliance with the Equality duty, at least annually

We recognise that we have a responsibility to improve the Equality performance of the CCG, embedding Equality into the mainstream business of CCG, both as a commissioner, for our providers and as an employer in order to demonstrate how we have met the requirements of the statutory public sector Equality duty, contained within the Equality Act (2010) and the statutory duty to consult and involve patients (NHS Act 2006).
The Equality Delivery System (EDS) requires NHS organisations, in collaboration with local interested parties and organisations, to analyse and grade their performance and to set defined Equality objectives, supported by an action plan.

Performance against the selected objectives we have set must be reviewed annually. Importantly, all of these processes need to be integrated within mainstream business planning.

We have recognised the importance and value of conducting effective Equality Impact Assessments (EIAs) and how they are a beneficial tool to use and capture information that will help the CCG make sure our policies, and the ways we carry out our functions, do what they are intended to do and for everybody. We have, therefore, revised our EIA system and will continue to ensure quality EIA’s are completed in order for the CCG to meet the requirements of the Equality duties and identify active steps that should be taken to promote Equality. The CCG recognises that EIA’s should be an on-going cyclical process; in this vein, we have adopted the ACAS Continuous Approach Model in completing our EIA’s.

We have signed up to become part of the national NHS Personal Fair and Diverse campaign, we are in the process of obtaining our two tick disability symbol and will be commissioning further training to ensure staff have the skills to undertake in-depth Equality Impact Assessments (EIAs) and that our governance arrangements ensure that EDS outcomes are addressed.

A core part of the EDS is engagement with local interests (stakeholders, service users, staff, staff-side, community groups and local government). During 2012/13, the CCG has arranged a series of meetings to promote EDS to groups representing people with these protected characteristics and also engaged its own staff and the Staff Partnership Forum (SPF) members.

Unlike other initiatives which have involved self-assessment of its own performance by the CCG, one of the key features of EDS is the use of an independent grading process to measure Equality and diversity performance in the CCG. In March 2013, a panel comprising 3 external assessors from a variety of groups, including Public Health and patient representatives, along with our own CCG Equality Leads convened to assess the CCG’s Equality performance looking back over 2013/14. The panel reviewed each of the 18 outcomes embodied within the EDS using the following grading system:

- **Red** = Undeveloped
- **Amber** = Developing
- **Green** = Achieving
- **Purple** = Excelling

This process builds on the initial assessment process, where a number of CCG staff and stakeholders had been interviewed by an independent E&D specialist to ensure a true and accurate reflection of the current Equality foundations.

The table on the follow pages sets out our initial Grade set, followed by our stakeholders assessment of our final 2013/14 Grade (a slide pack is available on our internet site that details comments of the workshop held where the final grading was awarded), how this work links to the future Objectives set for 2014/15 and our proposed approach to the delivery of EDS2.
<table>
<thead>
<tr>
<th>Outcome</th>
<th>2013</th>
<th>2013/2014 FINAL</th>
<th>EDS Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>A</td>
<td>A</td>
<td>Sarah Casemore, Kathryn Fisher</td>
</tr>
<tr>
<td>1.2</td>
<td>A</td>
<td>G</td>
<td>Sarah Casemore, Kathryn Fisher</td>
</tr>
<tr>
<td>1.3</td>
<td>A</td>
<td>A</td>
<td>Sarah Casemore, Kathryn Fisher</td>
</tr>
<tr>
<td>1.4</td>
<td>G</td>
<td>G</td>
<td>Phelim Brady, Kathryn Fisher</td>
</tr>
<tr>
<td>1.5</td>
<td>A</td>
<td>A</td>
<td>Sarah Casemore, Kathryn Fisher</td>
</tr>
<tr>
<td>2.1</td>
<td>A</td>
<td>G</td>
<td>Paul Davey, Kathryn Fisher</td>
</tr>
<tr>
<td>2.2</td>
<td>A</td>
<td>G</td>
<td>Sarah Casemore, Kathryn Fisher</td>
</tr>
<tr>
<td>2.3</td>
<td>A</td>
<td>A</td>
<td>Phelim Brady, Paul Davey</td>
</tr>
<tr>
<td>2.4</td>
<td>A</td>
<td>P</td>
<td>Samantha Chalmers, Kathryn Fisher</td>
</tr>
<tr>
<td>3.1</td>
<td>G</td>
<td>P</td>
<td>Bob Champion, Kat Martin</td>
</tr>
</tbody>
</table>

- **Outcome 1.1**: Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.
- **Outcome 1.2**: Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways.
- **Outcome 1.3**: Changes across services for individual patients are discussed with them, and transitions are made smoothly.
- **Outcome 1.4**: The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all.
- **Outcome 1.5**: Public health, vaccination and screening programmes reach and benefit all local communities and groups.
- **Outcome 2.1**: Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.
- **Outcome 2.2**: Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment.
- **Outcome 2.3**: Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised.
- **Outcome 2.4**: Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.
- **Outcome 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.
<table>
<thead>
<tr>
<th>Outcome</th>
<th>2013</th>
<th>2013/2014</th>
<th>EDS Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay</td>
<td>G</td>
<td>P</td>
</tr>
<tr>
<td>3.3</td>
<td>Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>3.4</td>
<td>Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</td>
<td>G</td>
<td>P</td>
</tr>
<tr>
<td>3.5</td>
<td>Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)</td>
<td>G</td>
<td>P</td>
</tr>
<tr>
<td>3.6</td>
<td>The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>4.1</td>
<td>Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</td>
<td>A</td>
<td>G</td>
</tr>
<tr>
<td>4.2</td>
<td>Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</td>
<td>A</td>
<td>P</td>
</tr>
<tr>
<td>4.3</td>
<td>The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes</td>
<td>R</td>
<td>A</td>
</tr>
</tbody>
</table>
Our Focus for 2014/15

Our suggested Equality objectives:

<table>
<thead>
<tr>
<th>EDS Goal</th>
<th>GWCCG EDS2 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Health Outcomes for All</td>
<td>To treat all patients equitably and with dignity and respect, demonstrating this through improved the capture of patient data that reflects the 9 protected characteristics across partner and provider organisations</td>
</tr>
<tr>
<td>Improved patient access and experience</td>
<td>To continue the specific focus on Children’s Commissioning, Elderly Care, Learning Disabilities and patients with Dementia as well as reaching out to patients in areas of deprivation and/or hard to reach community groups where prevention and cure also needs to be promoted</td>
</tr>
<tr>
<td>Empowered, engaged and inclusive staff</td>
<td>To provide EDS Lead training, encourage staff to be positive and diverse champions (NHS Employers national campaign), encourage succession planning and develop CCG talent, particularly from protected groups</td>
</tr>
<tr>
<td>Inclusive Leadership</td>
<td>To ensure demonstrable commitment from Members of the Governing Body to Equality and diversity by signing up to become Positive, Fair and Diverse Champions / EDS Leads and to promote this agenda both within the CCG and across partner organisations</td>
</tr>
</tbody>
</table>

The CCG had adopted the values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA) in all interactions, relationships and decisions involving patients, service users and colleagues as part of its Equality Governance arrangements. The CCG Quality & Governance Committee will assess overall assurance against EDS2. Delivery of actions and monitoring of progress through the Executive Management Team, including Equality Impact Assessments (EIA’s), as well as Clinical Commissioning Committee overseeing EIA’s on service proposals/change.

Stakeholder groups have been identified through PPE forums and internally through SPF as well as through provider, partnering, supporting organisations across the CCG network and a robust system for collating, reviewing and monitoring evidence submitted to demonstrate the progression of EDS2 objectives, is in place. The monitoring and analysis of data and information will determine areas of specific concern for groups identified within the ‘Protected Characteristics’, where we can collectively work with stakeholders to analyse performance and identify how, across the Health and Social Care System, improvements for such groups are being made.

18 EDS Leads have been identified and will be trained within the CCG and related stakeholder groups. Our leads will champion Equality on the agendas of all joint strategies and partnership working relationships, including Health Watch, Health and Wellbeing Boards, the local Transformation Board and other key groups within the Health and Social Care system. Action plans will be created to manage and monitor the progress of each objective.

The future grading of each EDS2 outcome will be undertaken by EDS Leads and a wider group of interested stakeholders (from across the health and social care community). This will be managed in facilitated groups where evidence will clearly show how decisions of the outcomes are reached, and wherever possible, the use of stakeholder work/events to support in determining the grades.