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Preface

NHS Guildford & Waverley CCG is pleased to present its second Annual Equality Report 2014/15, which 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 focus on four particular equality objectives (as set out on page 31). This report will demonstrate how the CCG has delivered against these four objectives, highlighting a range of innovative work and bringing together information, evidence and recommendations.

If we are to improve 'ability to access' health services and, as a result, 'reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services', we need to ensure there is systematic consideration of equality in everything we do, as a mainstream not a marginal activity. This report describes how each department in the CCG is striving to meet its statutory duties under the Equality Act 2010, recognising it as a cross-cutting organisational responsibility, and working to achieve a tangible difference for access and appropriateness of the services that are commissioned.

Our ambition for 2015/16 is to build upon the progress described herein to ensure that equality impacts and outcomes are fully integrated and designed into our usual ways of working. This ambition is built upon the seven core values that underpin our work, as identified by CCG staff in 2013/14:

- Working together for patients
- Respect
- Commitment to quality of care
- Dignity
- Everyone counts
- Compassion
- Improving lives

This year we extended our engagement with stakeholders – the people that use our services were invited to contribute to our final assessment of equality delivery (EDS2) and our intention is to further develop this for 2015/16. We have also engaged with our providers on a number of specific pathways to ensure accessibility and appropriateness of services for our population; the output of this work is described in the Report.

We hope you enjoy reading about our achievements in this important area – ensuring equality is at the forefront of our commissioning decisions – for both the recognised protected characteristics as well as for other minority/vulnerable groups which we have also included in our approach – and in relation to the CCG as an employer and our workforce.

Thank you to all our stakeholders for their continued support of our equality objectives and to the commitment of our CCG staff that work so hard to improve health outcomes for all.

David Eyre-Brook, Chair
Introduction

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. Before the Act came into force there were several pieces of legislation to cover discrimination, including the Sex Discrimination Act 1975, the Race Relations Act 1976 and the Disability Discrimination Act 1995.

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Public Sector Equality Duty (PSED) is part of this Act (Part 11) and states that:

A public authority must, in the exercise of its functions, have due regard to the need to:

(a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In addition to the above general duties, that require public bodies including NHS organisations to take meaningful steps to reduce inequalities, there is a specific duty to publish relevant, proportionate information showing how they meet the PSED by the 31st January each year. In addition, public bodies must set specific measurable equality objectives by the 6th April every four years starting 2012.

This is the Annual Equality Report for NHS Guildford & Waverley CCG. It seeks not only to fulfil these legal obligations, but also to provide assurance to our community that the CCG is working proactively to achieve the following aims, in its role in commissioning health care services for its population.

We aim to:

(a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
About Us

From April 2013, NHS Guildford and Waverley Clinical Commissioning Group (CCG) took on responsibility for commissioning the majority of health care for its residents. We are a membership organisation, comprising 21 GP practices, clinically led and privileged with a unique opportunity to develop a dialogue with the people of Guildford and Waverley about the future of NHS Services we have responsibility for commissioning.

A range of commissioning arrangements is in place that the CCG directly influences. These include:

(i) Directly contracting with our major acute provider, the Royal Surrey County Hospital NHS Foundation Trust;
(ii) A limited range of services from primary care, known as locally commissioned services; and
(iii) Collaborative commissioning with other CCGs in Surrey where one CCG takes the lead commissioning role on behalf of the others - for example, community services; the out-of-hours primary care service; continuing health care services; and healthcare for certain population groups e.g. children with complex needs.

As with any other public service, the CCG is required to fulfil the Public Sector Equality Duty (PSED) in all aspects of its work, in this case, clinical commissioning. The CCG takes this responsibility seriously, as will become clear in this report. We aim to commission high quality services that deliver excellent outcomes for all patients and to provide a personal, fair and diverse working environment for staff.

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The CCG’s Vision

“To ensure that innovative, quality-driven and cost-effective health & social care is in place. By working together the group will deliver services locally which reflect patient needs and improve the health and wellbeing of people in Guildford & Waverley”

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High quality services deliver high quality care to everyone.

This means that people belonging to different Equality Groups as defined by the Equality Act 2010, or those that are recognised as belonging to a vulnerable or minority group, are expected to benefit to the same degree as anyone else from any service that the CCG commissions. All aspects of work carried out by the CCG should aspire to this goal.
Our Community

The population of Guildford & Waverley CCG has its own particular health care needs. As CCGs we are duty-bound to meet and plan for these needs. The Surrey Public Health team compiled local health profiles for all CCGs in Surrey in 2014. The profile for Guildford & Waverley was published in July 2014. The information within this profile enabled the CCG to develop its commissioning intentions for 2015/16 and beyond (see page 20).

The key points are listed here but the entire detailed profile for this CCG can be found at http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1182

Age

- Relative to England, Guildford and Waverley CCG has:
  - A smaller proportion of children aged 0-4
  - A larger proportion of young people aged 10-19
  - A smaller proportion of young adults aged 25-34
  - A slightly greater proportion of older adults aged 45-64
  - A larger proportion of adults aged 75+

- The Guildford and Waverley CCG population profile is weighted towards the older adult population when compared nationally
  - Nationally, between now and 2020 the over 65 population is projected to rise from 17.2% to 18.5% of the total population. The Guildford and Waverley CCG over-65 population is projected to grow less steeply than this, but the proportion of people over 65 will be 19.7% by 2020.
  - Nationally, between now and 2020 the over 85 population is projected to rise from 2.3% to 2.8% of the total population. The Guildford and Waverley CCG over-85 population is projected to grow at a similar rate but from 3.2% to 3.7% by 2020.

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.
- Worryingly, 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. The information below was included in the 2013/14 annual equality report but it bears repeating here to ensure all are aware of the specific groups that the CCG is aiming to reach with its work:
  - **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.

The CCG has built its commissioning intentions for 2015/16 on this important demographic information to ensure the services it commissions do not worsen health inequalities and actually reduces them.
It’s Everyone’s Business

The focus during 2014/15 has been to move to a position whereby all CCG staff, Governing Body and Practice Council members in leadership roles, recognise and discharge their equality duty as public sector employees in all stages of decision-making. We are also keen to extend this duty to our partnership working. This report will describe how this has been delivered across the following core business areas within the CCG:

- Governance
- Communications & Engagement
- Commissioning
- Quality and Performance Monitoring
- Contracts and Procurement
- Complaints
- Safeguarding
- Workforce

Guildford & Waverley Clinical Commissioning Group Governance Structure
Governance

The requirement and way in which the CCG discharges its public sector equality duty is set out in the CCG's Constitution.

The Governing Body has delegated responsibility to the Quality and Clinical Governance Committee to oversee and ensure the CCG's delivery of the public sector equality duty. This is reflected in the Committee's Terms of Reference, with a regular reporting schedule in its work plan.

The CCG has published its VALUES in its Constitution which lie at the heart of the Group's work.

This means specifically using resources for the benefit of the whole community, and making sure nobody is excluded. The narrative which describes the meaning of each value strongly echoes and embraces FREDA values (Fairness, Respect, Equality, Dignity and Autonomy).

The CCG's values are reflected in every plan, both strategic and operational, and commissioning intentions/service developments. With the strengthening of the Equality Impact Assessment (EIA) process, so that systematic consideration of equality is at the point of inception for new service developments/changes, and evident in Governing Body and Committee papers (as part of its equality governance arrangements), it is anticipated that FREDA values will be more explicit in helping to inform the interactions, relationships and decisions involving patients, service users and colleagues.

The independence and external scrutiny of the CCG's end of year self-assessment process has been strengthened this year, with the participation of the CCG's Patient and Public Engagement (PPE) Group (in addition to the patient representative mentioned below). This remit is now reflected in amended Terms of Reference for the PPE Group (which also reports into Quality & Clinical Governance Committee). There has also been external facilitation of this self-assessment.
Key Roles

The CCG has a patient representative who provides input on a continuing basis to the annual plan of Equality Delivery System (EDS) workshops, which support the delivery of the EDS agenda.

The **Director of Governance and Compliance** is the lead for Director for equality and diversity in the CCG. She is responsible for ensuring progress against the equality objectives and for demonstrating that the CCG is meeting its statutory obligations. This includes Workforce, an important element of equality delivery.

The **Policy & Engagement Manager** is responsible for the day-to-day delivery of these obligations. The role has been developed in 2014/15 to encompass more work streams that inform and enhance the CCG’s performance in relation to equality, as detailed here in the pie chart.

A **GP Clinical Lead** (and Governing Body member) has been nominated this year to oversee delivery of equality via the EDS. She has brought her daily clinical experience to bear at EDS workshops.

The Governing Body also nominated a **Lay Member for Patient and Public Engagement (PPE)** to oversee the EDS. He chairs the PPE Group, as detailed in the organogram on the previous page, and is able to bring his extensive experience in education and local knowledge to strengthen the focus on and interaction with key groups across the CCG.

A **Public Health Consultant** also sits on the Governing Body, ensuring that issues of health and wellbeing, identified through Joint Strategic Needs Assessments and the responsibility of Surrey County Council and the CCG, are woven into plans for both public bodies. An example detailed later in this report is the refinement of the CCG’s equality impact analysis tool.

The Equality Objectives for 2014/15 included a commitment for **CCG leaders** to become positive, fair and diverse champions and leads for equality delivery; in addition, **Equality Delivery Leads** were identified in each directorate and attended two workshops aimed at improving knowledge and skills in applying this knowledge in daily business.

Thus, it can be seen that at different levels within the CCG there are key people who can highlight equality issues at a range of levels, improving the systematic delivery of health improvements across the CCG’s population and the reduction of inequalities. These people are the active voice, adopting and sharing best practice, researching patients from different backgrounds and raising the profile where exclusion might be indicated.
Ensuring Decisions are Well Informed

A Governing Body seminar was held in October 2014 to ensure members understood their responsibilities in relation to the Public Sector Equality Duty and, more specifically, to review the outcomes of Equality Impact Assessments (EIAs) for three service changes:

- Referral Support Service
- Older People’s Day Assessment Service
- Community Dermatology Service

The Clinical Commissioning Committee also received the three completed EIAs with a view to publication on the website. Further work was indicated by these EIAs to prioritise recommendations and findings. In addition, further development of the EIA template with public health input has led to a positive streamlining of the process with the next stage being to incorporate the EIA into the CCG’s Project Charter.

We will look to formalise the commitment of all Governing Body members by signing up to become Positive, Fair and Diverse Champions.

In terms of ensuring equality considerations in our collaborative commissioning role, the Surrey CCGs Collaborative Priorities Committee provides an encouraging steer in terms of its ethical framework to promote fairness and consistency in decision making - EQUITY is upheld as the first of nine principles. The Committee has been formed as an advisory body, to provide in-depth and independent scrutiny of the policies governing the funding of healthcare interventions across Surrey. Its membership includes representation from each Surrey CCG.

The newly formed Primary Care Clinical Academic Group (CAG), in partnership with Surrey Health Partners, exists as a partnership initiative to promote research led excellence in primary care. Research will be aligned to the CCG’s Commissioning Intentions and will impact positively on outcomes for all patients, including quality, safety and effectiveness of health care and patient experience.
Equality Impact Assessments

The CCG took steps this year to improve the quality and delivery of equality impact assessments amongst key staff members that have a role in assessing the impact of proposed service changes to meet Quality, Innovation, Productivity and Prevention (QIPP) targets.

The CCG commissioned an external organisation to carry out three distinct pieces of work with this aim in mind:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>AUDIENCE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training to complete EIAs</td>
<td>Clinical commissioning team, Contract team</td>
<td>10 people trained</td>
</tr>
<tr>
<td>Develop EIA template</td>
<td>All CCG staff</td>
<td>Two stage EIA process and templates delivered</td>
</tr>
<tr>
<td>Completion of EIAs</td>
<td>Clinical Commissioning Committee</td>
<td>3 EIAs completed, Public health input to refine EIA</td>
</tr>
</tbody>
</table>

Further iterative development of the EIA template included input from Public Health colleagues to improve accuracy of population profiles and ease of use by CCG staff. This intensive piece of work did focus CCG members on the importance of equality considerations, their role in delivering this for our population and ensuring decision making around service models/pathways, particularly where service change was implicated, was underpinned by clinical, quality and equality justification.

All papers going to committees and Governing Body must include an EIA and the Policy & Development Manager works collaboratively with all colleagues needing to complete these to build understanding of the process and considerations required.

A project framework to systematise how projects are managed and developed within the CCG is being created for completion by March 2015. It will formalise the use of EIAs when starting projects, as well as the requirement to revisit and update them as the project progresses towards implementation. This will inform the development of appropriate health care solutions.
Delivering Equality: A Systematic Approach

The Equality Delivery System (EDS2) has four goals and 18 outcomes. The first two goals cover services that the CCG commissions:

GOAL 1
Better health outcomes for all

GOAL 2
Improved patient access & experience

Whilst the second two goals cover the workforce, governance and leadership of the CCG:

GOAL 3
Empowered, engaged & inclusive staff

GOAL 4
Inclusive leadership

Two workshops were held in July and November 2014 for nominated EDS2 leads representing a cross section of CCG staff in terms of functional responsibilities and professional disciplines.

Workshop 1 focused on improving awareness of the EDS2 goals and objectives. It also covered the Joint Strategic Needs Assessment profile for the CCG to highlight areas of need. 15 staff members attended and were tasked with cascading their learning through their teams.

Workshop 2 focused on particular priority groups within the CCG: Gypsy, Roma & Traveller communities; armed forces and the geographical area of Ockford Ridge. 12 staff attended this workshop.

Two further workshops were dedicated to

a) completing an in-depth EDS assurance exercise in January 2015 with Providers of three different services, detailed below, looking at how the Providers are achieving against the outcomes in Goals 1 & 2 of the EDS and identifying best practice and areas to be strengthened:

- End of Life Care
- Psychological Therapies in Primary Care (known as IAPT)
- Musculoskeletal Care Pathway

b) carrying out a ‘listening exercise’ in February 2015 focusing on these pathways with external stakeholders, representing people from the different equality groups
EDS2 Outcomes 2014/15

The CCG recognised that it needed to build positively on the EDS assessment carried out in 2013/14; this was a largely internal assessment with just one patient & public representative. It also recognised that it could learn from other CCGs and so commissioned the Principle Partner for Equality & Diversity at South East CSU to develop the methodology and to facilitate an external assessment.

As described above, the first part of this exercise involved several meetings with different providers to enable the commissioners to fully understand the adaptations that each provider was making to their services to meet the different needs of people in the different equality groups.

The CCG then held a Listening Event on the 9th February 2015 with local, external stakeholders to find out their views of how well the CCG is commissioning for equality. Three separate groups discussed the three services with respect to how well they were meeting the needs of patients and carers within the different equality groups.

This concluded with the final grading of the CCG against EDS2 Goals 1 & 2.

For the purpose of the event, versions of these goals and outcomes were provided in a more comprehensible format:

**GOAL 1**
Better health outcomes for all

- Did you get the healthcare you needed?
- Did you feel safe when getting your health care?
- Did it work well when your care was transferred elsewhere e.g. your GP? Were you kept well-informed?
- Were you able to let staff know about your specific health needs? What was done to help?

**Did you get the healthcare you needed?**
23 people attended the Listening Event; some were representatives of their Practice Participation Groups; some were representatives of charities with an interest in one of the three services, whilst some were working in services that linked with one of the three services.

Evaluation of the event revealed it to have been largely well received with many finding the conversations useful and enlightening:

“It was really interesting to get to meet other professionals and have an open and honest discussion within a group setting. It felt like your comments were being taken seriously and noted”.

“Finding out about the developments in care pathways and identifying barriers to access. The expertise of colleagues in the group was impressive as was their open approach”.

GOAL 2
Improved patient access & experience
However, there were lessons to be learnt from the running of the event in this manner, as revealed by other comments from participants:

*It felt very controlled and restricted in what was being asked and how the answers were to be presented. Because the questions were all aimed at someone who had experience of receiving IAPT services I felt limited in my ability to contribute as a stakeholder. However there was adaptation to take input outside of the framework thanks to the group leader / facilitator.*

*I didn’t really know what to expect, but the discussion was constructive and hopefully helpful. The focus on the goal structure gave a framework and was probably essential but led to a degree of repetition and overlap.*

The CCG is grateful for all the constructive comments received about the event and will use them to evolve its approach to EDS2 in 2015/16. It aims to spread the assessments throughout the year and to carry out the Listening Events in different community venues.

**Grading**

Using the EDS2, an organisation, in this case the CCG, is graded as follows:

- **Excelling**
- **Developing**
- **Achieving**
- **Undeveloped**

The final grading of the CCG against the two goals for the three services that were assessed was:

<table>
<thead>
<tr>
<th>Service</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Life Care</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
</tr>
<tr>
<td>Psychological Therapies (IAPT)</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
</tr>
<tr>
<td>Musculoskeletal Care Pathway</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
</tr>
<tr>
<td>Overall</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

A number of learning points for each service arose from this entire process – at the provider meeting stage and at the Listening Event, which will be taken forward by the relevant directorates within the CCG in collaboration with the Providers and co-commissioning colleagues.

The assessment of how well the CCG is delivering equality is an on-going process, integral to the main business cycle. Progress has been made throughout 2014/15 to embed equality in the commissioning decisions through a mixture of:

- external, specialised training on equality impact assessments;
- the development of a streamlined, intuitive Equality Impact Assessment template and
- the development of the methodology to strengthen the external scrutiny and assessment of the CCG’s performance in this area.

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Commissioning for Equality
The population of Guildford & Waverley is just over 200,000 (ONS 2011), although more recent estimates cite the figure as 216,000. As discussed in the section describing our community, the population is weighted towards the older end of the age spectrum, with the population aged 75 years and over being larger than comparable the England CCG average and projected to continue to grow as a proportion of the whole. There are small but significant minority ethnic communities as well as pockets of deprivation in Stoke, Westborough and Ockford Ridge. Hence the drive during 2014/15 to instil in both commissioners and providers the imperative for systematic equality considerations to be undertaken - to identify where appropriate adjustments might be made to support the equity principle.

Integration for Older People
The ageing population has steered the CCG towards prioritising the integration of health and social care to benefit patients aged 65yrs and over.

Substantial engagement with stakeholders, including two widely attended PPE Forums, has fed into the overall model of integrated care.

Changes have been made to the original vision, informed by this engagement, from one solution for Guildford and Waverley to five localities of multiple stakeholders developing their own, geographic, tailored solution for their frail elderly population.

Improvements for People with Learning Disabilities
People with Learning disabilities (LD) continue to be a priority focus for the CCG and we are pleased to report further progress which builds on last year’s development and use of a Care Passport called ‘This is Me’, along with other resources that seek to prepare patients with LD for appointments and care to maximise their health outcomes.

This year, the CCG has commissioned a LD Liaison Nurse at RSCH to improve the patient journey before, during and following intervention, whether elective or urgent. The emerging ICPs will include Community LD Nurses.

The Referral Support Service has now been set up to accommodate additional requirements e.g. language, advocacy, transport, disability. It is now possible for GPs to book patients with LD into a pre-visit clinic with the LD Liaison Nurse that aims to make the actual clinical appointment more effective. Further work is required to optimise use in primary and secondary care.

The CCG continues to be part of the ‘Valuing People’s Group’ and took part in a workshop in June 2014 with people with LD, aimed at promoting better health e.g. keeping well, alternatives to your GP (community pharmacists), self-care and preparing to come home from hospital.
**Improving access**

Plans have been developed through joint working with the RSCH, Virgin Care, Friends of Haslemere Hospital and the CCG to build a new outpatient services department on the Haslemere Hospital site.

This is aimed at providing outpatient clinics closer to people living in the more isolated, rural parts of the CCG. Work on this will continue into 2015/16 and equality impact analysis will form part of the overall business case.

**Intelligent commissioning**

The CCG regularly uses population information to calculate variations in health care inequalities across the GWCCG patch. Where possible we also try to compare this further to the local and national pictures too. We have now embarked upon using mapping software to geographically show healthcare issues across the patch which helps enable services to be positioned in key target wards.

![Maps showing healthcare issues](image)

**Alcohol Liaison Service**

The JSNA for Surrey and national public health reports have highlighted a higher than expected level of alcohol consumption in Guildford & Waverley. The main acute trust for the CCG in turn highlighted the impact of alcohol on A&E attendances and the need for a dedicated service to deal with the immediate clinical need and with the longer term management of such patients.

In response, the CCG commissioned an Alcohol Liaison Team in 2014/15, based at the RSCH, to deliver key aspects of what was recommended in the JSNA. This small but focused piece of commissioning highlights how the CCG is addressing public health concerns that affect certain equality groups in its area.
Commissioning Intentions 2015/16

The challenge facing our local health and social care system over the next few years is considerable. Annual growth in NHS resource is lower than it has been for a decade and demand for services is increasing. The creation of the Better Care Fund has further crystallised the need to work jointly across the health and social care system and make use of the opportunity provided by doing things together.

We know that we are unlikely the meet this challenge through commissioning more of the same, or through gradual incremental change. We need to drive widespread, transformational change across our health and social care system to deliver a step change in the quality of services and improvements in the experience for patients, while enabling the system to remain financially viable. We expect the providers of the services we commission to respond proactively and constructively to the changes we are seeking to make building on good partnership work to date.

In order to effectively transform the whole system the following commissioning intentions have been developed. They have been developed with partners and stakeholders to ensure that the proposals are in line with the overarching strategic developments across the health and social care environment. They reflect our 5 year strategic plan and the priorities identified by Surrey’s Health and Wellbeing Board as well as the CCG’s local health profile.

The list below is not exhaustive, but an indication of what we expect to achieve during 2015/2016; as opportunities arise we will consider other areas for development.

<table>
<thead>
<tr>
<th>Support and develop <strong>Primary Care</strong> to respond locally to the needs of the frail and vulnerable populations</th>
<th>In partnership with Social Care, implement 7-day community based services that reduce the need for our population to attend and be admitted to hospital for their health care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop an <strong>Integrated Care Pathway</strong> to provide system wide response prevention, identification of need and intervention for our population aged 65yrs and over, including those who become frail and vulnerable</td>
<td>Establish clear pathways for patients with ambulatory care sensitive conditions, covering referral criteria, treatment options and discharge protocols to ensure seamless care across sectors</td>
</tr>
<tr>
<td><strong>Procure a new service for patients suffering from Wet Age Related Macular Degeneration (AMD)</strong></td>
<td>Develop a whole system cardiology pathway in preparation for procurement</td>
</tr>
<tr>
<td>Commission a one stop <strong>community based urology service</strong></td>
<td>Develop relationships with the community and voluntary sector, to improve individuals’ and the community capacity to self-care</td>
</tr>
<tr>
<td>Work with the providers of <strong>Mental Health and Learning Disability</strong> services to co-design and establish clear pathways covering referral criteria,</td>
<td>As host commissioner for <strong>Child and Adolescent Mental Health Services (CAMHS)</strong> we will lead the re-commissioning and procurement of services to</td>
</tr>
</tbody>
</table>

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treatment options and discharge protocols

meet the emotional well-being and mental health needs of children and adolescents across Surrey

As the strategic lead commissioner for Children Surrey-wide we will deliver the priorities of the Health and Wellbeing Board and lead the development and implementation of joint commissioning principles (with Surrey County Council) in regard to **Speech and Language Therapy, Occupational Therapy and Physiotherapy.**

Develop an integrated model for **End of Life Care** and treatment to ensure co-ordinated, integrated care is provided to support both the patient and their carers.

Redefine **quality standards** within our contracted health services, including nursing homes to ensure delivery of high quality care for all

Review all **AQP contracts** in preparation for reaccreditation in 2016/17 and cease contracts where they are not delivering as required

Develop the **provider market** to enhance access to services locally.

### Better Care Fund

*Prevent unnecessary admissions to and timely discharge from hospital and to build preventative support in communities that supports people to stay as independent as possible.*

The ‘Better Care Fund’ will begin to operate fully in 2015/2016. In Guildford and Waverley joint preparatory work between the CCG and Surrey County Council throughout 2014/15 has set robust foundations to maximise the return on the £11.2m fund.

At a Surrey wide level, the Joint Strategic Needs Assessment (JSNA) is a key part of, and has informed, each locality’s joint plan, encompassing data and information about the Surrey population, which helps us to assess both current and future needs. This has identified the main health inequalities within the following areas:

- Demographic factors such as changes in the population’s age structure, ethnicity
- Socio-environmental issues impacting upon health and social wellbeing such as housing, crime, deprivation, education, the local economy and employment
- Lifestyle factors such as alcohol consumption, smoking, eating healthily
- Prevalence of specific diseases and conditions such as dementia, stroke, coronary heart disease, long term conditions

Detailed local schemes for the ‘Better Care Fund’ will continue to be planned through the latter part of 2014/15, for implementation in 2015/16. An Equality Impact Assessment (EIA) will be completed as part of this process to assess the impact on protected characteristics relating to residents, people who use services, carers and staff.
Equality Impact Assessments have already been undertaken for a number of existing joint schemes. These include for example, telecare, reablement, extended hours in the hospitals.

In Guildford and Waverley a range of services are funded through the ‘Better Care Fund’ and the support, care advice and guidance provided is a key means of ensuring people who may face barriers to inclusion are helped to get the support they need to be safe, healthy and as independent as possible. The services include:

- **Carers services**
  - Including funding short breaks for carers, providing information advice and guidance and making sure carers are involved in the development and review of services

- **Mental Health Community Connections**
  - Supporting people with mental health needs keep well in their community

- **Terence Higgins Trust**
  - Providing services for people living with HIV and to those at risk of HIV infection designed to reduce the spread of HIV and to promote good sexual health.

- **The Universal Benefits Service**
  - Provides advice and guidance to support people to make sure they are getting the right welfare benefits

- **Red Cross services**
  - Support people to return home after being in hospital

The Better Care Fund will also support a range of related services provided by and supported through Borough Councils in Guildford and Waverley including:

- **Community Connecting**
  - Addressing isolation in communities through connecting people with neighbours, befriending and organised social activities

- **Practical and leisure based support for older people**
  - Occupational therapy, leisure and fitness activities, bathing advice service, befriending services, IT advice and reminiscence

In the first full year of operating the ‘Better Care Fund’ in Guildford and Waverley, our aim will be to ensure that we are providing excellent support to the people in our communities and in particular to those people who face barriers to getting the support they need.
Communications & Engagement

It was recognised that engagement with different user groups representing the different equality groups required improvement in 2014/15. The following actions have taken place:

✓ Specific stakeholder meetings e.g. with Sign Health to discuss the barriers facing deaf people and the impact on health outcomes
  o This led to a survey of main providers with requests for actions from them to address these barriers e.g. ensuring all staff are fully aware of how to book a British Sign Language interpreter, in plenty of time
  o Discussions with the RSCH regarding staff training in basic BSL to improve patient experience and outcomes

✓ Targeting and extending invites to the larger PPE Forums to a more diverse range of organisations
  o April 2014
  o October 2014

✓ Amendment to the PPE Group’s Terms of Reference
  o To allow scope for more diverse membership
  o The PPE Group now has members representing maternity (National Childbirth Trust), Carers, vulnerable communities (Citizen’s Advice Bureau), students (a significant proportion of our population (10%) and people with long-term conditions.
  o The PPE Chair continues to visit support and user groups as and when requested

✓ Developing the Patient Participation Group Chairs Network
  o To extend the reach of the CCG’s engagement to practice populations
  o To develop the network as a two-way conduit between CCG and PPG Chairs

✓ The Listening Event – February 2015
  o Although the main aim of this event was to listen to patient experience and use this to inform the assessment of the CCG’s performance against equality outcomes, we also sought to extend the reach of the CCG’s engagement activity.
  o In particular, we actively encouraged the ‘harder to reach’ communities to have a voice by becoming members of our PPE Stakeholder Group or becoming involved in other ways.

✓ The Communications & Engagement Strategy 2014-2016 was approved by the Governing Body in November 2014
  o It describes a wide range of communication and engagement activities, prefaced by the opportunities for – “How you can get involved”.
  o Commitment to the use of wide-ranging engagement activities in the community, taking an out-reach approach wherever possible.

Social Media
The CCG Twitter account now has 1301 followers, which has increased by 86% from 699 in April 2014.

We now publish our monthly Twitter dashboard on both our intranet and website. The dashboard provides an overview of the activity and campaigns promoted by the CCG on a monthly basis and show a breakdown of demographic groups that the CCG follow and those who follow the CCG.

The statistics showing the changes for some the categorised demographic groups are below:

<table>
<thead>
<tr>
<th>Month</th>
<th>LGBT</th>
<th>Gypsy &amp; Traveller</th>
<th>Black &amp; Ethnic Minorities</th>
<th>Special Needs, Learning, Disabilities</th>
<th>Children</th>
<th>Elderly</th>
<th>Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Following</td>
<td>Followers</td>
<td>Following</td>
<td>Followers</td>
<td>Following</td>
<td>Followers</td>
<td>Following</td>
</tr>
<tr>
<td>Apr-14</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>Dec-15</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>29</td>
</tr>
</tbody>
</table>

**Carers’ Champion**

This year the CCG’s Website Coordinator was awarded a Carers’ Champion award for his sterling work in highlighting the immense contribution of Carers to the health economy and promoting opportunities for Carers to be looked after themselves.

Carers are a priority for the CCG especially given its age profile and resultant higher prevalence of long term conditions, including dementia.

**Friends & Family Test**

The CCG has developed software for GP practices and the Referral Support Service to enable both to offer the Friends & Family via a variety of communications channels i.e. web-based, via text, over the phone and manual feedback on a printed form.

Demographic information is requested before patients complete the actual FFT, although it is not obligatory. The FFT started in primary care in January 2015 so it is too early to notice any demographic trends related to whether or not a person would recommend the service. In addition, this information is for practices and NHS England to monitor; the CCG simply helped its member practice offer a more inclusive option than was available elsewhere.
Quality & Performance Monitoring

Monitoring the quality of healthcare delivered to our patients is a key function of the CCG, involving regular reporting and scrutiny.

Quality intelligence across a broad range of sources e.g. the primary care web tool, national patient surveys, local clinical audits from providers, complaints and staff surveys is used to interrogate impact on protected characteristics. Should any quality issue come to light as being sub-optimal e.g. pressure care, further analysis is undertaken to identify whether there are any patterns or trends, including any correlations with those with protected characteristics to inform the actions that need to be taken.

Workforce in commissioned services is a very important part of quality assurance, and the NHS staff survey examines staff responses to address any particular issues which may concern those with protected characteristics.

Complaints reports submitted by the Royal Surrey County Hospital NHS Foundation Trust (RSCH) identified a significant number regarding the accessibility of the car park for older people and for people with disabilities. The CCG asked the RSCH to investigate and develop options to improve access for these groups of patients.

Options were presented to the CCG ranging from ‘quick wins’ to longer term capital investment projects. This illustrates how one quality intelligence source has been used to start work to improve care and experience for patients with protected characteristics.
Contracts & Procurement

The NHS England Standard Contract is used for all of the CCG’s core contracts. In 2014/15 this included for the first time the locally commissioned services, provided in primary care. A requirement of the contract is that providers abide by equality principles, such as equity of access, equality and no discrimination, and pastoral, spiritual and cultural care.

This routine usage ensures that all providers pay full heed to delivering an equally high quality service for all that use it. Two examples are detailed below:

999 services

This is an example of contracting to improve quality for particular groups, in this case the older population that is more prevalent in the rural parts of the CCG.

From April 2014, NHS North West Surrey CCG took over from NHS East Surrey CCG as Co-ordinating Commissioner for Surrey CCGs, with agreement from the Surrey Collaborative to fund a dedicated Transport Manager post. This has resulted in timely receipt of monthly performance information, monthly Surrey performance meetings with SECAMB, a ‘deep dive’ 999 session held in December 2014, with feedback to G&W CCG Quality and Governance Committee in January 2015 and presentations by both SECAMB and NWS CCG.

The result has been greater understanding of the performance metrics and impact of rural locations, particularly in Waverley, in terms of response times; greater understanding of the work of the SECAMB paramedic practitioners and the projects in progress to convert “See and Convey” activity to “See and Treat” activity, as evidenced in activity data.

Surrey CCGs are also working with SECAMB to disaggregate the contract which currently covers Kent, Medway, Surrey and Sussex (KMSS) so that, from April 2015, there will be a Surrey CCGs contract with SECAMB, with the aim of ensuring better local focus on local performance and delivery.

Out-of-Hours (OOH) Procurement

The CCG collaborated with NHS North West Surrey CCG and NHS Surrey Downs CCG to commission a new OOH service.

The tender document asked bidders to answer three questions that focussed specifically on inequalities and explain how they would ensure that their service met the needs of everyone.

These questions provided 4% weighted evaluation as part of the clinical and quality domain.
Complaints

In the last 12 months (March 2014 to February 2015) the CCG received 71 complaints. 42 (59%) of the complainants were female and 29 were male. A wide range of issues were covered by these complaints as can be seen in the chart below.

![Number of Complaints by Function](chart.png)

Complaints regarding commissioning include complaints about Continuing Healthcare which is hosted by NHS Surrey Downs CCG.

The CCG plans to implement equality monitoring for complaints it receives, starting April 2015.

Safeguarding (Children & Adults) and Children’s Commissioning

The CCG is the lead CCG for safeguarding adults and children across Surrey. It is also the lead CCG for children’s commissioning as a whole. As such it ensures staff, providers and contractors across Surrey are aware of and understand their responsibilities to safeguard and promote the welfare of children and adults.

Government guidance makes it clear that safeguarding is a shared responsibility, and depends upon effective joint working between agencies and professionals that have different roles and expertise. The CCG therefore works closely with partners across the health economy and the local authority, and includes the Surrey Safeguarding Adults Board (SSAB) and the Surrey Safeguarding Children’s Board.
**Adult Safeguarding**

In 2014 the Surrey Safeguarding Adults Board identified seven key priorities to meet its vision of everyone working together to enable people in Surrey to live a life free from fear, harm and abuse:

- Achieving good outcomes for adults at risk and carers
- Responding to reported abuse
- Leadership
- Safeguarding Adults Board
- Safeguarding Adults Reviews
- Personalisation
- A competent workforce

**During 2014-15 the CCG:**

<table>
<thead>
<tr>
<th>Has maintained a dedicated Designated Nurse for Safeguarding Adults</th>
<th>Ensured that contracting arrangements with its providers focus closely on the safeguarding agenda</th>
<th>Has through strong clinical governance and quality assurance worked closely with other key stakeholders to ensure vulnerable members of society are protected from harm and abuse</th>
<th>Has included a Safeguarding Adults standing agenda within its Quality &amp; Clinical Governance committee. Equality Impact Assessments are considered as part of the reporting mechanisms into the Quality &amp; Clinical Governance committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has included recommendations from the SSAB commissioned Choking Policy into its annual Quality Schedule</td>
<td><em>Has contributed to the Safer Waverley Partnership Action Plan 2014-17</em></td>
<td>Has developed the personalisation agenda by promoting Personal Health Budgets for individuals entitled to working NHS Continuing Healthcare in Guildford and Waverley</td>
<td></td>
</tr>
</tbody>
</table>

**Children’s Safeguarding**

Safeguarding children policies are updated yearly for all six Surrey CCGs and are currently under review.

An Equality Impact assessment will be undertaken. Every effort is made to ensure safeguarding services are monitored to ensure they are fair and equitable to all.

**Looked After Children**

NHS Guildford & Waverley CCG is also the lead CCG for Looked After Children (LAC) across Surrey, again working in close partnership with Surrey County Council and related services.

The Children Act (1989) defines a child as “looked after” by a local authority if he or she is in their care or is provided with accommodation for a continuous period of more than 24 hours by the authority. It is well evidenced that LAC suffer from poorer health outcomes than their peers that are not in the looked-after system.
Work carried out in winter 2013 through to summer 2014 identified the particular health needs of LAC, including Unaccompanied Asylum Seeking Children (UASC), and reviewed the capacity of the system in Surrey to meet these differing needs. The review identified that arrangements for the health assessment of all LAC are significantly under developed. This has led to an increased investment from CCGs, ratified in July 2014; an improved service model for the LAC service will be implemented in March/April 2015.

This is a particular achievement that should benefit some of the most vulnerable groups in Surrey and the CCG is pleased to have led the programme of work to improve the health outcomes of LAC including UASC.

Child & Adolescent Mental Health Services (CAMHS)
CAMHS promote emotional wellbeing and deliver preventative mental health services and treatment to children and young people with mental health problems.

CAMHS are a partnership between Surrey County Council (SCC), Surrey Clinical Commissioning Group (CCG) Collaborative, Surrey and Borders Partnership (SABP) NHS Foundation Trust, voluntary organisations and children and young people who use our services. The CCG is the lead commissioner for CAMHS working with Surrey County Council.

During 2014/15 the CCG has coordinated work to influence and inform the decision regarding future procurement. This included engagement with patients, carers and multiprofessionals as well as coordinating the overall programme board, all aimed at evolving the current service to improve the mental health and emotional wellbeing of children and young people across Surrey.

Different strategies to reach different equality groups, including children and young people (as users and as advisers to the current service) were used:

- Several public events in different parts of the county at different times of the day and evening for different stakeholders in accessible venues
  - These were publicised in a variety of ways including via stakeholder groups, providers and the local media as well as Twitter and the CCG’s website.
- Online surveys for different stakeholders, tested for ease of use.
- A webpage on the CCG’s website explaining what it was all about

A full CAMHS Engagement Report was published on the CCG’s website in December 2014, with options for translation into different languages available via Google Translate\(^1\).

An Equality Impact Assessment that will be reviewed by the National Evidence Centre is being prepared by the CCG on the newly defined service specification and an update will be provided in next year’s annual report.

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Workforce

Over the past year the CCG has continued to recruit to its substantive establishment. All vacancies are advertised through NHS Jobs as standard practice. For the 29 vacancies advertised, we received 23,935 views and subsequently 265 applications.

We continue to receive a balance of applications across gender with 51% of applications from men and 48% from women (1% undisclosed). From the total 265 applications, 3% of applicants classed themselves as disabled and 54% were of an ethnic background other than ‘White British/Irish.

The highest age range of applicants came from 40 – 44 year olds (18%), with the combined age groups of 30 – 44 year olds contributing to over (49%) of the total applications made. In comparison with the previous year, applications from 25 – 29 age group decreased by 5%.

The majority of applicants (55%) were of a Christian faith, 25% were from other religions, with 10% atheists and 10% undisclosed by applicants. 2% of applicants were non-heterosexual, a 1% reduction compared with the previous reporting year.

From the 29 vacancies advertised, 28 were successfully appointed. Applicants are asked to provide their demographic details so that the CCG can monitor how well its recruitment methods are accessible to a diverse population.

The CCG will be commencing an assessment prior to the end of this financial year to obtain the ‘two tick disability’ symbol. The CCG have ensured that they adhere, through recruitment, training and development of staff, the 5 principles required by employers to obtain the recognition.

The CCG continues to employ a workforce, which is reflective of the population of Guildford and Waverley. The CCG’s current workforce of 78% female remains slightly lower than the national (for NHS organisations) proportion of 81%. Occupational Health reports have confirmed that 4.5% of our workforce is registered as disabled.

Apprenticeship Scheme

This year the CCG has signed up to the Government’s Apprentice Scheme, with a view to offering young people the opportunity to gain business experience, work based training and a recognised qualification. We are currently in the process of recruitment as this report is finalised.
Equality Delivery

The CCG set four major equality objectives for 2014/15. These objectives form part of the CCG’s overall delivery of equality goals and outcomes, which are framed around the Equality Delivery System 2 (EDS2). Progress against these broad objectives is summarised below.

<table>
<thead>
<tr>
<th>EDS Goal</th>
<th>GWCCG EDS2 Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Better Health Outcomes for All</strong></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>
<td>Developing</td>
</tr>
<tr>
<td><strong>Improved patient access and experience</strong></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>
<td>Developing</td>
</tr>
<tr>
<td><strong>Empowered, engaged and inclusive staff</strong></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>
<td>Achieved</td>
</tr>
<tr>
<td><strong>Inclusive Leadership</strong></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>
<td>Achieved</td>
</tr>
</tbody>
</table>
Our Focus for 2015/16

Having significantly improved the knowledge and skills of key CCG staff with respect to equality considerations and conducting robust Equality Impact Assessments, through training and regular support, the CCG aims to continue its focus on improving progress against the above broad objectives.

<table>
<thead>
<tr>
<th>EDS Goal</th>
<th>CCG Objectives to be supported by the Governing Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Health Outcomes for All</td>
<td>We will review three different services across 9 months (April to December 2015) against the EDS2 goals and objectives, including individual community-based Listening Events. We will ensure Equality Impact Assessments are robustly conducted on all service developments; service reviews; procurement processes; policy changes and strategies and that EIAs are considered within all decisions regarding these activities at key committee and Governing Body meetings to include recommendations to mitigate adverse impact.</td>
</tr>
<tr>
<td>Improved patient access and experience</td>
<td></td>
</tr>
<tr>
<td>Empowered, engaged and inclusive staff</td>
<td>The Workforce EDS Objectives will be developed as part of the HR/Workforce Strategy and will be published during April 2015. 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.</td>
</tr>
<tr>
<td>Inclusive Leadership</td>
<td></td>
</tr>
</tbody>
</table>