Annual Equality Report
2015/16
Equality
Fairness
Respect

Better health outcomes for all

Inclusive leadership

Improved patient access and experience

Empowered, engaged and included staff
## Contents

Preface ............................................................................................................................... 4
Public Sector Equality Duty (PSED) .................................................................................. 5
  What does this mean for people living in Guildford & Waverley? ............................... 5
Who lives in Guildford and Waverley? .......................................................................... 6
  Age and Gender .............................................................................................................. 6
  Ethnic Group .................................................................................................................. 7
  Religion .......................................................................................................................... 7
  Deprivation .................................................................................................................... 7
  Specific Groups ............................................................................................................. 8
Our Priorities .................................................................................................................... 9
  Making decisions that improve health ........................................................................... 9
Diverse Patient and Public Engagement ......................................................................... 10
  Patient & Public Engagement Events (September and October 2015) ....................... 10
Equality Analysis ............................................................................................................ 11
  Children and Adolescent Mental Health Service (CAMHS) ........................................ 11
  Integrated Care Partnership Localities ........................................................................ 12
  GP Carer Breaks ......................................................................................................... 12
Gypsy & Traveller Communities ..................................................................................... 13
Equality Delivery System (EDS2) .................................................................................... 13
Service Developments to Reduce Health Inequalities ..................................................... 14
  Safe Haven .................................................................................................................... 14
  Training ........................................................................................................................ 16
Workforce ....................................................................................................................... 17
  Gender .......................................................................................................................... 18
  Age ............................................................................................................................... 18
  Disability ...................................................................................................................... 18
  Key Recruitment and Retention highlights and intentions for 2016/17 ....................... 19
  Leavers ........................................................................................................................ 20
  People with Learning Disabilities ................................................................................. 21
CCG Compliance with the Public Sector Equality Duty ................................................... 21
Review of Equality Objectives for 2015/16 ............................................................... 22
Equality Objectives 2016/17 ......................................................................................... 23
Preface

NHS Guildford & Waverley CCG is pleased to present its third Annual Equality Report 2015/16, 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 22). This report will demonstrate how the CCG has delivered against these four objectives, highlighting a range of innovative work.

A major focus for the CCG this year has been on mental health services. We led, with Surrey County Council, on the commissioning across Surrey of mental health services for children and adolescents, one of our most vulnerable age groups. It is pleasing to note how robust engagement and equality analysis have contributed to a number of changes aimed at reducing health inequalities to improve health outcomes for this part of our population.

Equality analysis has again been promoted and carried out this year on two other services: GP Carer Breaks and Integrated Care Partnership localities.

The CCG fully recognises the ‘unsung heroes’ of our society: unpaid carers number just over 19,000 in Guildford and Waverley including 2,400 young carers and so it is only right, morally and practically, that carers are supported mentally and physically, whatever equality characteristics they have.

In turn, people with frailty (more usually older people) should benefit from the integration of health and social care services that is now becoming a reality across the CCG. It’s important that when new models of care are developed, equality analysis takes places to ensure adequate adjustment is made to meet different health needs.

I believe that these two equality analyses have demonstrated the CCG’s commitment to narrowing health inequalities. This commitment will continue into 2016/17 as evidenced by the aspiration of our Equality Objectives.

The CCG benefits from a relatively diverse workforce whilst recognising that progress needs to be made on supporting people who have different needs to the majority and on recruiting and retaining a similarly broad range of people. Diversity in an organisation ensures that diversity in the population served remains a high priority and this is what we will continue to strive for.

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

Finally, thank you to our CCG staff that work so hard to improve health outcomes for all.

David Eyre-Brook, Chair
Public Sector Equality Duty (PSED)

NHS Guildford and Waverley Clinical Commissioning Group (CCG) is a statutory body comprising 21 GP member practices with a statutory obligation to abide by the Equality Act 2010 and by provisions made under the Health & Social Care Act 2012. These provisions are aimed at reducing discrimination and ensuring all people benefit equally from the work carried out by the CCG in terms of ensuring equality of access and equality of health outcomes.

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

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These apply to those that the CCG serves and those that the CCG employs i.e. its workforce. It is important that the CCG applies the PSED to its own recruitment and retention practices and this report will also cover this aspect of equality and inclusion.

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

The CCG commissions or buys a range of health care services to meet the health needs of people living in the boroughs of Guildford and Waverley. It has particular responsibility for the following services:

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

Commissioning within the health care environment describes a cycle of activity aimed at providing high quality, safe and timely health care for the population being served. It is a continual process of identifying needs within a population and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost effective way.

In carrying out commissioning, CCGs are required under the Health & Social Care Act 2012 to have regard to the need to:

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

Reducing inequalities requires a focus on who has worse health outcomes and designing services to narrow that gap, making services accessible in many different ways so that over subsequent years, health and wellbeing for those most in need improve. One size does not fit all and CCGs are obliged to recognise that through commissioning the right care.
Who lives in Guildford and Waverley?

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

**Age and Gender**

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

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

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

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

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

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

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

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

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

**Ethnic Group**

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

**Religion**

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

**Deprivation**

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

PHE report male life expectancy at 81.7 years and 84.9 for females in Guildford and Waverley CCG compared with 78.9 and 82.8 for England respectively for the period 2008-2012.

**Specific Groups**

- The specific groups requiring a targeted approach in Guildford and Waverley CCG include: older people, carers, the Gypsy, Roma, and Traveller (GRT) population, the armed forces community (serving members, reservists, veterans, and families) and offenders serving community sentences, those on probation and ex-offenders.
  - **Carers:** more than 18,300 people of all ages provide unpaid care; 2,200 are over 65 providing >20 hours a week
  - **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.
Our Priorities

The CCG has identified six corporate objectives or priorities that direct the organisation and how it works with partners and stakeholders.

- **We will involve local people in deciding what we do, respecting and valuing patient and carer experience**
- **We will improve and continually check the quality and safety of patient services**
- **We will support GP practices to work together to organise 'wrap around' care for the frail elderly, working with our local partners**
- **We will manage the health economy within our available budget**
- **We will be a learning, listening organisation that values our staff and the wider workforce, and support partnership working and good governance within the CCG and between organisations**
- **We will improve the health of our local population**

Making decisions that improve health

The CCG has built on the work carried out in 2014/15 that aimed to enable senior leaders and members of the governing body to make well-informed decisions, that take account of health inequalities and lead to services being commissioned that address these needs.

To ensure that equality is sufficiently high on everyone’s agenda, there is a designated Governing Body GP lead for equality and diversity, as well as an executive lead and a designated officer to ensure equality cuts across the many different areas of work carried out by the CCG. This includes:

- Building skills amongst staff and supporting them to complete robust equality analyses on all relevant service developments, service transformations, procurements and policies;
- Embedding Equality Delivery System reviews within the cycle of commissioning and the provision of services under a rolling programme of work;
- Coordinating a specific review of a service against EDS2 goals 1 & 2.
Diverse Patient and Public Engagement

A priority this year has been to enable views from seldom-heard communities to be incorporated into CCG plans and schemes, as it is recognised by the CCG that reducing health inequalities cannot be achieved without user involvement from across the community.

The CCG coordinates a Patient & Public Engagement Group that meets bi-monthly to oversee the CCG’s engagement remit. Members of the PPE Group represent the interests and priorities of different groups across the CCG.

It was recognised at the start of the year that the PPE Group and other contacts relating to engagement needed to more closely resemble the community being served by the CCG. Gaps were noted including:

- People with disabilities;
- People belonging to different minority ethnic communities, including gypsy and traveller communities;
- People living in more deprived circumstances;
- Younger people, in particular students (10% of the CCG’s population).

The CCG finishes the year with a more diverse PPE Group and better links with, for example, the Surrey Gypsy and Traveller Forum. The latter has led to the CCG contributing to the ‘Brighter Futures Project’, coordinated by Surrey County Council and aimed at improved health and education outcomes for this recognised ethnic group whose health outcomes are evidenced as being significantly poorer than the rest of the community.

Further work is needed to ensure on-going engagement involves a broad range of different equality groups.

Patient & Public Engagement Events (September and October 2015)

Two events held this year included a range of different people, as described above. Focus on publicising and raising awareness of the events, using a wide range of social media to reach existing contacts and networks as well as new community groups, had the desired effect of broadening the reach and representation.

A combination of CCG attendance at different forums and inviting representatives of the above groups to join the PPE Group has led to more diverse views coming in to the CCG and attendance at the PPE Forum in October 2015 was noticeable for this feature.
Equality Analysis

The purpose of an Equality Analysis (EA) is to examine the extent to which existing or proposed services/policies/strategies may benefit different members of the community and, where appropriate, prompt the consideration of adjustments to ensure that all equality groups benefit equally from the proposal.

The CCG has focussed this year on designing an intuitive Equality Analysis framework so that staff can clearly and easily analyse how different equality groups and vulnerable communities might be affected by service change and development proposals e.g. a proposal to enable people with minor eye conditions to receive assessment and treatment at high street opticians instead of attending the ophthalmology clinic at the RSCH.

The following three case studies illustrate how the equality analysis process has been used to positive effect in 2015/16.

Children and Adolescent Mental Health Service (CAMHS)

NHS Guildford & Waverley CCG is the commissioning lead for children’s services across Surrey in partnership with Surrey County Council, including the mental health services known as CAMHS. This service underwent procurement in 2015/16 following engagement in 2014/15.

To ensure the service specification met the needs of different equality groups, the proposed changes that followed widespread engagement with service users, parents, carers, professionals and volunteers (as reported in 2014/15 Annual Equality Report) underwent Equality Analysis in July 2015. These proposals were:

- Raising the age range of CAMHS to 25;
- A county wide pathway for children and young people presenting with emotional and behavioural problems/disorders;
- Counselling: Access to CAMHS for children with mild-moderate mental health issues;
- Children and young people with learning disabilities needing access to CAMHS.

Recommendations were made pertaining to the service specification, local quality standards and key performance indicators as a result of this analysis including:

- Increase investment of primary mental health service targeted working with the learning disability service;
- Consider development of a designated CAMHS Gypsy, Roma and Traveller (GRT) liaison service to raise awareness of all professionals of the particular needs of children from the GRT community and provide outreach and therapeutic intervention across each of the four areas in Surrey;
- Increase provision for vulnerable 18-25 year olds;
- Increase the capacity of the Parent Infant Mental Health (PIMH) service to enable greater early intervention and development of stronger more secure attachments.

The final service specification that was tendered and awarded requires the provider to provide services that:

- Are more widely available (8am -8pm Monday to Friday and 9-12pm on Saturday) to meet the access needs of younger people;
• Work closely with parents or carers so they are better informed of children’s needs and progress to meet the particular support needs of this age group;
• Offer support on the telephone or through face-to-face contact for a client group that has different expectations regarding communication;
• Are accessible from schools, GP practices, youth clubs and voluntary, community and faith sector organisations to improve access and
• Provide a brand new Behavioural, Emotional and Neurodevelopmental (BEN) pathway for Attention Deficit Hyperactivity Disorder (ADHD), high functioning Autistic Spectrum Disorder (ASD) and other neurodevelopmental conditions for 6-18 year olds and support to parents.

This procurement is a good example whereby strong engagement with a broad range of people affected has led to service changes that will positively impact upon the mental health and wellbeing of young people and their parents or carers.

Integrated Care Partnership Localities
The integration of health and social care services in five distinct localities across Guildford and Waverley aims to improve the community-based care of frail people who have been identified as being at increased risk of an unplanned hospital admission. This initiative is part of a programme called the Integrated Care Partnership (ICP).

It was recognised that the five localities now established across the CCG will differ in demography and equality aspects and therefore providers of integrated care need to be guided to direct resources effectively to meet areas of greatest need. An equality analysis was carried out to understand the make-up of each new locality against equality characteristics and vulnerable groups.

• The analysis shows that some localities have an older demographic than others. This indicates that some localities within this model will experience greater demand than others due to this disparity and as such resources will need to be adjusted appropriately across the CCG area.
• To ensure non-clinical impacts on frailty are routinely discussed, the multi-disciplinary teams (MDTs) should consistently include social and voluntary care professionals, as outlined in the agreed operating model.

GP Carer Breaks
The Surrey GP Carer Breaks service is funded by the Better Care Fund as part of a range of carer support services known as the Carer Prescription. The CCG’s Quality and Clinical Governance Committee commissioned an equality analysis be carried out to inform future commissioning, looking specifically at the health impact of caring for particular groups and those referred for a GP Carer Break over a 3-month period.

The analysis highlighted a range of possible service improvements that could ease access for certain groups that were under-represented compared to what would be expected, in particular:

• Young carers
• Adult men
• Gypsies and travellers
• People living in certain deprived wards in Waverley
Further collaborative work is required involving carers across Surrey to take develop and take forward recommendations. At the start of 2016, the CCG’s Partnership Manager for Carers convened a Task & Finish Group to review support provided to carers identifying with different ethnic groups where the needs of carers within the gypsy and traveller communities will be addressed.

**Gypsy & Traveller Communities**

Surrey County Council has in place a strategy, called ‘Brighter Futures’, aimed at improving the health and educational outcomes of young people in the county’s gypsy and traveller communities.

In addition, a Surrey-wide forum for gypsy and traveller communities has been convening for a number of years, aimed at raising awareness of the needs of this group amongst statutory and voluntary agencies and at providing a point of contact between these communities and organisations that serve them.

In 2015/16, the CCG has become more closely involved with both groups. As a member of the Brighter Futures Health Sub-group, led by Public Health Surrey, the CCG has been able to guide the group on system-wide changes that, if implemented, could improve the health and wellbeing of gypsies and travellers across Surrey through the use of commissioning and contract levers. For example, CCGs can work with providers using the EDS2 framework to highlight gypsy and traveller health needs and develop actions to address them.

**Equality Delivery System (EDS2)**

This year the CCG invited its Patient and Public Engagement Group to select a service for review, which led to the Community Mental Health Recovery Service being selected in July 2015.

Following agreement with NHS North East Hampshire & Farnham CCG (the host commissioner of mental health care for adults across Surrey), Surrey & Borders Partnership NHS Foundation Trust (SABP) was asked to review the service against Goals 1 & 2 (see below) covering access and outcomes for different equality groups.

<table>
<thead>
<tr>
<th>Goal 1 Better health outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities</td>
</tr>
<tr>
<td>1.2 Individual people’s health needs are assessed and met in appropriate and effective ways.</td>
</tr>
<tr>
<td>1.3 Transitions from one service to another, for people in care pathways, are made smoothly with everyone well informed</td>
</tr>
<tr>
<td>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</td>
</tr>
</tbody>
</table>
Goal 2  Improved patient access and experience

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>People, carers and communities can readily access the service and should not be denied access on unreasonable grounds</td>
</tr>
<tr>
<td>2.2</td>
<td>People are informed and supported to be as involved as they wish to be in decisions about their care</td>
</tr>
<tr>
<td>2.3</td>
<td>People report positive experiences of the NHS</td>
</tr>
<tr>
<td>2.4</td>
<td>People’s complaints about services are handled respectfully and efficiently</td>
</tr>
</tbody>
</table>

Evidence to demonstrate how the delivery of service is adjusted and is flexible to accommodate the particular needs of different groups was submitted by SABP in December 2015. Work is underway to review the service in more depth to get to a stage whereby service users, patients and the public will be invited to attend a dedicated mental health patient and public engagement event in April 2016. They will be asked to share their experiences, as patients and carers with different needs and characteristics.

This is a longer term approach to EDS2 grading than was undertaken by the CCG in 2014/15 with the aim being to more intensively review services and develop improvements in partnership with service users that would contribute to the reduction in health inequalities (both access and outcomes), where indicated.

Service Developments to Reduce Health Inequalities

The CCG has worked to achieve service transformation in particular areas to improve patient experience and health outcomes for its population this year and beyond.

Successful change that delivers intended benefits requires informed planning and execution: understanding need for different health care services amongst different equality groups should lead to intelligent commissioning that meets health need.

There follow two examples.

Safe Haven

Funding was made available across Surrey to develop Safe Havens for people experiencing mental health crisis, to be open every evening as an alternative to A&E and to provide support and advice. This funding was awarded to each Clinical Commissioning Group to decide, with service users, the location and design of the service.

An analysis of need for such a service was carried out to inform options that went out for public vote to choose either Guildford or Godalming as the venue for the Safe Haven. It included the following information:
Different methods to cast votes were developed including post, in person, at groups, online and via email to ensure no barrier was in place to prevent participation.

189 people in total took part in the vote, choosing Guildford by a ratio of 3:1. Many useful comments were gained through this engagement work that will help inform the development of the Safe Haven in Guildford to meet the needs of people living in Guildford and Waverley requiring mental health support.
Training
An overview of equality considerations was presented to the entire CCG team in June 2015 to build awareness of the public sector equality duty across the organisation.

In-depth training is planned to take place in early 2016 with clinical commissioning programme leads that are responsible for conducting equality analyses on proposals. This aims to ensure understanding of how to carry out robust equality analyses that will improve the overall design of services to meet population need.
Workforce

The CCG employs 70 permanent staff in a diversity of roles. It is therefore a medium-sized employer (as defined by the Department of Business, Innovation and Skills) that aims to attract high quality staff with a broad range of skills and knowledge to deliver its commissioning remit.

Within this remit is our commitment to promoting equality and diversity in our employment practice, covering recruitment and retention practices.

The CCG monitors its workforce data for equality groups and data as of January 2016 is presented below. It aims to create a culture where staff feel comfortable to disclose their information for the purposes of organisational development. However, we appreciate that some staff choose not to disclose their ethnicity, religion/belief, disability or sexual orientation and the CCG is aiming to improve the data response for 2016/17.
Gender
The population of female employees has increased by 5% over the last year. The CCG will continue to encourage managers, where possible, to obtain a balanced blend of male and female candidates when interviewing and to consider where, in addition to NHS Jobs, the CCG may want to advertise to attract a more diverse candidate base when recruiting.

Age
The CCG considers that its workforce is balanced from an age perspective. The largest group of employees are aged between 31 to 40 years old (36%). 11% are aged 20-30 years old and employees aged 41-50 years old reflect 30% of the workforce with 23% over the age of 50. Our highest variance from our previous year reporting is a 3% increase of 41 to 50 year olds. To maintain this diverse age range the CCG will:

- Consider further Apprenticeship appointments and make use of Surrey County Council’s Support for Employers Recruitment Young People (AGE – Apprenticeship Grant for Employers and the SFA – Skills Fund Agency for training) as well as working in partnership with organisations that support apprenticeships for minority and disadvantaged groups
- Make use of initiatives such as ‘Fuller Working Lives: a framework for action’ and ‘Age Positive’

Disability
The CCG achieved the two-tick Positive about Disabled People recognition from Job Centre Plus in April 2015, awarded to employers that have made commitments to employ, keep and develop the abilities of individuals with disabilities. This is reviewed annually, with the next review due April 2016.

The CCG aims to continue to promote this status as well as to build accreditation through a focus on obtaining recognition for our work with ‘Mindful Employer’, supporting mental health in the workplace.
Overall, the CCG will continue to build a relationship with its local Jobcentre Plus and will encourage vacancies to be promoted to individuals that may benefit through the Access to Work Scheme. We will also promote the use of the scheme to existing employees, where applicable.

**Key Recruitment and Retention highlights and intentions for 2016/17**

Equality data of all applicants that apply for jobs is monitored and tracked through to short-listing and eventual appointment. However, equality information of temporary, agency or contractor workers is not monitored. The charts below provide information about the recruitment activities based on ethnicity groups from April 2015 to January 2016.

From April 2015, we advertised 15 roles, which were viewed 10,275 times and received 123 applications. 54% of applications received were from women and white British represented the highest number of applicants, 45% of applications were of a Christian faith and 91% of applicants were heterosexual, with 8% undisclosed with 1% non-heterosexual.
Leavers
From April 2015, 10 people have left the CCG. Table 1 outlines some of the data gathered.

The CCG will aim to improve its leaver data through improving its workforce data and the amount of non-disclosures.

The CCG will continue to look at new opportunities to advertise and develop organisational approaches to attract a greater diversity in its successful applicants.

Leavers Equality Information

<table>
<thead>
<tr>
<th>Equality Profile</th>
<th>% of Leavers (10 leavers from 1st April 2015 to current date)</th>
<th>Equality Profile</th>
<th>% of Leavers (10 leavers from 1st April 2015 to current date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>50%</td>
<td>Male</td>
<td>50%</td>
</tr>
<tr>
<td>Male</td>
<td>50%</td>
<td>36 – 40</td>
<td>20%</td>
</tr>
<tr>
<td>Ethnic Origin</td>
<td></td>
<td>41 – 45</td>
<td>30%</td>
</tr>
<tr>
<td>White - British</td>
<td>80%</td>
<td>46 – 50</td>
<td>20%</td>
</tr>
<tr>
<td>White - Irish</td>
<td>10%</td>
<td>51 – 55</td>
<td>20%</td>
</tr>
<tr>
<td>Asian or Asian British - Indian</td>
<td>10%</td>
<td>56 - 60</td>
<td>10%</td>
</tr>
<tr>
<td>Religious Belief</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Disclosure</td>
<td>100%</td>
<td>Disablity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Undefined</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non Disclosure</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heterosexual</td>
<td>80%</td>
</tr>
</tbody>
</table>
People with Learning Disabilities
For 2016/17, the CCG will make a commitment to support the employment of people with learning disabilities in the NHS. This reflects one of the key priorities in the Five Year Forward View:

“to support and increase the recruitment of people with learning disabilities and raise awareness, highlight good practice, break down the barriers that both employers and potential employees may face, and create a culture that welcomes people with learning disabilities.”

CCG Compliance with the Public Sector Equality Duty

EDS2
- We have adopted the Equality Delivery System as a best practice tool to assess specific services
- The EDS2 now needs to be adopted across the CCG to manage overall equality and diversity performance
- We are carrying out an EDS2 review of the Community Mental Health Recovery Service
- Our acute trust implements EDS2

Equality Analysis
- We have focussed on building knowledge and skills to enable robust completion of equality analyses
- We have carried out three in-depth equality analyses of three different services leading to recommendations that will reduce health inequalities for our population
- We have revised tools and guidance

Equality Information
- We have included equality information in our Annual Report 2014/15 and within our Commissioning Intentions for 2016/17
- In our Clinical Quality Meetings with Providers we address issues relating to equality of access and outcomes

Equality Objectives
- We have published Equality Objectives
- We have monitored progress against Equality Objectives set for 2015/16
### Review of Equality Objectives for 2015/16

<table>
<thead>
<tr>
<th>EDS Goal</th>
<th>CCG Objectives to be supported by the Governing Body</th>
<th>Progress</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.</td>
<td>We reviewed one service in greater depth, with three services/programmes subject to detailed equality analysis (see below). A service user event in April 2016 will provide the opportunity to grade overall performance of the Community Mental Health Recovery Service. The framework for carrying out Equality Analyses has been developed to an agreed template. Three services/programmes have undergone equality analysis and all policies update this year have also undergone more thorough equality analysis.</td>
</tr>
<tr>
<td>Improved patient access and experience</td>
<td>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>
<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.</td>
<td>A programme of Organisational Development has been delivered (Governing Body, Executive, senior and people management) and all staff workshops around values and staff charter, following the publication of the HR/Workforce Strategy in April 2015. Equality data has been maintained throughout the year by the Human Resource team.</td>
</tr>
<tr>
<td>Inclusive Leadership</td>
<td>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>
<td></td>
</tr>
</tbody>
</table>
# Equality Objectives 2016/17

<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>All proposed service developments and transformations and any service specifications developed as part of procurement shall build in Equality Analysis from the start, underpinned by diverse patient and public engagement.</td>
</tr>
<tr>
<td>Improved patient access and experience</td>
<td>We will follow up implementation of Equality Analysis recommendations in terms of tangible outcomes.</td>
</tr>
<tr>
<td></td>
<td>We will promote involvement with the work of the CCG amongst diverse groups.</td>
</tr>
<tr>
<td></td>
<td>One service selected by the PPE Group will undergo in-depth EDS2 review including a dedicated engagement event with service users.</td>
</tr>
<tr>
<td>Empowered, engaged and inclusive staff</td>
<td>The Workforce EDS Objectives will be developed as part of the Organisational Development (OD) Strategy and will be published during April 2016.</td>
</tr>
<tr>
<td></td>
<td>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>We will continue to have designated Governing Body leadership for the equality and diversity agenda.</td>
</tr>
<tr>
<td></td>
<td>We will continue to expect systematic consideration of equality, as evidenced by Equality Analysis, referenced in Governing Body and Committee reports.</td>
</tr>
<tr>
<td></td>
<td>We will continue to use EDS2 to plan, monitor and review our equality performance.</td>
</tr>
<tr>
<td></td>
<td>We will publish an Annual Report on Equality in accordance with the statutory deadline, signed off by the Governing Body.</td>
</tr>
<tr>
<td></td>
<td>We will provide our compliance update to NHS England.</td>
</tr>
</tbody>
</table>