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1 Executive Summary

NHS Guildford and Waverley CCG is pleased to present its fifth Annual Equality & Diversity Report describing how it is meeting its Public Sector Equality Duty (PSED) and the progress that has been made against equality and diversity objectives set at the beginning of 2017.

2017 has seen closer working between the three CCGs that comprise Surrey Heartlands Health & Care Partnership\(^1\) enabling best practice to be shared. Ensuring that people with different equality characteristics are able to benefit from the clinical commissioning work that the CCG carries out is a key priority as is having a diverse workforce. I look forward to seeing how this closer working continues to support this objective.

A key assurance activity this year was carried out by NHS England to assess CCGs’ compliance with statutory guidance on patient and public participation in commissioning health and care. The ten key actions that the CCG was assessed on included how it advances equality and reduces health inequality; how it provides support for effective engagement; and how it involves the public in governance. The CCG has received an indicative outcome and will continue to focus on ensuring all protected groups are able to fully participate in the commissioning of health and care.

The NHS Constitution enshrines public ownership of the NHS as a fundamental value: ‘The NHS belongs to the people’. The CCG’s Patient & Public Engagement Stakeholder Group, comprising members are representative members of our population with a wide range of different equality characteristics, continues to hold the CCG to account for patient experience and how its plans take into account the needs of different equality groups and vulnerable people. This is strengthened by the network of Chairs of the Patient Participation Groups in Guildford and Waverley CCG’s member practices.

I want to thank the committed members of these two groups for their unique insight and for offering their time so generously to improve health outcomes for our population.

David Eyre-Brook
Chair

If you would like to join the CCG’s Patient and Public Engagement Stakeholder Group, please contact the CCG as follows:

Email: gwccg.info@nhs.net

Tel: 01483 405450 – ask to speak to a member of the Partnership & Engagement Team

Post: Send your request and contact details to FREEPOST GWCCG

\(^1\) Guildford & Waverley CCG, North West Surrey CCG and Surrey Downs CCG
2 Introduction

This report sets out how NHS Guildford & Waverley CCG meets its statutory duties under the Equality Act 2010 and how it seeks to ensure that the services it commissions reduce health inequalities.

CCG Equality Statement

NHS Guildford and Waverley aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Through the development of policies and procedures, the CCG:

- Gives due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Gives due regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

We embrace the four staff pledges in the NHS Constitution.

As an equal opportunities employer, the intention of the organisation is to ensure that the talents and resources of all members of staff are utilised to the full, and that no job applicant or employee receives less favourable treatment on the grounds of disability, colour, race, gender, marital status, sexual orientation, ethnic origin, nationality, religious belief or age.

The CCG is committed to equality of opportunity in employment and to protecting its staff from circumstances that compromise their dignity and respect wherever it originates in the workplace or from the CCG’s clients or customers or where an individual’s actions detrimentally affects the CCG or another CCG employee. Central to the CCG’s policy is the prevention of discrimination, victimisation and harassment against service users and employees on any grounds, but particularly in relation to: sex, gender identity, race, disability, religion or belief, marital status, civil partnership status, age, language, social origin, employment status, sexual orientation, political belief, trade union membership or activity, responsibility for dependents.

The Equality Duty

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

It has met the Specific Equality Duty by publishing equality information in accordance with section 149 of the Equality Act 2010. This report demonstrates that progress has been made against the following Public Sector Equality Duties:

- 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.

This report also demonstrates that the CCG has made progress against its statutory responsibilities, namely 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

What we mean by equality

Within the context of health care services, promoting equality means that every individual has the right to access services and enjoy improved health outcomes, regardless of any particular characteristic that is protected under the Equality Act 2010. The CCG shows due regard to reduce inequalities by ensuring that all decisions regarding service development have been assessed for their impact on different equality groups. As an employer it must promote equality and diversity through its employment practices.

Protected characteristics

The general equality duty covers the following protected characteristics:

• Age
• Disability
• Ethnic group
• Gender
• Gender reassignment
• Marriage or civil partnership
• Pregnancy and maternity
• Religion or belief
• Sexual orientation

3 The Equality Delivery System version 2² (EDS2)

The EDS2 is a framework to help organisations to review and improve their performance for people with protected characteristics. The goals of the EDS2 framework are as follows:

• Better health outcomes
• Improving patients’ access and experience
• A representative and supported workforce
• Inclusive leadership

This report presents a high level review of how the CCG has progressed against these goals.

² The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched on July 2011. Following an evaluation of its adoption cross NHS organisations in November 2012 a refreshed EDS – version 2 – was made available in November 2013.
Local context

Public Health Surrey published new Place-Based Health and Care Profiles in October 2017 enabling clinical commissioners to incorporate evidence regarding the health and care needs of the Guildford and Waverley population into their programme development plans e.g. the number and proportion of people aged 65 years and over means that services need to be developed to meet the increased health needs of this group.

Key aspects of our local population that are pertinent to the CCG meeting its equality duties are summarised below:

- About 20% (41,296) of the registered population are 65 years or older
  - Of these, 3% (6,594) are 85 years or older
- Compared with other CCGs in Surrey there is a greater proportion of young adults, likely due to the location of the University of Surrey and the University of Law in Guildford
- The population below the age of 65 years is projected to remain relatively stable over the coming 10 years whilst those aged 65 years and older is projected to grow by 7,500 to 48,200
- A third of the 2,085 live births in 2015 were to mothers over 35 years of age although overall birth rate is less than the Surrey average
- 7.2% of the population are from non-white ethnic backgrounds compared to 14.6% for England
  - A significant minority ethnic group is the Gypsy, Roma and Travellers group with 824 residing in 2016 pitches across 36 traveller sites in Guildford and Waverley
- Learning disability prevalence in Guildford and Waverley is projected to increase by 3.3% over the next 5 years to 4,357 people
- The most deprived small areas (Layer Super Output Area or LSOA) in Guildford and Waverley are in the single ward of Westborough, ranked on the most deprived 20% of all LSOAs in England
- There are considerable differences in life expectancy between wards for both men and women (although small numbers make it difficult to be entirely precise)
  - Life expectancy at birth in Stoke is 76.6 years whilst in Godalming Holloway it is 87.6 years, almost a 10-year difference
  - For women, the range of from 78.8 years in Stoke to 90.7 years in Blackheath and Wonersh, a difference of 11.9 years.
- Women spend an average of two years more in ‘not good’ health than men
  - Men and women in Guildford and Waverley spend 85.5% and 83.8% of their lives in ‘good health’
• The largest cause of premature deaths in Guildford and Waverley, as measured by potential years of life lost (PYLL) is cancer (607 years), followed by ischaemic heart disease (383 years), cerebrovascular disease (175 years) and respiratory disease (98).
  
  o These indicate the disease areas where the greatest potential gain in improving health through healthcare can be made

• There are about 3,590 people receiving support from Adult Social Care (ASC) in Guildford and Waverley, with just under a fifth of people aged 85 years or over
  
  o A similar number (1,177) are aged between 18 and 65 years, a much smaller proportion of this age group
  
  o About 1,300 unpaid carers receive ASC support (0.8% of the population)

• Smoking rates are much higher amongst more deprived communities with 25% people in Westborough smoking compared to 9.2% in Blackheath and Wonersh
  
  o Smoking is a major contributor to reduced life expectancy and efforts to reduce health inequalities needs to address this

• Admission episodes specifically related to alcohol have been increasing in Guildford and Waverley at an apparently faster rate than Surrey, particularly in women although men experience a higher rate of mortality

• Almost one fifth of 11 year olds in Guildford and Waverley have an unhealthy weight

• Stoke has the highest level of common mental illness whilst Clandon and Horsley have the lowest level; compared to England the level is low overall

• Amongst children, 7.4% of those aged 5 to 16 have a mental health disorder (the national average is 9.2%)

• Amongst adults, common mental health disorders have a higher prevalence in Guildford and Waverley than most other long term conditions such as diabetes or coronary heart disease (12.8%)
  
  o The proportion of GP registered patients being diagnosed with depression has nearly doubled since 2013/16 to 1.3%
  
  o However, incidences of psychosis and the rate of people detained under the Mental Health Act are both lower than the England average

The above is a snapshot of current health needs of particular equality groups in Guildford and Waverley that our plans, as detailed in the following pages and in our commissioning intentions, take account of.
Workforce profile

All vacancies are advertised through NHS Jobs2 as standard practice to ensure all groups can apply on an equal footing. The profile has changed to be more slightly more diverse in the last year and more staff are disclosing their protected data to enable a more informative workforce picture.

Those recruited fall into the following categories:

- The gender profile has become slightly more balanced than last year with 77 percent of staff identifying as female and 23 percent identifying as male (compared to 82% and 18% respectively last year).

- 68 percent of staff are 40 years or older.

- For those employees that have disclosed their sexual orientation, 96 percent have stated that they are heterosexual.

- 3 percent of the current workforce has disclosed a disability.

- 43 percent of CCG employees have stated their religion as Christian, with Islamic, Judaism and other religions represented by 13 percent of our workforce. 20 percent are atheists. 24 percent have not disclosed their religion.

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

- 87 percent of employees represent White British / White Irish / White other. 7 percent are Mixed – White & Asian / Asian / Asian British - Indian / Any other background. 2 percent are Black / Black British - African. 3 percent have not disclosed their ethnicity whilst 1% were from another ethnic group.

2017 Staff survey

The CCG undertakes a staff survey, for which equality monitoring is in place to inform future priorities to improve working experience and arrangements for staff. The submissions are analysed by an external organisation, thus ensuring that staff can be honest and transparent with their views.

The 2017 Staff Survey followed the same format at 2016 to ensure that comparisons and progress could be monitored. There was a 75% response rate (72 out of 96 staff) and whilst the 2016 and the 2017 survey saw the highest level of satisfaction to date for the CCG with 94.2% of respondents feeling satisfied or very satisfied on their job, improvements have been identified.
70% of respondents feel that the CCG acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. However, 7% do not feel this to be the case and 23% didn’t know. Further work regarding fair advertising of career opportunities and ensuring staff in all directorates can access develop opportunities is required.

A Staff Survey Action Plan was developed with the Senior Management Team and the Staff Partnership Forum to address the findings. The actions reflect the CCG’s commitment for staff to feel empowered, engaged and included and reflect the core EDS2 values of equality, fairness and respect.

Summary of actions

- Expand the learning and development opportunities available for all staff to improve employment mobility e.g. through Lunch & Learn sessions, utilising links with Kent, Surrey & Sussex Academic & Health Network, computer skills training, wider promotion of shadowing opportunities.

- Increase ways of identifying when colleagues are stressed and find ways of highlighting to managers to access support, using mechanisms such as the Health & Safety Executive Stress Management Tool (to be made available on the Intranet and promoted in Team Brief).

- Enable staff to manage difficult conversations at work and resolve conflicts effectively through learning sessions; this will support health and wellbeing and ensure respect is engendered at all times.

- Flexible working is better supported following a transition to a new provider for Information Technology & Support, enabling staff to work in three different office locations across Surrey Heartlands to fit in with work and personal requirements e.g. caring needs.

- Ensure all staff benefit from sound people management through the development of learning sets, reviewing appraisals to identify training requirements and improving the coaching skills of line managers.

- Develop a culture of mutual respect for different roles within the CCG through improved communications and using existing internal communications mechanisms; this will support staff to feel empowered regarding their own unique contribution to the overall mission of the CCG.
## 4 Progress against equality objectives 2017

<table>
<thead>
<tr>
<th>Implement a combined Quality and Equality Impact Assessment framework to underpin all programme plans</th>
<th>This framework and accompanying policy was approved by the Quality &amp; Clinical Governance Committee this year. Completion of the impact assessment is mandatory for all projects requiring approval by relevant committees.</th>
</tr>
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<tbody>
<tr>
<td>Knowledge and awareness raising for all staff on different equality groups, to be delivered in partnership with members of the CCG’s Patient &amp; Public Engagement Group.</td>
<td>A Lunch &amp; Learn programme for CCG staff has been developed and includes equality and diversity. This will progress further in 2018 as best practice is shared across the three CCGs in Surrey Heartlands.</td>
</tr>
<tr>
<td>Drop-in Equality Analysis updates for key staff throughout the year</td>
<td>Key staff have received targeted advice and training that has enabled a number of equality analyses to be published this year.</td>
</tr>
<tr>
<td>Establish an Accessible Information Standard Best Practice Group to link providers together in order to share best practice</td>
<td>Support has been provided to member practices on request with links in different providers who are implementing the Accessible Information Standard shared.</td>
</tr>
<tr>
<td>Refresh the Communications &amp; Engagement Strategy to reflect the evolution of the STP</td>
<td>A toolkit for clinical commissioning staff has been developed to ensure equality needs are considered and met.</td>
</tr>
<tr>
<td>Patient and public involvement in the STP Stakeholder Reference Group</td>
<td>Regular attendance at these meetings from G&amp;W citizens</td>
</tr>
<tr>
<td>Patient and public involvement in the NHS 111 and Out of Hours procurement</td>
<td>Three G&amp;W citizens sit on the Patient Reference Group</td>
</tr>
<tr>
<td>Deliver two Patient and Public Engagement Forum focussed on the needs of the Gypsy, Roma and Traveller communities and the armed forces aimed at informing commissioning intentions for 2018/19</td>
<td>The lead for equality in the CCG is involved with the Brighter Futures project being led by Public Health Surrey, which aims to improve the health and educational outcomes for Gypsy, Roma and Traveller children living in Surrey. Surrey Heartlands Health &amp; Care Partnership is coordinating large-scale citizen engagement. Through this, a number of stakeholder workshops have been run alongside clinical workshops involving these citizens. This marks a new direction for patient and public engagement in this area that complements</td>
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Review commissioning plans and contracts to assess how well they reflect the commitments of the armed forces covenant. The NHS Standard Contract (2017-2019) used for most CCG services includes a requirement to comply with the Armed Forces Covenant.

HR: Training needs for new Governing Body members identified. A Governing Body induction programme modelled on the staff programme has been introduced. Governing Body members are required to complete statutory and mandatory training.

HR: Staff Survey – demonstrate an improvement on staff views regarding fairness of career progression and development opportunity. More open questions to encourage staff feedback were featured in the 2016/17 staff survey and actions are being put in place based on staff feedback around opportunities for career progression.

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

5 Actions undertaken by the CCG in relation to its equality duty

Leadership
The EDS2 has inclusive leadership as one of its four main goals. The CCG has the following in place to promote achievement of this goal:

- Governing Body members made a commitment to being personal, fair and diverse champions at the last presentation of the Annual Equality Report in January 2017, and will be asked to reaffirm this commitment in January 2018. This commitment requires members to be cognisant of equality and diversity objectives in how they carry out their role, to ensure these are progressed at all opportunities.
- The CCG has an appointed lay member for Patient and Public Engagement who is able to reflect the concerns and viewpoints of patients and the public to the Quality & Clinical Governance Committee and the Governing Body.
- The CCG also has an appointed Clinical Lead for Equality & Diversity who is a quorate member of the Patient and Public Engagement Stakeholder Group. As with the Lay Member, issues regarding equality can then be reflected at the decision-making level of the Governing Body.
• The CCG’s Head of Partnership & Engagement is the CCG’s operational lead to ensure equality is systematically considered at various points in the development of clinical commissioning plans.
• Patient stories have featured at two of the four Governing Body meetings this year to reflect patient experience at the decision-making level. One story raised issues regarding experience of care for people with a learning disability; the second patient discussed his experience of the child and adolescent mental health service that the CCG commissions.

Workforce
Progress has been made as follows against the following EDS2 objectives:

Equal pay for equal value
The majority of substantive staff are graded according to the Agenda for Change terms and conditions. There is verification and review of very senior manager (VSM) roles in accordance with the National NHS VSF Framework whilst the Remuneration Committee uses benchmarking data for Governing Body members. To date, the CCG has not had a claim of equal pay.

Training and development
The processes for making an application for funded training, along with the Personal Development Plan (PDP) template, have all been reviewed by the Staff Partnership Forum.

Steps have been taken to improve the accessibility and frequency of statutory training through e-training and group training sessions. The Equality & Diversity (E&D) module is mandatory for all staff; 88% of substantive CCG staff are compliant with completion of this training at the time of publication of this report. Further improvement will be prioritised for improvement by the Senior Management Team in 2018.

Flexible working
Flexible working requests are on the increase for the CCG, and providing business needs continue to be met, changes are put into place, with drivers for such requests stemming from the diversity of the workforce e.g. carer needs, celebration of different national holidays, breaks in the day for religious reasons.

During 2017, more CCG staff started to work across a wider geographical footprint (Surrey Heartlands). Transition to a new Information Technology (IT) provider has enabled compatible IT systems across the three CCGs thereby enabling staff to work in different offices. An increase in staff working in the CCG’s offices has been managed through enabling staff to work more flexibly at home and elsewhere.

Health and wellbeing
New management arrangements came into operation in November 2017. The CCG’s Managing Director (MD) has highlighted staff health and wellbeing as being crucial to achieving the aims of the CCG and fulfilling their career aspirations. The first step has been to establish more robust lines of communication between the MD, the Senior Management Team and the staff body e.g. weekly SMT meetings and weekly All-Staff Stand-Up meetings.
Occupational health is available to all staff and managers to enable working arrangements to be put into place that reflect the differing needs of staff e.g. for those with disabilities or those with caring responsibilities.

Staff induction is particularly important. It enables staff to more quickly settle into their new role thus improving job satisfaction and ensures that policies and procedures are understood and followed, thus supporting the aims of the CCG. Quarterly Induction Days were introduced in March 2017 to which all new and existing staff are invited. Topics covered include the health needs of our population, including those with protected characteristics.

The CCG has a Staff Partnership Forum that enables staff to raise issues confidentially. Issues pertinent to equality and diversity that have been raised this year include the following:

- Faith Room – on exploring opportunities for a faith room on site, an opportunity to use a room at a local church was offered
- Staff Benefits including Carers Leave - providing feedback and updates on staff benefits, highlighting relevant policies
- Red Flags - improve ways for working in an open plan office, to minimise interruption, distraction and thereby help manage stress and anxiety
- Flu Jabs – arranged for all staff to be able to access the influenza vaccination
- Health & Wellbeing – looking at ways to manage stress in the workplace
- Updates on pension changes – providing information to enable all staff to make informed decisions

**Arrangements for patient and public engagement**

- The CCG coordinates a Patient and Public Engagement (PPE) Stakeholder Group whose members comprise representatives of different voluntary, community and faith groups. This brings a diverse range of views to the attention of the CCG and also provides scrutiny of the CCG’s engagement and involvement plans.

- The PPE Group meets every two months and is chaired by the Lay Member for Patient and Public Engagement and reports into the Quality & Clinical Governance Committee; the Clinical Lead for Equality and Diversity is a quorate member of this group and a member of the Governing Body. Minutes of the PPE Group meetings are published on the CCG’s website following approval by members.

- The CCG also coordinates a network meeting for the Chairs of Patient Participation Groups (PPGs) associated with the CCG’s member practices. This provides a valuable link with primary care and offers another source of information and concerns, some of which do highlight equality issues e.g. access to care in particular areas.

- Minutes of these meetings are also published on the CCG’s website following approval. They detail the efforts being made by PPGs to reach out to their local communities through a variety of mechanism e.g. running designated health events (Alzheimer’s; keeping active) as well as the support they offer practice on key issues such as non-attendance.
Two patient representatives were closely involved this year with the procurement of adult community health care services, evaluating tenders and bidder presentations. They were able to offer perspectives related to different equality characteristics.

The CCG’s website offers translation and large font capabilities; patients and the public are encouraged to contact the CCG with queries, compliments and complaints and there is a section explaining how to get involved with the work of the CCG. NHS England graded all CCGs against compliance with patient and public participation guidelines this year. Whilst the CCG was rated as good (with a score of 11 out of 15), improvements recommended included having clear instructions for the public about how to get information in different formats e.g. Easy Read, Braille, community languages. This will be enacted in 2018.

The CCG has this year created a Your Health page on its website to ensure patients understand their rights under NHS choice.

The CCG handles all complaints in accordance with the NHS Complaints Regulations. Equality monitoring forms are sent to all complainants to enable the CCG to assess the degree to which its complaints procedures are used by people belonging to different equality groups. Unfortunately, the proportion of forms submitted to the CCG is minimal and does not allow any meaningful information to be derived.

Commissioning and redesign of services
Key examples of how the CCG has made progress in meeting the various goals within the EDS2 framework are described below.

West Surrey Stroke Consultation
The Surrey Stroke Review moved into the final phase this year, when proposals to redesign how stroke care is provided in West Surrey underwent a 12-week public consultation. It was imperative to ensure that all people who could be affected by the plans were able to participate in the consultation. As such, the following measures were taken:

- Summary of proposed changes incorporated easy read principles
- All sections of the consultation summary were published on the CCG’s website, which has the facility to translate text into a wide variety of different languages (Google Translate) including Nepali, Urdu and Hindi
- Specific meetings were established with voluntary groups representing different equality considerations e.g. Valuing People South West Surrey Group; Older People’s Forum; Disability Alliance South West Surrey and a number of TALK Surrey groups (for people affected by stroke)
- The analysis of feedback from the consultation presented the information by different equality group characteristics, which enabled the CCG to determine if the proposed changes were considered by the public and stakeholders to be more or less beneficial for different equality groups

The full consultation outcome report and the report for the Committees in Common takes into account the above more nuanced feedback in the overall decisions taken.
Mental health
Building on the success of the Safe Havens across Surrey and taking into account feedback from children and young people (CYP), the first CYP Haven opened in Guildford in September 2017. Open two evenings per week and Sunday afternoons, The Haven is a safe place to go where young people can go to talk about their worries and mental health in a confidential, friendly and supportive environment. Any young person aged between 10-18 years can visit if they are in need of emotional support or concerned about how they are feeling. The service is a drop-in so there is no need to phone first or make an appointment, making it accessible to this vulnerable group.

Learning disability
As referenced in the CCG’s 2016 Annual Equality Report, since January 2017 the CCG has welcomed a young adult with learning disabilities to carry out work experience. As the Surrey-wide commissioner of learning disability services, it is important for all staff to understand the needs of and challenges faced by people with learning disabilities; offering work experience in this targeted way has been a mutually beneficial initiative.

Carers
The CCG hosts the Partnership Manager for Carers across Surrey. It considers carers to be a vulnerable group which, although not protected legally by the Equality Act 2010, requires special consideration in the design and development of commissioning plans.

This year has seen the following progress:

- Establishment of an Armed Forces Carers Service including a new military young carers service
- Terms of reference have been agreed for the Black and Minority Ethnic Carers Steering Group, which met several times over the course of the year and organised the following focussed events:
  o Nepalese Carers Engagement Event (March 2017)
  o Surrey Muslim Association Carers Engagement Event (November 2017)

  Each event highlighted specific considerations for carer support services to take into account to ensure carers belonging to different ethnic groups are able to benefit.

Cardiovascular disease
A Cardiovascular Co-design event that included patient representatives was supported by the CCG on the 20th September 2017. This was a Surrey Heartlands Health and Care Partnership event and representatives were drawn from the large-scale citizen engagement programme being coordinated by Surrey County Council to support the different workstreams. Due to the randomised methods used to recruit panel members, this represents an exciting opportunity to gain input from more diverse representatives of the patients that the CCG serves as the Surrey Heartlands workstreams progress.

Inflammatory bowel disease
A patient panel engagement session was held in collaboration with the RSCH on 24th January 2017 focused on how the Inflammatory Bowel Disease service could be improved. Feedback from patients informed the business case that led to an additional specialist nurse being recruited to support the service. This was felt by members of the patient panel to offer easily accessible care that would enable them to better manage their condition compared to
other options such as virtual consultations, mobile apps that monitor symptoms and patient-initiated follow-up.

**Diabetes**
A patient engagement session was held on 25th August 2017 with patient participants of DESMOND, a structured diabetes education course. As a result of suggestions, mental health providers will be present at the end of every DESMOND session, to provide information and signpost people to relevant services. Training local people to become ‘diabetes champions’ was also suggested; this will be taken forward in 2018 and offers the potential to train people who are better able to ‘reach’ members of their locality or community (than professionals) with key messages e.g. by virtue of speaking the same language or sharing cultural values.

**Follow-up models**
New Follow-up Models were discussed with the RSCH Patient Panel on the 19th September 2017. Issues raised by this panel were included in the equality analysis referenced below.

**Primary Care Locally Commissioned Services**
- Three new locally commissioned services (LCSs) have been implemented to meet the needs of patients closer to home and address local health inequalities (Spirometry, 12 Lead ECGs and National Diabetes Prevention Programme).
- An internal audit was introduced in October 2017 to provide assurance on how the CCG manages the following areas related to equality within these contracts:
  - Services commissioned meet the needs of the population and impact on priorities for improving health outcomes;
  - Arrangements for ensuring services meet relevant clinical and quality standards and guidelines

  Findings from this audit will be used to develop LCSs in 2018/19.

**Equality analyses**
The CCG utilises a standardised template to analyse the impact of different commissioning arrangements on people with protected characteristics. All equality analyses are published on the CCG’s website once approved. Analyses completed this year are listed below:

- Improving Stroke Services in West Surrey
- Advice and Guidance
- Integrated Specialty Services
- Patient-initiated Follow-up
- Adult community health services (for re-procurement)

Equality analyses that have been drafted this year for approval in 2018 are:

- New Follow-up Models
- Inflammatory Bowel Disease service
- Integrated Gynaecology Services
- Diabetes Locally Commissioned Service
Equality analysis forms part of the broader Quality and Equality Impact Assessment, approved this year by the Quality and Clinical Governance Committee. This is incorporated in the Programme Management procedures and ensures equality is given due consideration at the earliest stage.

Service specifications
Standard paragraphs are now included in new service specifications to ensure that providers adhere to set standards that advance equality and diversity, including the following:

- Carers supports and rights
- Transition (between children’s and adult services)
- Equality and Diversity
- Mental health and Learning disabilities
- Safeguarding

6 Recommendations

Following the appointment of a joint Accountable Officer and a joint leadership team across Guildford and Waverley, North West Surrey and Surrey Downs CCGs the three organisations are increasingly working together to align function, priorities, policies, procedures and governance arrangements. This closer working forms part of the Surrey Heartlands Health and Care Partnership, which also includes some local providers.

This opportunity for closer working will naturally lead to a common approach across the three CCGs that will ensure that our equality duties are being met. It will also facilitate the sharing of good practice to the benefit of all three organisations. Closely related to this change will be the advancement of the clinical and enabling workstreams that are the priorities of Surrey Heartlands, which will all require a standardised approach to equality and diversity.

Recommendations for 2018 are:

1. Review current equality and diversity processes, plans and priorities across the three CCGs and align these to achieve an approach that measures impact, shares outcomes, learning and best practice and ensures a consistent approach across the three organisations.

2. Work with wider Surrey Heartlands partners to ensure a common equality framework is applied to projects and plans that are being delivered through the clinical and enabling workstreams.

3. Continue to develop the current programme of equality awareness training and across the three CCGs, taking advantage of the strengths that come from working in collaboration.

These are broad recommendations that will need to be elaborated on, and refined further, once closer working arrangements are in place across the three CCGs and further work has been undertaken to identify the key priorities going forwards.