

## Equality and Diversity Annual Report

<b>Agenda Item 16 Paper 10</b>	
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<b>Executive Lead:</b>	Ralph McCormack, Interim Chief Officer
<b>Relevant Committees or forums that have already reviewed this paper:</b>	Executive Committee
<b>Action required:</b>	For decision
<b>Attached:</b>	2016 Annual Equality and Diversity Report
<b>CCG Strategic objectives relevant to this paper:</b>	Organisational development Core business: relevant to all / most objectives
<b>Risk</b>	Not on risk register
<b>Compliance observations:</b>	<b>Finance:</b> See page 15 – potential costs associated with additional capacity
	<b>Engagement :</b> This is central to work on E&D – the CCG’s work in this area is described in the report
	<b>Quality impact:</b> No significant issues
	<b>Equality impact:</b> See report
	<b>Privacy impact:</b> No significant issues
	<b>Legal:</b> There is a legal requirement to publish this report, approved by the Governing Body, by the 31 <sup>st</sup> January each year.

## **EXECUTIVE SUMMARY**

The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 itself, and the specific duties which came into law on the 10th September 2011. The general equality duty came into force on 5 April 2011. The CCG is also required to meet its legal obligations under the NHS constitution a number of which relate to equality duty.

CCGs must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

If agreed this report will be used as the baseline for work in the year ahead on Equality and Diversity.

Please note that further work is required on the links between E&D and the CCG's final 2016/17 operating plan and commissioning intentions.

<b>Date of paper</b>	15.1.16
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**Surrey Downs  
Clinical Commissioning Group**

# Public Sector Equality Duty Annual Report

January 2016



## 1. Executive Summary:

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) has statutory duties under the Equality Act 2010 as a public sector body. This report sets out what the CCG has done in the last year to discharge these duties. In summary the CCG has undertaken the following in relation to Equality and Diversity (E&D).

- The public health profile has been updated to show the main equality and diversity issues in the local population
- All CCG policies have now been assessed for equality impact
- A new appointment has been made for patient engagement to the communications team with a specific remit for promoting E&D with our patient representatives and the providers we commission from, and this is a key role in terms of developing future E&D strategies.
- The CCG has been represented on a selection of equality and diversity forums and is now networking with other organisations on E&D
- An online training module has been provided to make staff aware of their duties under the Act, giving practical support to applying this in the workplace and in commissioning services.
- Within the process for service redesign overseen by the Programme Management Office, all service change proposals are assessed for impact for quality, privacy and equality. The equality impact is reviewed at more than one stage and potential impact on protected groups is identified early in new projects.
- A new Quality and Equality policy has been agreed.
- The CCG has a clear profile of its workforce which has been regularly reviewed by the Remuneration and Nominations Committee

## **2. Introduction.**

This report sets out how NHS Surrey Downs CCG continues to develop to meet its statutory duties under the Equality Act 2010.

The CCG has worked to further its constitutional aims of reducing inequalities and promoting equal access to health care. It has also sought to be a responsible and progressive employer that works with its staff to promote equality in the workplace.

The report will highlight how we have met and approached our equality pledges and the recommendations on how we can continue to improve.

At the time of writing the CCG was working in accordance with National Planning Guidance to identify a set of delivery plan objectives for 2016/17 to which its equality objectives will be applied.

## **3. Equality Statement**

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) 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. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this report if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this report, the use of an interpreter will be considered.

## **4. What we mean by Equality**

Equality is ensuring that every individual has an equal opportunity and access to resources and believing that no one

should be marginalised because of where, what or whom they were born, what they believe, or whether they have a disability.

Equality recognises that historically, certain groups of people with particular characteristics have experienced discrimination. To assist with preventing discrimination we use the nine protected characteristics highlighted in the Equality Act 2010, as a framework when considering the impact on our population.

## **5. Protected characteristics**

5.1. The general equality duty covers the following protected characteristics:

- Age (including children and young people);
- Disability; both psychological and physical
- Gender
- Gender reassignment; People who are considering, undergoing or have undergone gender reassignment.
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex
- Sexual orientation.

5.2. The CCG also needs to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the general equality duty applies to this characteristic but the other two aims do not. This applies only in relation to work, not to any other part of the Equality Act 2010.

## **6. Discrimination**

Under the Act there are two distinct forms of discrimination illustrated by the following examples.

6.1. Direct Discrimination: This is when an individual is, or would be treated less favourably than another in the same or similar circumstances. For example: Refusing to produce translated material when requested from a member of the public.

6.2. Indirect Discrimination: A rule or practice, applied to all, but which disadvantages people with a particular characteristic, without justification. For example: Only producing public information about services in normal size text.

## **7. The Equality Delivery System (EDS) version 2**

7.1. EDS2, developed by the NHS Equality and Diversity Council, is a mechanism by which NHS organisations can systematically mainstream equality promotion into their core business. It is specifically designed (and has been simplified since the original version of EDS) to avoid duplication of effort in relation to achieving the equality duty.

EDS2 consists of assessing and grading equality performance against set outcomes and developing four-yearly objectives for improvement, with annual improvement plans, based on agreement between the NHS organisation and relevant stakeholders.

The EDS2 goals are as followed:

1. Better health outcomes
2. Improving patients access and experience
3. A representative and supported workforce
4. Inclusive leadership.

Surrey Downs CCG, has used the EDS2 goals to guide the design of the in-house staff survey. The EDS2 goals have also guided our recommendations for improving equality with our workforce and the services we commission and design.

## 8. Local context

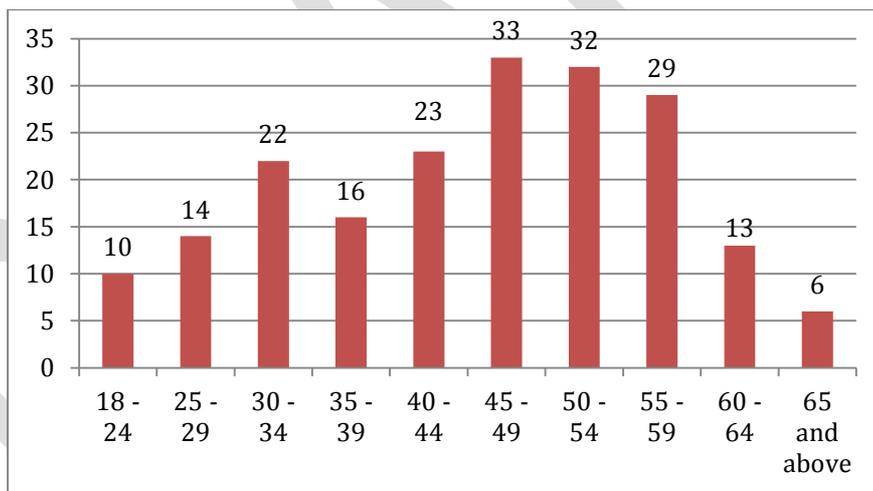
Surrey Downs CCG became a statutory body on 1st April 2013. Its health profile shows the area to be relatively affluent with specific geographical and sector inequalities rather than a widespread problem with poor health and poor access to health services. Public Health (2015) The public health profile for the CCG is refreshed each year by the Surrey Public Health team and shows:

- Half the population of Surrey Downs is of working age; however twenty percent of residents are over 65 years and, because of population changes, the demand for health and social care services is expected to rise over the next ten years. This group will be at risk of developing chronic diseases.
- Carers who provide unpaid care for those who are ill or frail may be impacted by this, taking its toll on their health as well.
- Surrey Downs CCG has a large White/British and Christian population, but significant numbers of minority ethnic and religious groups. The ethnicity of Surrey Downs CCG is 84.2% White British, 5.6% White Other and the largest ethnic minority group is Asian/Asian British at 5.1%. Some minority groups in the population are likely to have poorer health. One of the largest ethnic groups in Surrey is the Gypsy Roma and Travellers (GRT) group who have worse health outcomes than any other disadvantaged group.
- Overall the area covered by Surrey Downs CCG is one of the least deprived in the country, however there are pockets of deprivation in Court, Cobham Fairmile, Holmwood, Preston and Ruxley.

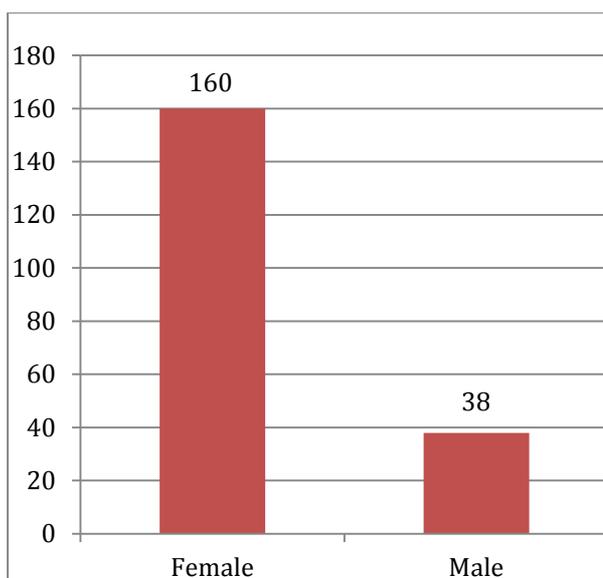
- Surrey Downs CCG is estimated to have 1,465 people aged 18 – 64 with a serious personal care disability and this is projected to increase by 9% in the next ten years.
- 4,031 adults aged 16 - 64 are predicted to have a learning disability, which will increase to 4,200 by 2025. Learning disability in adults aged 65 and over is predicted to increase from 1,203 to 1,457 from 2015 to 2025, an increase of 21%.

**Workforce profile** The CCG currently measures three protected characteristics, Age, Sex and Ethnicity. The graphs and table below display the current employment profile with in Surrey Downs CCG.

Age: The graph displays a breakdown of the age's brackets of the employees of Surrey Downs CCG



Sex: The graph below displays the how many males and females are employed by the CCG.



Ethnicity: the chart below displays a breakdown of ethnicity with in the CCG.

Please note, that 61 members of staff have not declared their ethnicity as such the numbers will not reflect the CCG population accurately.

Ethnicity/ Race	Headcount
A White - British	90
B White - Irish	<5
C White - Any other White background	7
CA White English	12
CX White Mixed	<5
CY White Other European	<5
D Mixed - White & Black Caribbean	<5
G Mixed - Any other mixed background	<5
GF Mixed - Other/Unspecified	<5
H Asian or Asian British - Indian	<5
J Asian or Asian British - Pakistani	<5
L Asian or Asian British - Any other Asian background	<5
LD Asian East African	<5
LK Asian Unspecified	<5
M Black or Black British - Caribbean	<5
N Black or Black British - African	<5
PC Black Nigerian	<5

PD Black British	<5
SC Filipino	<5
Undefined	61

### **Current actions in process for improving analysis.**

Data has been collected on Age, Sex, Ethnicity, Disability, sexual orientation and Religion/ beliefs. However, only age, sex, and ethnicity/race has been processed.

As a CCG we have been working with an Electronic Staff Record specialist over the past month to allow our reporting to become more accurate. We will be working over the next six months to update our records to allow our reporting to become more established.

## **10. The Equality Duty**

The CCG has met the Specific Equality Duty by publishing equality information in accordance with section 149 of the Equality Act 2010; this information has included the CCGs performance against the four goals set out in the NHS Equality Delivery System demonstrating how all our patients, carers and family members have a say in how the CCG is performing in:

- Making health care services more accessible to everyone.
- Improving peoples' health regardless of their; race, gender, age, sexual orientation, religious and philosophical beliefs, gender status, disability, or ability, pregnancy, maternity status or their marriage and civil partnership status.
- Ensuring our employees are trained and supported to ensure they are able to help the CCG to meet the Equality Duties and can make decisions that are fair, objective and legal.
- Ensuring that the CCG understand their responsibilities and accountability in meeting the public sector equality duty and make fair, equitable and objective decisions and promote best practice in everything they do.

## 11. What has the CCG done in relation to its equality duty since January 2015?

### 11.1 Workforce

In the last twelve months the CCG has systematically improved the way it supports its workforce to meet its equality and diversity requirements:

#### 11.1.1 Policies

- The CCG's equality and diversity statement in all the HR policies has been updated in December 2015
- Introduced a new Equality and Diversity policy on 18<sup>th</sup> December 2015
- New Maternity Policy
- New Grievance and Dignity at Work policy to help promote a positive culture
- Recruitment and Selection
- To ensure recruitment is fair and lawful NHS jobs restrict the information that managers receive prior to interviews.
- Managers are unable to see personal information and therefore protect candidates/employer against equality and diversity claims
- Carers leave supported under the Leave and Flexible Working policy support
- Assessing HR policies for equality impact

#### 11.1.2. Training

- Providing online training in equality and diversity which all staff were required to complete by the end of January 2016. Currently 58% of the organisation has completed Equality and Diversity training in the last year.
- Occupational health support offered to all staff – ensuring we are supporting any staff who may have a disability.

- Individual Evacuation plans to help support staff with disabilities.
- Staff forum which meets bi-monthly and gives staff the opportunity to raise any issues or concerns.
- Profiling the workforce through available statistics e.g. for ethnicity, gender, disability.
- Undertaking a staff survey which used the key workforce elements of EDS2 to inform the questions.

### 11.1.3. *Staff Survey*

The headline findings from this year's survey can be summarised as follows:

#### Positive feedback

- The majority of staff feel they have clear, planned goals and objectives
- Staff feel CCG goals are clearly communicated to them
- The majority of staff feel communications relating to the Financial Recovery Plan are clear
- The majority of staff look forward to going to work (always or often)
- Most staff feel their responsibilities are clear to them
- The majority of staff feel positive about the CCG as a place to work
- More staff have had appraisals this year, compared with 2014
- Just over half of staff would recommend the CCG as a place to work
- Most staff feel that the CCG acts on concerns raised by service users

- The majority of staff feel senior managers are committed to the values of the organisation
- Areas for improvement
- Many staff feel they are unable to manage all the conflicting demands at work
- Some staff reported suffering from work-related stress
- Worryingly, a small number of staff have reported discrimination at work
- Fewer staff reported having attended training in the last year
- Staff are concerned about job security
- The majority of staff felt opportunities for career progression were limited
- Staff feel the culture of the organisation could be improved
- The majority of staff feel the CCG could offer greater flexibility as an employer
- The majority of staff felt their workload is too heavy
- Opinion was divided on whether the CCG has sufficient staff to deliver, with a third saying resources were sufficient, a third saying more staff were needed and a third undecided

## 11.2. Commissioning and redesign of services

### 11.2.1. Planned Care

Throughout 2015/16, NHS Surrey Downs CCG Planned Care team has undertaken the following clinical service reviews:

- Musculoskeletal
- Ophthalmology
- Cardiology
- Ear, Nose and Throat as well as Audiology
- Dermatology
- Gynaecology

The purpose of the service reviews are to support the CCG in planning and developing high quality and locally led commissioned services to achieve the best outcomes for our local population. A key element of the service review has focused on stakeholder engagement as a means of ensuring the organisation takes the following into account when making commissioning services:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations between different parts of the community

Planned Care Team established the following methodologies to ensure equality in service design.

- Clinical Advisory Groups (CAGs) were used to seek the clinical views of local clinicians working across primary, community and secondary healthcare.
- Patient and Carer Advisory Groups (PAGs) to seek the views and experiences of local patients and their carers on accessing existing health services as well as seeking their views on what they would want from future services. The recruitment of PAG members.
- Questionnaires were provided in both hard and electronic format to assist with accessibility.
- Actively monitored the protected characteristics of participants.

- Holding PAG in inclusive environments which were accessible and provided the resources which patients required to engage fully, e.g. hearing loops, large printed documentation

## 11.2.2. Medicines Management

Over the last year the Medicines Management Team has been using the Equality Impact Assessment (EqIA) as a method of measuring the Equality impact.

Medicines Management is a hosted service. As such, each CCG that they work for has a different EqIA template, and therefore different requirements. This means that there is a risk of some inconsistencies and potentially gaps.

## 11.2.3 Quality Team

The Quality team have a full understanding of the interdependent relationship of quality and equality when designing, reviewing and commissioning service. The Quality team have contributed to the new integrated quality and equality impact assessment tool, policy and guidance for the staff of the CCG to use to improve quality and quality outcomes for each project and programme.

## 11.2.4 Urgent Care

The Urgent Care team has taken action to ensure discrimination is minimised through the following. The team engage regularly with providers, carers, clinicians and patient representatives. This ensures that the team follows an inclusive ethos when redesigning or improving existing services such as Patient Transport Services, community hospital review and discharge pathways.

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## **12. Engagement for real equality**

Involvement has helped services become more customer focused, recognising the diversity of communities, including training of service providers to take disability issues into account (Disability Rights Commission, 2007).

Involving local people in decision making The CCG's communication and engagement strategy plays a major part in the way the CCG approaches consultation and engagement. The CCG uses a range of approaches to ensure effective consultation and engagement of local people in its decision making processes. This includes how it links to the organisation's objectives and priorities, and evidence of how and where the results have been used.

The CCG has spent a lot of time listening to patients, carers and the public this year – using their views to monitor the quality of health care services and to consider how we can improve the service we plan and commission. The CCG is committed to tackling problems, involving people in promoting their own health and well-being and working together with them and our partners to increase good health, prevent avoidable illness and ensure effective treatment and support when it is needed, providing a good patient experience. CCGs are required by law to:

- Involve the public in the planning and development of services
- Consult on commissioning plans
- Act with a view to secure the involvement of patients in decisions about their care and to
- Promote choice
- Ensure efficient, cost effective services

The CCG has worked collaboratively with the member practices throughout the year mainly through the work and the direction of the Governing Body, on which members are represented. The Membership and the Governing Body have played a significant

role and had a notable impact in responding to the key priorities of the CCG. Members have contributed to the work of Committees of the Governing Body.

### 13. What Next: The recommendations

On the basis of the above the CCG acknowledges the need for improvement in a number of areas. Using the EDS2 as a framework of good practice we have highlighted the following recommendations. For the CCG to meet these requirements we are aware that additional resource will be required.

<b>Workforce:</b>	
<b>EDS2 Goal</b>	<b>Recommendations</b>
A representative and supported workforce	Review of existing policies and protocols and changing them where they might disadvantage any of the nine protected characteristics and carers, including young carers and parent carers.
A representative and supported workforce	Providing a policy for the transition at work for transgender and or binary individuals,
A representative and supported workforce	Providing a policy which protects supports and identifies carers within the workforce.
Workforce Inclusive leadership	Introducing a visible and publicised Code of Conduct in relation to all 'protected characteristics'
A representative and supported Workforce / Workforce Inclusive leadership	Running staff training to improve awareness of the nine protected characteristics and engagement.
<b>Designing and commissioning services:</b>	
Workforce Inclusive Leadership/ Improved patient access and experience	To provide competency training on the barriers faced by people from marginalised groups – with a focus on Gypsy and traveler communities and people with disabilities due to the profile of our localities.
Improved patient access and	For there to be a central database of all

experience	EqlA to be created
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Improved patient access and experience	For there to be a central database of all equality and diversity questionnaires in order to confirm that the diverse population voice is being represented and to review activity annually. (Survey Monkey )
Improved patient access and experience	To review contract to be in line with the NHS requirements of The Accessible Information Standard.
Improved patient access and experience	To insure an audit of current contract to review if the nine protected characteristics and carers needs are being meet in accordance to the adult carers strategy and the Equality Act 2010
Improved patient access and experience	To contractually commit the providers of services to have ownership of the strategy and produce an action plan in order to implement the strategy. This will be monitored by the Surrey Carers Group.
Workforce Inclusive Leadership / Improved patient access and experience	To provide training on the EqIA
Workforce Inclusive Leadership/ Improved patient access and experience	For each team to have a equality and diversity champion
Workforce Inclusive Leadership/ Improved patient access and experience	To reinstate the Equality and Diversity steer group to meet quarterly and to be attended by the equality and diversity champions.

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