

# Public Sector Equality Duty Annual Report

January 2017



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## 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).

- All CCG policies have now been assessed for equality impact.
- The Equality and Diversity Strategy and Action plan has been agreed and mobilised
- An internal awareness campaign has been mobilised
- 15 Equality and Diversity Champions have been identified
- An equality and diversity steer group with representation across bands and functions has been mobilized.
- An Surrey heartlands equality and diversity group has been developed
- A GP equality and diversity lead has been appointed to represent on the governing body
- A new appointment has been made for equality and human rights lead with a specific remit for strategic overview of the delivery of the E&D objective
- The Participation Action Network been developed and launched in partnership with Surrey County Council and Public Health Surrey. The Network represents all nine protected characteristics and carers and deprivation.
- 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 Impact Assessment policy has been agreed.
- The CCG has a clear profile of its workforce which has been regularly reviewed by the Remuneration and Nominations Committee
- The Accessible Information Standard, 2016, has been implemented across the CCG.
- Strong relationships have been built with the gypsy and traveller community.

## 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 of the Equality and Diversity Strategy for 2017/2020 to which its equality objectives will be applied.

## 2.1 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.

## 2.2 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.

## 2.3 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.

## 2.4 Protected characteristics

The general equality duty covers the following protected characteristics:

- Age (including children and young people);
- Disability; both psychological and physical
- Gender
- Gender reassignment;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex
- Sexual orientation.

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.

## 2.5 Discrimination

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

**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.

**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.

## 3 The Equality Delivery System (EDS) version 2

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.

### 3.1 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:

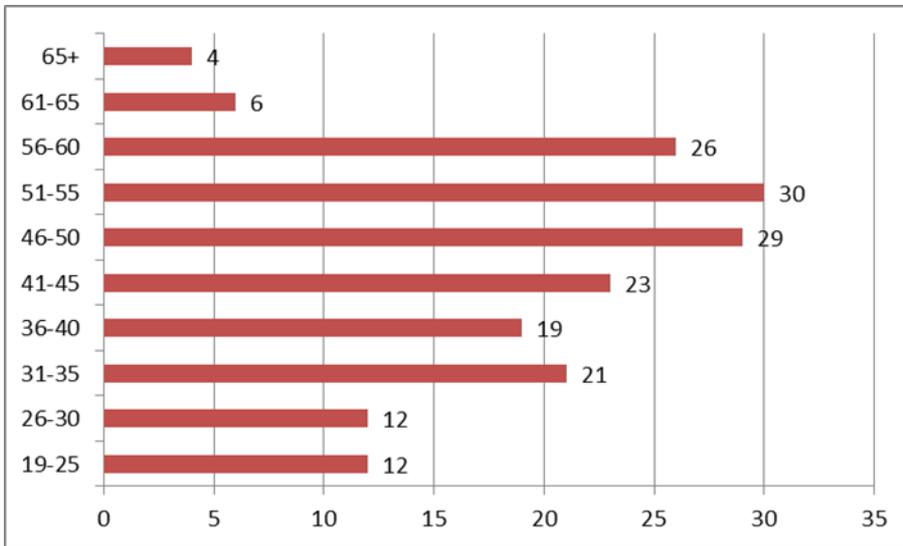
- Half the population of Surrey Downs is of working age; however twenty percent of residents are over 65years and, because of population changes, the demand for health and social care services is expected to rise over the next ten years. This group will be at risk of developing chronic diseases.
- Carers 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 Down 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%.

### 3.2 Workforce profile

In 2016 CCG has measured 6 protected characteristics, Age, Gender, Sexual orientation, religious belief, Disability and Ethnicity. This is an increase of 3 characteristics from 2015. The graphs and table below display the current employment profile with in Surrey Downs CCG

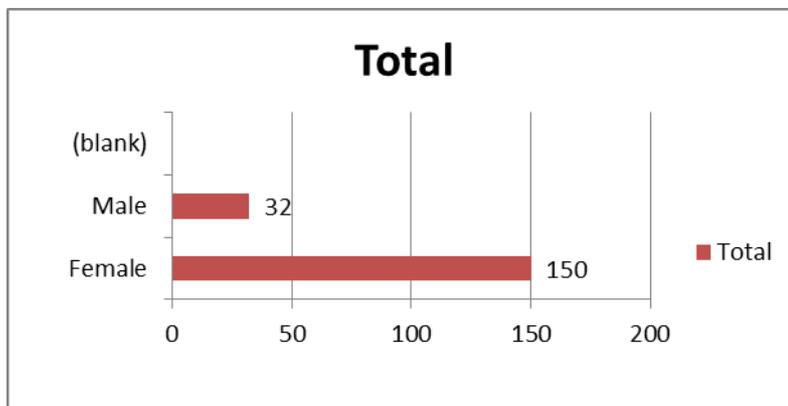
#### Age:

The graph displays a breakdown of the age brackets of the employees of Surrey Downs CCG. There has been no significant change in age representation to the CCG over the last year



#### Sex:

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



Males are currently under represented in the CCG at 17.58%. This is a decrease of 1.6% of the population since 2015 analysis.

**Ethnicity:**

The chart below displays a breakdown of ethnicity within 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. However, the data shows that the majority of people who declared their ethnicity are white British.

Ethnic Origin	
A White - British	117
B White - Irish	less than 5
C White - Any other White background	10
CA White English	8
CY White Other European	less than 5
D Mixed - White & Black Caribbean	less than 5
H Asian or Asian British - Indian	6
J Asian or Asian British - Pakistani	less than 5
L Asian or Asian British - Any other Asian	less than 5
LK Asian Unspecified	less than 5
M Black or Black British - Caribbean	less than 5
N Black or Black British - African	less than 5
PD Black British	less than 5
SC Filipino	less than 5
Undefined	12
Z Not Stated	less than 5

Due to the data not fully representing the profile of the CCG in 2015 or 2016 we are unable to compare years.

**Religion and Beliefs**

Religious Belief	
Atheism	18
Buddhism	less than 5
Christianity	72
Hinduism	less than 5
I do not wish to disclose my religion/belief	18
Islam	less than 5
Jainism	less than 5
Judaism	less than 5
Other	9
Sikhism	less than 5
Undefined	54

## Sexual Orientation

Sexual Orientation	
Bisexual	less than 5
Gay	less than 5
Heterosexual	121
I do not wish to disclose my sexual orientation	9
Lesbian	less than 5
Undefined	49

## Disability

Disability	
No	150
Not Declared	less than 5
Undefined	22
Yes	8

As a CCG we have been working with an Electronic Staff Record. We have updated all of the staff profiles. However we are aware that there is a large percentage of each of the areas which are undefined making it difficult to draw any consistent conclusions on equality of representation across the organisation difficult.

### 3.3 2016 Staff Survey

Demographics and response rates

Total responses: 145 (92 people completed the survey, with 53 partial responses)

Estimated response rate (based on approx. 180 eligible staff): 51.1%

This is slightly lower than the number of staff who responded in 2015 (125). Based on 165 staff being eligible at the time, the estimated response rate for 2014 was 51.1% so the response rate has dropped slightly.

Staff breakdown: (based on 109 responses as demographic questions at end of survey and not all staff completed)

CSU staff: 1

Directly employed: 57

Hosted: 25

Interim/ agency: 6

The headline findings from 2016 survey can be summarised as follows:

#### Positive feedback

- The large majority of staff feel they have clear, planned goals and objectives
- Over two thirds of staff have received training in the last year
- The majority of staff feel CCG goals are clearly communicated to them
- The majority of staff feel communications relating to the Financial Recovery Plan are clear
- Over half of staff look forward to going to work (always or often)
- Most staff feel their responsibilities are clear to them
- A large number of 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
- A large proportion of staff agree that their work environment is comfortable

### **Areas for improvement**

- Some staff reported suffering from work-related stress
- A small number of staff have reported in the survey that they have experienced discrimination at work
- The large majority of staff felt opportunities for career progression and promotion were limited
- The majority of staff felt their workload is too heavy
- Just under half of staff agree that they would recommend the CCG as a place to work
- Opinion was divided on whether the CCG has sufficient staff to deliver, with a third saying resources were sufficient, and over a third saying more staff were needed and a third undecided

## **3.4 2015 Staff Survey**

### **Key findings**

Total responses: 125 (average question response rate was 109 as some did not complete survey)

Estimated response rate (based on approx. 180 eligible staff): 69.4%

Staff breakdown: (based on 109 responses as demographic questions at end of survey and not all staff completed)

CSU staff: 0

Directly employed: 62

Hosted: 32

Interim/ agency: 15

The headline findings from 2015 staff survey can be summarised as follows:

### **Positive feedback in 2015**

- 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 in 2015

- 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

## 4 What has the CCG done in relation to its equality duty since January 2016?

### 4.1 Leadership

The EDS2 has leadership, as one of its four main objectives measures the achievement of inclusive leadership at all levels. With this in mind the CCG has done the following to ensure that Equality is lead at all levels of the CCG.

- Appointed a GP equality lead, ensuring that the equality agenda is represented on the governing body.
- Appointed an equality and human rights lead with strategic overview.
- Recruited and trained equality and diversity champions
- Set up an equality and diversity steering group.

## 4.2 The equality and diversity steering group.

The Steering Group is authorised by the Governing Body to establish and maintain effective systems to manage and oversee the implementation of a strategic vision for equality, diversity and human rights across all healthcare commissioning and contracting decisions in Surrey Downs.

The purpose of the Steering Group is to ensure that Surrey Downs CCG meets the general and specific duties under the Equality Act 2010 across all commissioning decisions, contracting and workforce, and that equality, diversity and human rights is actively promoted, communicated and managed for the workforce of the CCG and the community of Surrey Downs alongside the continuing work with other partners to contribute to reducing health inequalities.

Membership consists of:

Chief Officer

GP equality lead (Governing Body Member )

Chief Nurse

Head of Human Resources

Director of Integrated care

Equality and human rights lead

## 4.3 Equality and diversity champions

The Equality and diversity champions have been recruited to ensure that equality and diversity is embedded across the organisations.

15 Equality Champions have been recruited across the organisation. The Champions have been trained in completing the EQIA. The champions will promote Equality across the organisation and attend or ensure representation from their team in the Equality awareness programme that will be taking place throughout 2017.

## 4.4 Workforce

- In the last twelve months the CCG has systematically improved the way it supports its workforce to meet its equality and diversity requirements:
- Policies
- The CCG has trained 10 members of staff on EQIA assessments.
- The CCG's equality and diversity statement which is in all the HR policies was updated in December 2015 and continues to remain current
- The CCG has implemented a learning and development policy
- 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
- The CCG has introduced a carer break policy in line with Agenda for change.
- Carers leave supported under the Leave and Flexible Working policy support

## 4.5 Training

- 100 % of CCG staff have completed the online training in equality and diversity
- Occupational health support is offered to all staff – ensuring we are supporting any staff who may have a disability.
- Individual Evacuation plans are in place to help support staff with disabilities.
- On the 29th July the governing body signed off the organisations objectives and values, which has helped to imbedded values and behaviours into our appraisal processes.
- The CCG holds a staff forum every quarter and gives staff the opportunity to raise any issues or concerns and at the end of each forum. We also hold a slot for Trade union representatives should they wish to comment on any of the new policies or provide any update
- The CCG have now updated all individuals' electronic staff records and also has collated missing information from staff to gather equality and diversity statistics.
- The CCG undertakes a staff survey which uses the key workforce elements of EDS2 to inform the questions.

## 4.6 Commissioning and redesign of services

### Planned Care

Throughout 2016, 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.
- Local groups and communities views and experiences of local patients and their carers were sought on accessing existing health services as well as seeking their views on what they would want from future services.
- Questionnaires were provided in both hard and electronic format to assist with accessibility.
- Surveys actively monitored the protected characteristics of participants.

Patient and public meetings were held in inclusive environments which were accessible and provided the resources which patients required to engage fully, e.g. hearing loops, large printed documentation

The planned care team also have a equality and diversity champion in their team ensuring that equality is at the fore front of service redesign.

#### 4.7 Quality Team

The Quality team have a full understanding of the interdependent relationship of quality and equality when designing, reviewing and commissioning service. As such the equality agenda sits within the quality function. 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.

The quality team have also contributed to the development of the Equality and Diversity Strategy and action plan and have representation on the equality steer group and an Equality and diversity champion.

#### 4.8 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, 111 services and community hospital services consultation.

The purpose of the service reviews is 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

#### 4.9 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 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.

Understanding the value of bring people together the CCG has developed the Participation action network.

## **Participation Action Network**

Surrey Downs CCG is determined that health and social care services in our area are designed around the needs of the individual and local community in which they live. Feedback from the public is proven to help improve services and outcomes, as well as potentially helping to spot failures. We intend to listen and use the voice of patients and the public to ensure that a cultural assessment, not just a technical assessment, can be made.

We want to transform the nature of patient involvement in commissioning to ensure an equal relationship where patients, the community and commissioners are able to collaborate in the design and commissioning of services.

In order to meet our statutory duties on public and patient involvement and additionally ensure that our commissioning reflects the needs of our populations, Participation Action Network (PAN) has been developed to be a new form of engagement taking guidance from the asset based methodology and working in partnership with Surrey County Council.

The PAN will contribute to our public outreach/engagement activity and recognise that involving the public in shaping the decision making process is critical.

Communities stakeholder working groups will include local patients, carers, public, the voluntary sector, community representatives, partners in district and borough councils, and Patient Participation Groups – all with a networks of public and patients behind them will be represented on the PAN ensuring the wider community has a voice.

The core aim of PAN is to promote collaborative working to build a shared sense of local ownership and understanding. PAN will assist the CCG in preparing a local case for change and define the service requirements for the local population and ensure services are based on the needs of our local population and provide an higher awareness of the challenges and barriers that are faced by each characteristic.

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. This includes a three month formal consultation on improving community hospital care. 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.

## 5 Recommendations

The Surrey Downs CCG Equality and Diversity Strategy and Action plan, 2016, expands on how we aim to meet our duties and to ensure that equality is at the centre of what we do. The Equality and diversity strategy and action plan highlights that we will use the Equality and Diversity System 2 to ensure compliance with the PSED and to ensure that equality and diversity is integrated with in the culture of the organization via training and ownership of EqiA is across all teams. Surrey Downs CCG equality report 2015 highlighted that to achieve our ambitions we will require additional resource dedicated to the ED/HR function.

To embed ED/HR within the organisation, there will be a requirement to focus on leadership. This is also one of the EDS2 four main objectives measures the achievement of inclusive leadership at all levels.

To deliver and support ED/HR must be able to respond flexibly in staffing and resourcing decisions; but to do so effectively; we need a clear and shared understanding of the skills, knowledge and attributes required for competent performance.

ED/HR work is conventionally managed via a pyramid structure, with an ED/HR lead, leading practitioners and reporting to an appropriate senior manager.

The minimum human resources requirement highlighted by the Competency Framework for Equality and Diversity Leadership, (NHS, 2013 ) is a dedicated lead of the project along with an operational officer.

This recommendation would ensure that we meet our equality duty and ensure that we will support the vision of the equality and diversity strategy. However with the changing landscape of the NHS it does not formally address partnership working. And as such reduces the likelihood of the benefits of economy of scale formal working relationships will provide.

An alternative recommendation is to formally embed equality across all three CCGS in the Surrey Heartlands. Co-ordinate and ensure reduction in duplication of work; economies of scale; consistency of policy, procedure and vision. This will be achieved by recruiting an STP Equality and diversity and Human rights lead.

Across the STP, is the activity of bringing together clinicians and other health and care staff – alongside patients, their Carers and families and members of the public - to think through how we can transform services so local residents have access to the very best care and treatments. This is a new and exciting way of working, creating a real partnership that will make a positive difference to local people.

Equality, Diversity and Human rights are central for all NHS organisations. Working in partnership across Surrey Heartlands will ensure that there is consistency in how we approach equality and diversity in the design and commissioning of health care services.

Surrey downs CCG has instigated conversations with partner agencies and has started an STP ED/HR feedback group.

This group is informally sharing and working together. However, without a lead who coordinates there is a risk of not fully utilizing skill and activity that may be happening across the CCG.

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