Agenda item 11
Attachment 08

NHS
Surrey Downs
Clinical Commissioning Group

Title of paper:	**Equality Duty report and objectives**
Meeting	Governing Body 31st January 2014
Author:	Justin Dix, Governing Body Secretary
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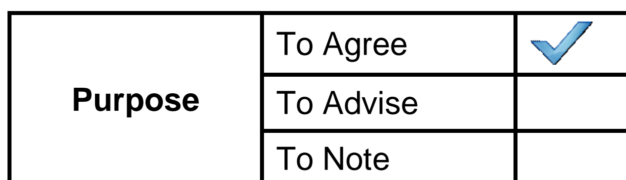
Exec Lead:	Karen Parsons, Chief Operating Officer



Purpose	To Agree	✓
	To Advise	
	To Note	

Development: There are two papers attached. The first is a review of the CCG's first nine months and the efforts it has made to discharge its equality duty. This is a factual report that was developed in conjunction within the CCG. The second paper sets out the CCG's equality strategy and objectives for the next four years. This was developed in conjunction with the Governing Body and has been reviewed by the Audit Committee and the Quality Committee whose comments are reflected below in the Executive Summary.

Executive Summary and Key Issues

CCGs are subject to the public sector equality duty and 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.

2013-14

As set out in the attached report, this has been a startup year for the CCG. Due regard for equality duty was established from the outset. During the year the CCG has:

- Established and acknowledged its equality duty in the CCG's constitution.
- Continued to set high standards in respect of equality duty with its commissioned services.
- Continued with initiatives such as equality monitoring in medicines management that support the equality duty
- Established a programme for people with dementia specifically targeted at older people to reduce their social isolation
- Provided Equality Impact Analysis (EQIA) training to a core of 12 staff who can undertake EQIA's on policies, business cases, workplace changes and other initiatives.
- Made a significant and difficult strategic decision not to participate further in the Better Services Better Value programme as this was felt to disadvantage older people in the CCG's area, and has elected to establish its own programme that can be equality assessed for all groups with protected characteristics under the act.
- Held a Governing Body level seminar on Equality Duty to work through case studies and determine draft equality objectives
- Appointed a clinical lead for Equality Duty
- Identified Executive and operational leads for equality duty
- Developed equality templates for all policies and procedures and created a high level policy that reiterates the importance of equality duty in the production of all such documents
- Attended the launch of the Equality Delivery System (EDS2) in London
- Adopted EDS2 as a self-assessment tool for use during 2014
- Required all papers placed before the Governing Body and its principal committees to identify equality issues relating to any report or proposal
- Undertaken a substantial recruitment programme with the support of South CSU based on firm principles of equality in recruitment
- Approved a workplace equality policy
- Commissioned statistics on its own workforce from an equality duty perspective to better understand and meet its equality duties to staff
- Begun the process of assessing all policies and procedures for their equality impact

Strategy and Objectives 2014-18

Surrey Downs CCG works closely with the public health team within Surrey County Council. Underpinning the CCG's work on equality is an awareness of the demographic, cultural and health profile of our local population. These are set out in the report and include age, ethnicity and disability profiles.

The Surrey Downs CCG Governing Body has also reviewed a series of equality case studies relating to the commissioning and delivery of NHS services and discussed its

equality objectives. It also reviewed the CCG's duties to its staff as an employer.

As a result of this, and acknowledging that there is more to do with stakeholders and partners on equality, the CCG is proposing to set provisional objectives which it will review again in September 2014 and may amend based on consultation and engagement. The proposed priorities are:

- "Supporting older people to avoid discrimination and enabling them to access appropriate local health services in a way that minimises social isolation."
- "Supporting young people to ensure they are not subject to discrimination and are kept safe from harm."
- "Ensuring that the providers we commission from give the fullest support to what is an increasingly ethnically diverse population."

The Governing Body is asked to give thought to whether these are the correct priorities upon which to seek views from stakeholders. The Quality Committee has specifically asked that the Governing Body consider whether groups such as people with learning disabilities and travellers should not be priorities given the public health information. It should be noted that setting priorities does not mean that we will not continue to work with these other groups that the NHS locally has worked with for many years in seeking to reduce discrimination and promote equality, and this work will continue at every level of commissioning and delivery. However this group is also represented in the priorities we have developed, in particular the ageing population of people with learning disabilities and children and young people in traveller communities.

Recommendation(s): The Governing Body is asked to NOTE the narrative report on the first nine months of 2013-14; and to AGREE that the draft strategy and objectives is a suitable basis for action and consultation with stakeholders, subject to formal review and amendment in September 2014, having considered specifically the needs of people with learning disabilities and travellers.
Attachments / references: Equality Duty report and draft equality strategy and objectives 2014-18

Implications for wider governance

Quality and patient safety: Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 require that 'the registered person must take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have'. Equality duty is therefore central to the quality of care of the organisations that the CCG commissions services from.
Patient and Public Engagement: Patient and public engagement will take place on these objectives with a formal review in September 2014.
Equality Duty: Subject of the paper

Finance and resources: Equality duty should be part of the CCG's core responsibilities and there are no specific additional financial impacts
Communications Plan: This paper is on the CCG web site and will be disseminated as part of public and patient engagement.
Legal or compliance issues: 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.
Risk and Assurance: Risk CORP03 refers to the risk that the CCG might fail to discharge its equality duty in accordance with the law.

NHS

Surrey Downs Clinical Commissioning Group

Equality Plan 2014-18

- “Supporting older people to avoid discrimination and enabling them to access appropriate local health services in a way that minimises social isolation.”
- “Supporting young people to ensure they are not subject to discrimination and are kept safe from harm.”
- “Ensuring that the providers we commission from give the fullest support to what is an increasingly ethnically diverse population.”

Foreword

All public authorities are required under the Equality Act 2010 to publish 4 year Equality Objectives. This is not just about compliance with the law; it is about meeting the needs of our local population in a way that acknowledges that inequalities in health are real and need to be addressed over time.

Section 4.2.1 of the CCG's constitution states that:

> "The Group will commission healthcare that meets local needs, improves health and health outcomes for patients, reduces inequalities and promotes well-being."

We are therefore bound by the terms of our constitution to address inequalities in healthcare wherever we can, and the Governing Body of the CCG has stated its full commitment to this. In addition, the CCG is committed to following the principles of addressing inequality as an employer. The CCG has over 150 staff and works with them to ensure that differences in needs are addressed in relation to our equality duty and that we live out our values in our daily work.

However, as a relatively new organisation which is committed to making as much resource as possible available for patient care, we are also mindful of the need to set realistic priorities and objectives when discharging our equality duty. We have therefore carefully selected the priority groups and objectives that we will work to, and will ensure that these are as consistent as possible with our strategies for improving services and integrating care with our partners. This does not mean that we will not continue to work with other groups whose needs have been identified through public health profiles as clearly there are groups (such as people with learning disabilities or travellers) that the NHS locally has worked with for many years in seeking to reduce discrimination and promote equality, and this work will continue at every level of commissioning and delivery. However this group is also represented in the priorities we have developed, in particular the ageing population of people with learning disabilities and children and young people in traveller communities.

As the clinical lead for the CCG for Equality and Diversity I welcome your input into these objectives, which we will keep under continuous review.

Dr Hazim Taki, Governing Body lead for Equality, NHS Surrey Downs CCG

Introduction

Since the 1st April 2013 NHS Surrey Downs Clinical Commissioning Group (CCG) has become the commissioner of local health services. Other services, including primary care and specialist care, are commissioned by NHS England

Despite the affluence of Surrey and the local area, inequalities do persist. The purpose of this Equality and Diversity Plan is to set out how the organisation intends to meet its statutory duties to address these inequalities, both as a commissioner of health services and as a responsible and fair employer.

The Equality Objectives in this plan will be consulted on with patients, the public and all stakeholders and will use EDS 2 (The NHS Equality Delivery System Version 2, published in November 2013) as the vehicle for bringing the objectives together.

> NHS Surrey Downs CCG is committed to engaging local people in the development and monitoring of this plan. Our intention is that our equality objectives will help to ensure that we commission the right health services and that staff are trained to deliver the priorities and objectives in a way that meets the equality duties set out in the Equality Act 2010.

If you want to know more about the Equality Act please visit the Commission for Equality and Human Rights Website.

http://www.equalityhumanrights.com/

If you want to know more about EDS2 go to

http://www.england.nhs.uk/ourwork/gov/edc/eds/

Surrey Downs Population

Surrey Downs CCG works closely with the public health team within Surrey County Council. Underpinning the CCG's work on equality is an awareness of the demographic, cultural and health profile of our local population. The following are highlights from detailed reports produced for the CCG.

Age

Relative to England, Surrey Downs CCG has:

- More children aged 5-14
- Fewer young adults aged 20-34
- A greater proportion of adults aged 40 and over

Age related needs

An increasing proportion of the population will be suffering from conditions requiring additional care needs, including:

- Dementia and depression
- Visual and hearing impairment
- Long term health conditions as a result of stroke
- Frailty and being prone to falls and consequent fractures (particularly hip fractures)
- Inability to manage domestic tasks, self care, or mobility on their own

Specific groups

Specific groups requiring a targeted approach in Surrey Downs CCG include:

- Carers: more than 27,500 people of all ages provide unpaid care; 1,500 are over 65 providing >20 hours a week just in Mole Valley and Epsom and Ewell
- Older people: particularly with the high rate of falls, hip fractures, and increasing impact of excess winter deaths on local populations
- Gypsy, Roma and Traveller community: Surrey has the 4th largest GRT community in the country. Surrey Downs CCG has around 7 authorised GRT sites

– Prisoners and ex-offenders: Down View women's prison including the Josephine Butler Unit for female juveniles and High Down men's prison located in Reigate and Banstead.

Ethnicity

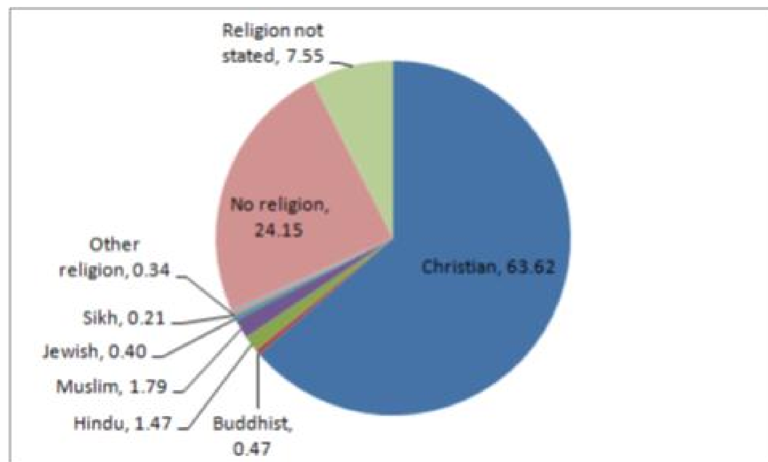
Surrey Downs CCG has a large White/British and Christian population, but significant numbers of minority ethnic and religious groups. This means that particular attention should be paid to:

– The higher risk of disease in particular ethnic groups, and different attitudes to disease and health seeking behaviour.

– The important differences in beginning and end of life care in different ethnic and religious groups, including around miscarriages and stillborn children. This will involve co-ordination with local religious leaders and cemeteries and crematoriums for each faith.

– Different language needs with regard to interpreters and written/multimedia patient information in different languages. Examples include the (British) Indian population (Hindi, Bengali, Punjabi, Gujarati, Urdu), African (Arabic, French, Swahili), and Nepalese (Nepalese).

– Different service delivery needs, with regard to the provision of appropriate meals (vegetarian, halal, kosher), facilities for prayer, gender segregated bays/rooms, and training of healthcare staff in cultural and religious rules and customs.



Surrey Downs CCG – religious self-reported status

Our main health priorities

On the 20th December 2013 the Surrey Downs CCG Governing Body reviewed a series of equality case studies relating to the commissioning and delivery of NHS services.

It also reviewed the CCG's duties to its staff as an employer.

The key elements of this discussion were as follows:

> Surrey Downs has a diverse population that incorporates both near-urban and rural characteristics. It has close proximity to Greater London but also contains a number of towns and villages surrounded by open countryside.
>
> Well established groups remained in need of a focus in terms of healthcare provision and access to services, specifically:
>
> - Travellers
> - People with learning disabilities (the Epsom area has the highest concentration of people with LD in Europe)
> - The homeless
>
> Clinical members of the Governing body identified their experience of new groups that bought new health challenges with them, namely:
>
> - Refugees from the conflict in Syria
> - Koreans
> - Eastern European migrants
>
> A key group was the elderly, and the Governing Body particularly recognised that for this group social isolation and loneliness could bring about real health problems, both physical and emotional.
>
> Young people were also a concern, particularly traumatised children and young carers.
>
> The Governing Body recognised that the CCG was a significant employer locally and also had a duty to set high the highest possible standards in relation to equality duty.

Priorities for 2014-18

As a result of these discussions and further work, it is proposed that for 2014-18, the CCG would work to the following equality priorities:

Priority Groups

Supporting older people to avoid discrimination, and enabling them to access appropriate local health services in a way that minimises social isolation.

- This will be done in line with the Surrey Health and Wellbeing Board's priority of "improving older adults health and wellbeing".
- It also fits with the objective of "Safeguarding the population" as the CCG is the host for Adult Safeguarding and has a strong commitment to avoiding abuse, neglect and harm of older adults.
- The CCG has, and will continue to develop, an Out Of Hospital Strategy that will pay particular attention to the integration of care for older people. We expect the Better Care Fund to be a key component of this work.

Supporting young people to ensure they are not subject to discrimination and are kept safe from harm.

- This fits with the Health and Wellbeing Board's objective of "Improving children's health and wellbeing".
- It also fits with the objective of "Safeguarding the population" as the CCG is aware that there are significant pressures in Surrey and a trend for increasing numbers of child safeguarding cases to come through the system.

Ensuring that the providers we commission from give the fullest support to access for what is an increasingly ethnically diverse population.

- We will expect providers to ensure rapid access to flexible and appropriate interpreting services.
- We will expect service delivery to meet the cultural and religious needs of patients, particularly with regard to appropriate environment, provision of food, and support for faith requirements.

Our equality objectives

NHS Surrey Downs CCG employs the Equality Delivery System Version 2 (EDS2) and works within the EDS2 framework to set goals and monitor its compliance. From this system the CCG has selected the following objectives against which to measure itself:

Better Health Outcomes

- Outcome: Services are commissioned, procured, designed and delivered to meet the health needs of local communities

- Individual people's health needs are assessed and met in appropriate and effective ways
- Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

Improved patient access and experience

- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- People are informed and supported to be as involved as they wish to be in decisions about their care
- People report positive experiences of the NHS
- People's complaints about services are handled respectfully and efficiently
- Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

A representative and supported workforce

- Training and development opportunities are taken up and positively evaluated by all staff
- When at work, staff are free from abuse, harassment, bullying and violence from any source
- Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
- Staff report positive experiences of their membership of the workforce

Inclusive leadership

- Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
- Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

This system requires the CCG to self-assess itself against each of the above areas, using a red / amber / green / purple grading system. An example is given below.

Goal: Improved patient access and experience				Reference Number: 2.1
Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds				
Your organisation's approach: • Use your own words to phrase the outcome for local purposes and different audiences • Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge for people when they try to access services • For all protected groups assess and grade how well the service is accessed, taking into account the fairness of reasons when access is denied. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied				
Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall
Sources of evidence for grading may include: JSNAs; NHS patient surveys; GP patient surveys; A&E and other waiting times surveys; Quality Accounts; Healthwatch and PALS				
This outcome supports the delivery of the following national policies and initiatives: • NHS Constitution patient and public rights: "You have the right to access NHS services. You will not be refused access on unreasonable grounds" and "You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible" • CQC's key inspection question: Are services responsive to people's needs?				
Other groups: You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so				

A refreshed Equality Delivery System for the NHS 23

During 2014-15 the CCG will review itself against these standards and this review will be then be refreshed on an annual basis.

Conclusion

Surrey Downs CCG is committed to addressing inequality in all areas. In its commissioning and contracting it will be seeking to address a broader range of inequalities and will continue the work already done, particularly for its traveller population, and for people with learning disabilities.

However, in terms of its broader strategic aims (which are consistent with those of the Health and Wellbeing Board) there is a genuine opportunity to bring real benefits in the three areas of socially isolated older people, vulnerable children and ethnically sensitive care. The CCG will therefore prioritise these areas and systematically evaluate these accordingly whilst using the NHS Equality Delivery System to measure its broader achievements.

Surrey Downs
Clinical Commissioning Group

Public Sector Equality Duty

Annual Report

January 2014

Introduction

This report sets out how NHS Surrey Downs CCG has worked to in its first year to meet its statutory duties under the Equality Act 2010.

The promotion of equality and the reduction of inequalities in the delivery of health care is a key aim of the CCG and one which is embedded in its formal constitution, its objectives for 2013/14, its strategies and its policies and operations.

The CCG has a set of delivery plan objectives for 2013/14 as follows:

- To ensure that the CCG has medium term strategies in place for its main commissioning functions
- To ensure that the CCG has sufficient capability and capacity to deliver its business
- To deliver specific and defined quality improvements
- To establish operational control of services, contracts and budgets
- To establish effective governance

In all these areas 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 aim of this report is to demonstrate how the CCG has made these ambitions a reality. However it also acknowledges that there is still far more it can do to meet its duties under equality legislation.

The Equality Act

The Equality Act (2010) imposes a Duty on all public bodies carrying out public functions to promote equality and eliminate discrimination.

There are nine protected characteristics covered by the duty:

- Age
- Sex
- Race including nationality and ethnicity
- Gender reassignment
- Sexual orientation
- Religion or belief
- Disability
- Marriage and civil partnership

- Pregnancy and maternity.

The CCG has by law to produce an annual report that gives relevant and proportionate information to the public on compliance with the Equality Duty. The information must be published by on 31 January each year and in an easily accessible format. Consideration needs to be given to the following;

- How the organisation has sought to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- How it has advanced equality of opportunity between people from different groups; and fostered good relations between people from different groups

The CCG also has to set specific, measurable equality objectives every four years. For Surrey Downs CCG these can be found in our separate document 2014-18 Equality Strategy and Objectives.

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 to duplicate effort in relation to achieving the equality duty.

EDS 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.

As a relatively new organisation, Surrey Downs CCG intends to take forward its strategy and objectives in consultation with its Patient Advisory Group and its Staff Forum and to use EDS2 as a mechanism for doing this.

About NHS Surrey Downs Clinical Commissioning Group (SDCCG) and its population.

NHS SDCCG came into existence as a statutory body on the 1st April 2014. Public health data shows the area, in line with much of Surrey, to be relatively affluent with specific geographical and sector inequalities rather than a widespread problem with poor health and poor access to health services.

The Surrey Downs CCG population profile is weighted towards the older adult population, which means:

- A higher proportion of the Surrey Downs CCG population will be in the age group where they are developing chronic diseases including obesity and diabetes, hypertension and cardiovascular disease, and chronic obstructive pulmonary disease (COPD).

- Prevention and mitigation of early disease through behaviour modification (smoking, diet, exercise, and alcohol) should form the foundation of managing the health of these individuals.

- This should take place alongside early detection of disease and evidence-based management (e.g. good control of hypertension, cholesterol, blood sugar, and screening for microvascular and macrovascular complications of diabetes).

- Service planning should also provide adequate capacity for dealing with the complications of complex, poorly managed, or late stage disease in secondary care, including consultant and specialist nurse led outpatient clinics, acute care for myocardial infarction and acute coronary syndrome, stroke and transient ischaemic attack (TIA), and rehabilitative services for long term health complications of stroke.

Surrey Downs CCG over 65 and over 85 population is projected to grow at around the same speed as the national average, which means:

- An increasing proportion of the population will be suffering from conditions requiring additional care needs, including:

    - Dementia and depression
    - Visual and hearing impairment
    - Long term health conditions as a result of stroke
    - Frailty and being prone to falls and consequent fractures (particularly hip fractures)
    - Inability to manage domestic tasks, self care, or mobility on their own

- Additionally, this patient group is more likely to have multiple chronic diseases requiring polypharmacy, and to be in the later stages of the disease when complications have manifested.

- Accordingly, commissioners should take into account the need to work together with social care services and community health providers to ensure that this population has the support they need to live a healthy life in their homes, and to prevent avoidable hospital admissions through the use of appropriate housing, carers, GP home visits, health visitors, pharmacy support, and telehealth/telecare where appropriate.

Surrey Downs CCG has a large White/British and Christian population, but significant numbers of minority ethnic and religious groups. This means that particular attention should be paid to:

- The higher risk of disease in particular ethnic groups, and different attitudes to disease and health seeking behaviour.

- The important differences in beginning and end of life care in different ethnic and religious groups, including around miscarriages and stillborn children. This will involve co-ordination with local religious leaders and cemeteries and crematoriums for each faith.

- Different language needs with regard to interpreters and written/multimedia patient information in different languages. Examples include the (British) Indian population (Hindi, Bengali, Punjabi, Gujarati, Urdu), African (Arabic, French, Swahili), and Nepalese (Nepalese).

- Different service delivery needs, with regard to the provision of appropriate meals (vegetarian, halal, kosher), facilities for prayer, gender segregated bays/rooms, and training of healthcare staff in cultural and religious rules and customs.

Whilst overall the area covered by Surrey Downs CCG is one of the least deprived in the country, there are pockets of deprivation in Court, Cobham Fairmile , Holmwood, Preston and Ruxley. This means:

- Particular attention needs to be paid to identifying needs in these areas where deprivation is high, and ensuring that those residents are aware of and able to access healthcare.

- Examples of how this could be achieved include providing free patient transport, increased district nurse and health visitor provision, and

community engagement through structured and evaluated programmes based on need.

- Particular attention should be paid to Court, Charlwood, Holmwood, Mickleham, Westhumble & Pixham and Kingswood with Burgh Heath where life expectancy has actually fallen over the last 10 years1, and the prevalence of risk factors e.g. smoking remain higher than the local and national average.
- Attention needs to be paid to specific groups that are hard to reach, or difficult to engage with, or have special needs that have been identified and would not be met without a targeted approach. These groups include older people, carers, the Gypsy, Roma, & Traveller (GRT) population, armed forces community (serving members, reservists, veterans and families) and prisoners.
- Specific needs assessments are needed for these groups, alongside the data available on the Surrey JSNA for guidance as to how to tackle inequalities.
- The prevalence of some diseases are different in certain ethnic groups, e.g. there is a much higher prevalence of ischaemic heart disease in South Asian men than men in the general population and a much higher mortality rate from stroke in Black Caribbean men than in the general population. Accordingly, engaging in screening, early detection and behaviour change in these high risk populations is important to prevent future ill health and complications. Additionally, service planning should take into account that projected disease prevalence, hospital episodes and mortality is altered by the ethnic mix of the local population.
- The number of people with physical long-term conditions and with mental health conditions including dementia is expected to increase in line with population increase.

What has NHS Surrey Downs CCG done in relation to its equality duty since April 2013?

The CCG's constitution.

As part of its work on vision and values, the CCG's constitution was adopted with references to equality at several points, specifically:

- 4.2.3 (d): “The NHS is free at the point of delivery where the organisation takes a leadership role across the system to ensure all its services enshrine equality and diversity””
- 4.3.3(d)v: “the Group’s aims are to …. ensure that all services are built on the principles of equality and diversity to standardise access for all”
- 5.1.2: (The CCG will) Meet the public sector equality duty17 by: i) “delegating responsibility to the Chief Officer to oversee how the Group discharges this; ii) requiring progress of delivery of the duty to be monitored through the Audit, Corporate Governance and Risk Committee;”
- 5.2.6 (The CCG will) “Have regard to the need to reduce inequalities by …. iv) Ensuring all plans and associated business cases are subject to proportionate Equality Impact Assessment”.
- 9.1.2 “The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.”
- 6.2 “The scope of the quality aspects of the Clinical Quality Committee includes… monitoring arrangements in place with the Group relating to equality and diversity issues and ensuring compliance with statutory obligations as well as producing an equality plan to meet the public sector equality duty for the approval of the Governing Body on an annual basis”.

Both the Quality Committee and the Audit Committee have reviewed and commented on the steps being taken by the CCG to meet its equality duty during the period since the CCG began operating, from a quality perspective and a compliance perspective respectively.

Contracting and commissioning

All NHS Surrey Downs CCG NHS contracts have the following clauses:

- The Provider shall not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other non-medical characteristics.

- The Provider shall provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including without

limitation hearing, oral or learning impairments).

- The Provider shall, in consultation with the Co-ordinating Commissioner, and upon reasonable request, provide a plan or plans setting out how it will comply with its obligations.

- The Provider shall provide to the Commissioners information as reasonably required to: monitor the equity of access to the Services; and fulfil their obligations under the Law.

- The Commissioners and the Provider shall each have and at all times maintain an Equality Impact Assessment in accordance with the Law.

Training of staff in EQIA in January 2014 was undertaken in part to enhance the CCG's ability to commission and contract on the basis of being able to assess changes to contracts and service specifications. This will form part of the contracting process for 2014-15.

Dementia project

This project aims to increase diagnosis rates and provide better access to services for older people in the Surrey Downs community by using Specialist Link Nurses. Older people with dementia are acknowledged within Surrey Downs and nationally as a group that are often disadvantaged and fail to receive proper integrated care at an early stage.

As dementia often co-exists with other conditions, nurses use disease registers to invite patients for screening in the primary care setting. Those identified with possible dementia will have further investigations and will be referred to local community based memory clinics, in Surrey County Council Wellbeing Centres. These Centres provide a base where ongoing support can be given to someone with a diagnosis of dementia and provide premises for the community based memory clinics.

A key aim of the project is to provide support before and after diagnosis, and facilitate discussions with the individual and their carer or families about choices regarding treatment and end of life care and promote crisis prevention by helping draw up care plans, and signpost / help navigate to other services as appropriate.

Equality Impact Analysis (EQIA) training

Rather than outsource EQIA to a Commissioning Support Unit, NHS Surrey Downs has elected to train a number of staff in-house with these skills. Training took place for

11 staff in January 2014 so that there are skills within the organisation on undertaking EQIAs.

Better Services Better Value programme

NHS Surrey Downs CCG was engaged in the SW London Better Service Better Value Programme which set out a major change programme involving acute hospitals in South West London and Surrey. One outcome of this plan would have been the downgrading of services at Epsom Hospital.

After extensive analysis as to the impact on local people the CCG withdrew from the programme as it has a large elderly population who are getting older and frailer. These vulnerable patients are often ill with multiple and complex conditions, many with the difficulties of dementia.

The analysis of the programme concluded that continuing with the programme would have meant that when these patients needed to stay in hospital for treatment, they would have to be admitted at either Kingston, Croydon or St George's and not at their nearest hospital in Epsom with its close links to the community and other local providers. It would also have meant longer journeys for their relatives and carers. The detrimental impact on the older frail elderly group of patients was not felt to be acceptable and alternative local programmes are being developed that meet their needs.

Clinical, Executive and operational leads for equality duty

As the CCG has developed its thinking on Equality Duty, and in particular the need for leadership, it has appointed an Executive Lead for Equality (the Chief Officer) an operational lead (the Governing Body Secretary) and a clinical lead (one of the GP members on the Governing Body).

Development of equality templates for all policies and procedures

As part of its work on governance during 2013 the CCG benchmarked its existing policies and procedures (mainly inherited from the former Surrey PCT) and developed a new document on policies and procedural documents with a re-written template for the assessment of equality impact. All policies will be reviewed using this template during 2014.

Equality Delivery System (EDS2)

The CCG attended the launch of EDS2 as a self-assessment tool for use during 2014 and the documentation has been shared with Governing Body members and this is contained within the CCG's strategy and objectives for 2014-18.

Governance of the Governing Body and its principal committees
The management of papers for the Governing Bodies was reviewed early in the year and all papers are now required to consider equality duty and if necessary state whether an EQIA has been conducted.

Recruitment programmes

The CCG recruited large numbers of staff following its authorisation and was supported by South Commissioning Support Unit who ensured that the advertising and recruitment process followed equality best practice.

Meeting the needs of the workforce and better understanding and meeting the equality duties to staff

The CCG has commissioned information on the profile of its own workforce from the South Commissioning Support Unit. This will be used for monitoring purposes by the Remuneration and Nominations committee but key learning from this is the need to improve the information available from self-declarations by staff on ethnicity and disability.

Areas for improvement

On the basis of the first year the CCG acknowledges a number of improvement areas.

- Ensuring a more systematic approach to equality analysis throughout the organisation
- Developing the coverage of equality information in conjunction with public health partners
- Improving the information available to the CCG in its own workforce
- Improving the narrative on equality duty in papers that come to the Governing Body and its principal committee