

<b>Title of paper:</b>	Annual Equality and Diversity Report		
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<b>Date:</b>	27 <sup>th</sup> February 2015		
<b>Meeting:</b>	Governing Body		
<b>Agenda item:</b>	17	<b>Attachment:</b>	11
<b>For:</b>	Information		
<p><b>Executive Summary:</b></p> <p>The CCG is required to produce an annual report on its duties under the 2010 Equality Act.</p> <p>This report covers the period of 2014 and sets out the recommendations the CCG is working to in conjunction with its four year equality objectives.</p> <p>This report was received and discussed at the Governing Body seminar in January.</p>			
<p><b>Compliance section</b></p> <p>Please identify any significant issues relating to the following</p>			
<b>Risk Register and Assurance Framework</b>	Risk of non-compliance is on the risk register		
<b>Patient and Public Engagement</b>	Ongoing – it is planned to do more work with the public and partner organisations during 2015/16.		
<b>Patient Safety &amp; Quality</b>	The quality committee maintains a watching brief on equality issues to ensure that proposals do not impact adversely on protected groups.		
<b>Financial implications</b>	No specific issues		

Conflicts of interest	No specific issues
Information Governance	No specific issues
Equality and Diversity	As per report. Further information is on the EHRC website <a href="http://www.equalityhumanrights.com/publication/essential-guide-public-sector-equality-duty-0">http://www.equalityhumanrights.com/publication/essential-guide-public-sector-equality-duty-0</a>
Any other legal or compliance issues	This is monitored by the Equality and Human Rights Commission who can review evidence from public bodies websites and undertake investigations and if necessary regulatory action where a public body is not meeting its equality duty.
<b>Accompanying papers</b> Surrey Downs CCG Equality and Diversity Annual Report	
<b>Summary:</b> What is the Governing Body being asked to do and why?	



**Surrey Downs  
Clinical Commissioning Group**

# Public Sector Equality Duty

Annual Report January 2015

## Executive Summary

- Surrey Downs CCG has statutory duties under the 2010 Equality Act as a public sector body
- In the last twelve months it has made significant improvements in its approach to Equality and Diversity.
- The public health profile has been updated to show the main equality and diversity issues in the local population
- A number of staff have been trained to undertake an equality analysis for any policy, project or issue that is significant to the CCG's 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 the Kent Surrey and Sussex equality and diversity forum and is now networking with other organisations on E&D
- A new staff online training module has been introduced to make staff aware of their duties under the act, giving practical support to applying this in the workplace and in commissioning services.
- The CCG has a clear profile of its workforce which has been reviewed by the Remuneration and Nominations Committee
- The CCG has agreed a number of actions for improvement including working with stakeholders and partner agencies in 2015

## Introduction

This report sets out how NHS Surrey Downs CCG continues to develop 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 embedded in the CCG's formal constitution, its operational objectives, its strategies and its policies and operations.

The CCG has a set of delivery plan objectives for 2014/15 as follows:

- Maximise integration of community and primary care based services with a focus on frail older people and those with Long Term Conditions
- Provide elective and non-urgent care, specifically primary care, closer to home and improve patient choice
- Ensure access to a wider range of urgent care services

- Enhanced support for those patients who require End of Life care
- Improve the access and patient experience of children's and maternity service
- Improving patient experience, outcomes and parity of esteem for people with mental Health and Learning Disabilities (including dementia)
- Develop strategy
- Build organisational capabilities and capacity
- Implement specific and defined quality improvements
- Establish operational control of services, contracts and budgets
- 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 much 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 is required 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 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.

Surrey Downs has reviewed EDS2 and used a number of the themes for its in-house staff survey and discussions with staff in its new staff forum.

In 2015 the CCG intends to take forward its strategy and objectives in consultation with its Patient Advisory Group to use EDS2 as a mechanism for doing this in connection with its commissioning responsibilities.

## **The CCG's population.**

Surrey Downs CCG came into existence as a statutory body on 1st April 2013. 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 public health profile for the CCG is refreshed each year by the Surrey Public Health team and shows:

- The Surrey Downs CCG population profile is weighted towards the older adult population, and this group has specific health needs associated with ageing. Older people are more likely to suffer from multiple chronic diseases with

complications, and to have memory, mobility, visual, and hearing problems requiring additional support and care at home.

- Surrey Downs CCG over 65 and over 85 population is projected to grow at around the same speed as the national average
- 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%.
- 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.
- There are also particular groups that require a targeted approach, because they are vulnerable, marginalised, or have specific health needs.
- Surrey Downs CCG has the fourth largest Gypsy, Roma and Traveller community in the country with 8 public GRT sites, four in Mole Valley, three in Epsom & Ewell and one in Elmbridge.
- Offenders serving community sentences, those on probation and ex-offenders that remain in the community may remain hard to reach.

## **What has the CCG done in relation to its equality duty since April 2014?**

### **Workforce**

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

- Assessing all HR policies for equality impact
- Establishing a 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
- Providing online training in equality and diversity which all staff were required to complete by the end of January 2015

The CCG has a positive and open culture and staff are encouraged to raise issues proactively. The staff survey did not identify any major issues relating to equality and diversity issues with over 90% of staff saying they enjoyed coming to work and felt comfortable disagreeing with their line manager.

## **Commissioning and redesign of services**

During the year the CCG has changed or commenced the process of change for a number of services. In particular:

- Changes were agreed with our local authority partners to respite care services for children with severe disabilities, and this was thoroughly consulted on and a full equality impact assessment carried out.
- A major new mental health strategy was approved and was also fully assessed for equality impact. There was extensive engagement with service users and carers as part of this.
- A major new diabetes service was procured. The tender process explicitly tested the providers ability to ensure equal access of services for all patients (making reasonable adjustments where necessary) and monitoring access for those with protected characteristics so that the service could continually improve accessibility
- Similarly the GP Out of Hours service was re-procured to the same standard and also set out the requirement to actively monitor discrimination in access to the service

## **Operational changes**

As part of its work in the last year the CCG took a number of recommendations to its Executive Committee which were agreed. These are as follows.

### *Recommendation 1: Steering Group*

- “The CCG should establish an Equality and Diversity Steering Group reporting to the Quality Committee. This would not be a formal subcommittee but would be advisory.”
- Status: This group has been established but has not met as frequently as it should. Further meetings are planned for 2015.

### *Recommendation 2: Engagement Manager*

- “Supporting Equality and Diversity should be built into the job description of the engagement manager post currently being designed”.
- Status: completed

#### *Recommendation 3: Self-assessment*

- The CCG should undertake a self-assessment of the CCG’s six clinical priorities against the EDS goals.
- Status: planned for Spring 2015

#### *Recommendation 4: Service Redesign*

- The whole of the service redesign team should be put through equality and diversity training and be equipped to undertake Equality Impact Analyses of any strategies, business cases or procurements that they are leading on.
- Status: This team has seen significant change and turnover of staff, this has therefore been delayed until 2015.

#### *Recommendation 5: Staff survey*

- Workforce outcomes as set out in EDS2 should be built into the staff survey.
- Status: completed

#### *Recommendation 6: Stakeholder event*

- There should be a local event with stakeholder groups to shape the CCG’s future work on equality and diversity.
- Status: Planned for Spring 2015.

#### *Recommendation 7: Providers*

- There should be a meeting with Surrey providers that the CCG contracts with to understand their individual work on equality and diversity.
- Status: Planned for Spring 2015.

#### *Recommendation 8: Database*

- The CCG should set up a simple database of equality and diversity stakeholders.
- Status: Completed

#### *Recommendation 9: Business cases*

- The CCG's business case process should be formalised and show how equality and diversity issues are considered.
- Status: this will follow on from the training for the service redesign team in early 2015

#### *Recommendation 10: Executive review*

- Equality and Diversity should be reviewed by the Executive on a regular basis.
- Status: completed and ongoing

## **Areas for improvement**

On the basis of the above the CCG acknowledges the need for improvement in a number of areas:

- The need to establish a strategic forum with its partners and particularly its major suppliers.
- Detailed training for staff engaged in the commissioning and redesign of services
- Benchmarking using the EDS2 system

At the heart of the EDS is a set of 18 outcomes grouped into four goals. These

outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

As a commissioner, much of the evidence for this will be from suppliers who can show that we are commissioning in a way that reduces inequalities and promotes the needs of protected groups.

The 9 steps for implementation are:

- Establish the governance and partnership working around the process
- Identify local interests we want to work with
- Assemble the evidence
- Agree the supporting role of the local authority
- Analyse performance
- Agree grades
- Revise equality objectives
- Integrate the above into business planning
- Publish grades and revised objectives