

## Surrey Heath CCG – Equality and Diversity Self-Assessment

### **NHS Equality Delivery System**

The NHS has introduced an Equality Delivery System (EDS) tool designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS aims to assist organisations to achieve compliance with the Public Sector Equality Duties by encouraging them – in engagement with stakeholders – to review their equality performance and to identify future priorities and actions. (See Appendix 1 for an overview of the Equality Act 2010, and the Public Sector Equality Duties).

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

The four EDS objectives are:

<b>1. Better health outcomes for all</b>
<b>2. Improved patient access and experience</b>
<b>3. Empowered, engaged and included staff</b>
<b>4. Inclusive leadership at all levels</b>

For each EDS outcome, there are four grades to choose from:

- **Excelling** (all protected groups)
- **Achieving** (for most (6-8) protected groups)
- **Developing** (for some (3-5) protected groups)
- **Undeveloped** (no evidence at all, few or no protected groups)



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<p><b>Goal: Better Health Outcomes</b></p> <p><b>Outcome: Services are commissioned, procured, designed and delivered to meet the health needs of local communities.</b></p>	
<p><b>Developing</b></p>	
<p><b>Evidence 2014 - Developing</b></p> <p>Joint Strategic Needs Assessment (JSNA) has informed decision-making. Stakeholders and local practices invited to shape and develop local priorities, with reference to the JSNA and their local knowledge.</p> <p>There are examples where the CCG has responded to local need and commissioned services eg. Greater access to psychological therapies and Type 2 Diabetes training.</p>	<p><b>Evidence 2015</b></p> <p>The JSNA is still a key document and continues to inform the CCG’s decision making. However, the CCG is now collating more evidence from other sources including social care; with the objective to move to a needs assessment based on the whole health and social care system.</p> <p>The community has also been involved in the early processes around the CAMHS procurement with the review on local population needs.</p> <p>The CCG has responded to feedback from local people who asked for improvement in primary and community based care. The CCG has invested in extended GP hours and has worked in partnership with social care to develop Integrated Care Teams.</p>
<p><b>What we did</b></p> <p>Although there are only few areas of inequality and poorer health outcomes in Surrey Heath, there is one area identified in Surrey Heath with failing life expectancy which is in the Old Dean community. The CCG has supported NHSE and primary care services in the decision to merge the single handed Old Dean practice with a larger local practice (Park Road). The outcome of the merger will be to improve the access for local people to have a wider range of services, including female doctors.</p> <p>The local commissioning plans for the integrated care teams and the urgent care model have both been through a review process with social care partners, community services and other Surrey CCGs (mainly through the Better Care Board and the Local Joint Commissioning Group).</p>	<p><b>Next steps</b></p> <p>The CCG will focus on supporting primary care services develop in the Old Dean area – with particular focus on facilities to ensure access and services that meet the health needs of the local community.</p> <p>The CCG will work with social care partners to carry out a joint review of homecare providers. The focus will be on ensuring there is sufficient resilience in the homecare provider market to meet the needs of the local community (number of beds for respite, nursing etc).</p>



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<b>Goal: Better Health Outcomes</b> <b>Outcome: Individual people’s health needs are assessed and met in appropriate and effective ways.</b>	
<b>Developing</b>	
<b>Evidence 2014</b>	<b>Evidence 2015</b>
<p>National benchmarks of health outcome measures place SHCCG as one of the highest performing CCGs in the country.</p> <p>We have increased development of individualised care planning within Long Term Conditions (LTC) groups Chronic Obstructive Pulmonary Disease (COPD), Heart Failure (HF), End of Life Care (EOLC) and Virtual Ward (VW).</p> <p>All practices have reviewed patients at high risk of admission and care planning as needed.</p> <p>Implementation has taken place of Personal Health Budgets for people in receipt of Continuing Healthcare Funding (CHC)</p> <p>We have focused on improving individual access to appropriate psychological therapy support and have introduced a choice of providers that can provide individual, group or on-line support</p>	<p>The CCG was in the top 10 in England for the national benchmark of health outcome measures. The CCG did not perform as well on the number of unnecessary admissions to hospital. The CCG has therefore developed services to support people to stay in their own homes and avoid being admitted to hospital, by:</p> <ul style="list-style-type: none"> <li>• Extended GP hours (8 to 8 weekdays)</li> <li>• Integrated care teams (mental and physical health needs)</li> <li>• Individual care plans for people aged over 65 and 75 (enhanced GP services)</li> </ul> <p>Early Dementia diagnosis – The CCG has the highest rate of dementia diagnosis in Surrey and Sussex. This has been supported by GP assessments.</p> <p>Children services have been working to ensure compliance with the Children and Families Act 2014 regarding children with special educational needs and disabilities – working with families and stakeholders to review:</p> <ul style="list-style-type: none"> <li>• Occupational therapy; and</li> <li>• Wheel chair and continence services for children.</li> </ul> <p>Removed barriers to access services through ‘self-referral’ for:</p> <ul style="list-style-type: none"> <li>• Psychological therapies and</li> <li>• Falls prevention and assistance service.</li> </ul> <p>Personal health budgets are now in place.</p>



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What we did	Next steps
<p>Ensured that local people with multiple, complex long term conditions have a named senior clinician who actively co-ordinates their care across the full range of services offered.</p> <p>Invested in GP practices to deliver tailored care to those within our population who are over 75 years. This group also has longer appointments, an individual care co-ordinator, with additional follow up and health checks offered.</p> <p>Supported the roll out of Personal Health Budgets.</p> <p>Ensured End of Life Care (EOLC) Plans are available for all appropriate individuals and are linked to an EOLC register.</p> <p>Improved the assessment of patients in nursing homes.</p>	<p>The CCG will be putting in place incentives to support a roll out of special patient notes or equivalent so that all providers can access key data on individuals in an emergency.</p> <p>Embed joint assessments (through the Integrated Care Team) with planning in advance through using ‘crisis escalation plans’.</p> <p>Realise benefits of community investment.</p> <p>Strengthen safeguarding for older people – with the local safeguarding group set up with social care.</p> <p>Roll out personal health budgets beyond Continuing Health Care.</p> <p>Review how the CCG can support the needs of people who use long and short term bed based care. This will involve providers, commissioners, patients and carers in the local area.</p> <p>Childrens service – will be improving healthcare for children who are looked after and access to CAMHs.</p>



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<p><b>Goal: Better Health Outcomes</b></p> <p><b>Outcome: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.</b></p>	
<p><b>Developing</b></p>	
<p><b>Evidence 2014</b></p> <p>Implementation of community-based ‘Virtual Ward’ has created an integrated team of health and social care professionals which has improved communication and transitions between services.</p> <p>Forums have been established between providers that have improved communication and resulted in operational changes to make access and journeys easier for patients.</p> <p>Eg: Frimley Care Homes Forum enabled face to face communication between key personnel at Frimley Park Hospital and Care Homes.</p> <p>Eg: Urgent Care Board has been established and led to improvements in urgent and emergency care pathway for patients.</p> <p>Navigation roles have been implemented to support patients and carers eg: dementia navigator and patient befrienders.</p>	<p><b>Evidence 2015</b></p> <p>The CCG has helped reduce the number of transitions between care professionals through the introduction of joint working in the integrated care teams with care co-ordinators.</p> <p>The CCG has worked in collaboration with Surrey CCGs to review the transition between Children and Adult Services (covering physical health, complex needs, looked-after children and mental health).</p> <p>People have greater support now from locality based community teams when being transferred from home to residential or nursing home. A care home forum ensures partners are working together to make sure each transition is made smoothly with everyone well informed.</p> <p>The CCG commissioned community based matrons to help provide greater support people in care homes.</p>
<p><b>What we did in 2014</b></p> <p>Implementation of integrated community teams with defined interface with specialist services to minimise handovers and delays between services. Significant emphasis during 14/15 to define and implement Surrey Heath’s Integrated Care approach</p> <p>Explore opportunities for improved data sharing between health professionals</p>	<p><b>Next Steps</b></p> <p>The CCG will work alongside Commissioners in the procurement of Children and Adolescent Mental Health Service (CAMHS) and take forward the work already undertaken in 2014-15 to develop the service specification for supporting young people in the transition to using adult services.</p> <p>Moving to single points of information and access to services for patients and carers.</p> <p>The implementation of the Better Care Fund plan will help provide services that will ensure transition between organisations is smoother.</p>



<p><b>Goal: Better Health Outcomes</b>  <b>Outcome: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.</b></p>	
<p><b>Achieving</b></p>	
<p><b>Evidence 2014</b></p> <p>Quality and Clinical Governance board well established. 111 Programme Board /Surrey 111 Clinical Governance oversees 111.</p> <p>Frimley Park Hospital – High Quality as rated by CQC inspection and Dr Foster report.</p>	<p><b>Evidence 2015</b></p> <p>Quality and Clinical Governance Committee oversight of the c.diff cases reaching the maximum objective of 13 cases. The CCG responded by introducing a root cause analysis tool (consistent with other CCGs) for reviewing all cases and sharing lessons learned including local GPs.</p> <p>Members of Quality Team on Serious Incident panel with acute, MH and community providers to support the review of root cause analysis and identify lessons learnt.</p> <p>Quality Team also monitor safeguarding in providers; noting required levels of training. Minimum safeguarding level 1 training for all CCG staff.</p> <p>The CCG has brought complaint and concern investigation in-house and the Quality Team manages these, providing a more personal approach to each one.</p> <p>The CCG has developed a more risk and evidence based approach to reporting quality issues with escalation where safety issues are found.</p>
<p><b>What we did</b></p> <p>Director of Quality and Nursing and Head of Quality completed level 3 safeguarding training.</p> <p>Worked with GPs developing a root cause analysis tool to assist in the review of c.Diff cases. This ensured that any mistakes were identified and lessons learned shared with local GPs.</p>	<p><b>Next steps</b></p> <p>Involve GPs more in the review if root cause analysis of provider SIs.</p> <p>Local SH Safeguarding Group being set up jointly with social care as a sub group of the Surrey Safeguarding Adults Board to take an active role to ensure people have their safety priorities, free from mistakes, mistreatment and abuse.</p>



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<b>Goal: Better Health Outcomes</b> <b>Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities.</b>	
<b>Developing</b>	
<b>Evidence 2014</b>	<b>Evidence 2015</b>
<p>Close local relationships have been established between SHCCG and the Surrey County Council and NHS England Public Health teams who have the responsibility for leading on screening, vaccination and health promotion.</p> <p>The Surrey Heath system has for the first time produced a health promotion strategy during 2013/14 has been aligning work around reducing harmful behaviours and increasing healthy lifestyle choices.</p> <p>The CCG has a section on its website that focuses on Health and Wellbeing called 'Your Health'.</p> <p>Work has taken place with those communities with poorer outcomes through an investment in Health Visitors and the Supporting Families programme and working with GP practices in areas of deprivation to improve access. Health education events have been run for mothers with young families</p> <p>Patient and public engagement events have worked with our community to identify what approach should be taken to changing lifestyle behaviours.</p> <p>Public Health integrated at CCG Board Level. Partnership working with Surrey Heath and Surrey-wide Health and Wellbeing Boards.</p>	<p>Began the implementation of the Surrey Heath Prevention Strategy with cross cutting programmes to improve health and wellbeing.</p> <p>Supported the Public Health Promotion programme:</p> <ul style="list-style-type: none"> <li>• Stoptober</li> <li>• Self Care week</li> <li>• Alcohol awareness week</li> <li>• Change 4 life campaigns healthy eating</li> <li>• Dry January</li> <li>• Emotion gym workshops</li> <li>• Community pharmacy carers information week.</li> </ul> <p>Redesigned the CCG website to include more information on Services commissioned by the CCG, which includes Public Health Campaigns.  <a href="http://www.surreyheathccg.nhs.uk/our-services">http://www.surreyheathccg.nhs.uk/our-services</a></p>



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What we did 2014	Next Steps
<p>Implemented the Surrey Heath Prevention Strategy with particular focus on a Falls Project (WALC - Walk and Live Confidently) (prevention) and exercise on referral (promotion).</p> <p>Worked in partnership with SHBC to deliver the Health and Wellbeing presentation at the 'spot light on public services'.</p>	<ul style="list-style-type: none"> <li>• To increase the number of self-referrals to the Falls clinic.</li> <li>• Work with partners to set up an alcohol pilot based in A&amp;E with the appointment of outreach workers.</li> <li>• Develop a crisis café similar to the safe haven café in Aldershot.</li> <li>• Review and improve where required access and referral to cancer screening programmes, and link to national awareness campaigns.</li> </ul> <p>Continue to listen to our local community to obtain ideas that will help change lifestyle behaviours to improve health outcomes.</p>





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<p><b>Goal: Improved patient access and experience</b>  <b>Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.</b></p>	
<p><b>Achieving</b></p>	
<p><b>Evidence 2014</b></p> <p>Patient surveys (eg FPH and SABP) positive.</p> <p>We have improved access to psychological therapies and are developing community services.</p> <p>We have involved local people in commissioning decisions through patient reference groups and wider stakeholder workshops. We have listened to our community and acted on their feedback, in particular with the redesign of pain services and the development of Integrated Care teams.</p>	<p><b>Evidence 2015</b></p> <p>The CCG has supported the improved access to services through the introduction of:</p> <ul style="list-style-type: none"> <li>• Self-referrals for IAPTS</li> <li>• Increased number of hours people can access GP services.</li> <li>• Self-referral to WALC falls prevention service</li> </ul> <p>Evidenced based IFR policies on restricted and not routinely funded procedures updated through the independent Surrey wide Priorities Committee. Published on the website. Supported by robust and open review panel and escalation process to ensure access to services and care is not denied on unreasonable grounds.</p> <p>Pilot services in primary care for skin and pain clinics have resulted in positive feedback from patients using the services; and improve local access in the community.</p> <p>Outstanding acute hospital for local people. Frimley Park Hospital reports 96% patients surveyed recommends this hospital for care, based on 737 responses. Ref:  <a href="http://www.nhs.uk/Services/Hospitals/Overview/DefaultView.aspx?id=590">http://www.nhs.uk/Services/Hospitals/Overview/DefaultView.aspx?id=590</a></p>
<p><b>What we did</b></p> <p>We have redesigned community services with the introduction of integrated care teams helping to improve access to mental health practitioners.</p> <p>Improved access to GP services with the introduction of 8 to 8 working in the local surgeries.</p> <p>Improved access to psychological services with self-referrals (website and leaflets to advertise the services).</p>	<p><b>Next Steps</b></p> <p>Implement a local single point of access mechanism for health and social care services to improve signposting for our community to services.</p> <p>Improve access to psychological therapies within overall work to support the new Mental Health metrics on access.</p> <p>Explore the potential to increase access to services 7 days a week.</p>



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Goal: Improved patient access and experience	
Outcome: People are informed and supported to be as involved as they wish to be in decisions about their care.	
Developing	
Evidence 2014	Evidence 2015
<p>Shared decision tools for supporting decision making around choices for hip and knee pain introduced</p> <p>Healthy lifestyle behaviours have been raised through the CCG website and promotional activities in conjunction with the public health team</p> <p>Safe drinking information distributed across the locality via hospital and GP interaction and Borough Council newsletters</p> <p>Surrey Heath CCG has worked with the Supporting Families Programme in Surrey to inform and measure improvement in healthy lifestyle awareness and choices for people in our community who are often currently choosing behaviours which risk their health.</p> <p>Choose Well Campaign was run over the winter months in Surrey Heath to support our community in making decisions about where to access the care they needed – including self-care options</p> <p>Personalised care planning introduced for continuing healthcare patients (CHC) as part of personal health budgets</p> <p>Implementation of tele-health in Surrey Health which enables people to take more control of the monitoring of their conditions.</p>	<p>Used the CCG website, social media, e-newsletters, local media and partner organisations to inform patients about new services and self-referral schemes.</p> <p>Invested in pilots for pain and skin clinics in primary care to improve patient access and experience.</p> <p>Improved access to psychological therapy through self-referral (first in Surrey). Details on SH CCG website and other online channels.</p> <p>Set up a self-referral WALC Falls clinic for people who are at risk of falling.</p>



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What we did in 2014	Next Steps
<p>Developed a new Integrated Care model in Surrey Heath with an emphasis on personalised care planning and care co-ordination.</p> <p>Supported the expansion of tele-health programme and the use of technology to enable people to have more control of their care</p> <p>Supported the roll out of personal health budgets to more members of our community.</p>	<p>Integrated Care Teams in place from 1 April 2015 to support local people stay at home and reduce the number of avoidable emergency admissions.</p> <p>Increase the number of local people who have COPD, respiratory illness including heart failure to use TeleHealth.</p> <p>Roll out of personal health budgets to more members of our community.</p> <p>Support and inform local people of upcoming health prevention and support programmes including: Cancer survivor workshop. Self-management programme for long term conditions (6 week programme).</p> <p>Explore use of patient decision tools to support people to make decisions about their care.</p> <p>Increase use of community pharmacies to provide support and guidance to people within our community.</p>



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Goal: Improved patient access and experience Outcome: People report positive experiences of the NHS																						
Achieving																						
Evidence 2014	Evidence 2015																					
<p>In the most recent nationally benchmarked data the population within Surrey Heath CCG rated its experience of GP services and GP out of hours services as the best in the country (1/221 CCGs). Hospital care was in the best 5% in the country (10/221 CCGs)</p> <p>Learning from patients' experience is crucial to helping us improve and develop services.</p> <p>We will continue to expand patient and public engagement programme to ensure hard to reach groups and all ages have opportunity to be involved and influence the services provided. This includes the strengthening of contracts with the providers and ensuring the national requirements for developing the Friends and Family Test are met. This test aims to provide a simple headline measure which is publicly available, transparent, celebrates success and brings improvements in patients' experiences. The CCG's main acute hospital provider, Frimley Park, scores higher than the National Average for Inpatient scores but has fallen below the National Average towards the end of 2013 and early 2014 for Accident and Emergency.</p>	<p>Used patient experience and feedback from the stakeholder events to help shape the design of services; specifically designing the ICTs, bringing services closer to patients with the pain and skin clinics in local practices and supporting the decision to extend GP hours.</p> <p>Friends and Family Test from Frimley Park Hospital where a score of 50 is considered to be <b>excellent</b>: ref <a href="http://www.frimleypark.nhs.uk/patients-and-visitors/friends-and-family-test">http://www.frimleypark.nhs.uk/patients-and-visitors/friends-and-family-test</a></p> <table border="1"> <thead> <tr> <th>Reporting Period</th> <th>Number of Responses</th> <th>Score*</th> </tr> </thead> <tbody> <tr> <td>April 2014</td> <td>2656</td> <td>61</td> </tr> <tr> <td>May 2014</td> <td>3157</td> <td>57</td> </tr> <tr> <td>June 2014</td> <td>2977</td> <td>61</td> </tr> <tr> <td>Qtr 1</td> <td>8790</td> <td>61</td> </tr> <tr> <td>July 2014</td> <td>6497</td> <td>62</td> </tr> <tr> <td>August 2014</td> <td>2786</td> <td>61</td> </tr> </tbody> </table> <p>As set out in the CCG's Operational Plan <a href="http://www.surreyheathccg.nhs.uk/policies-documents/documents/276-shccgc-operating-plan-2014-to-2016-final-june/file">http://www.surreyheathccg.nhs.uk/policies-documents/documents/276-shccgc-operating-plan-2014-to-2016-final-june/file</a> The CCG has 'a high quality service across its providers with all NHS Constitutional</p>	Reporting Period	Number of Responses	Score*	April 2014	2656	61	May 2014	3157	57	June 2014	2977	61	Qtr 1	8790	61	July 2014	6497	62	August 2014	2786	61
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	<p>requirements met:</p> <ul style="list-style-type: none"> <li>- A strong performance against national outcomes measures including the highest rating in the country for the health related quality of life for people with long term conditions</li> <li>- A population that consistency rates the quality of their health services highly. The CCG is in the top quintile against outcomes measures related to their experience of hospital care and the best in the country in terms of out of hospital care by GPs and our primary care out of hours service</li> <li>- A local system that improved its management of “winter pressures” with tangible benefits of integrated working across acute, community, health and social care.</li> </ul>
<p><b>What we did</b></p> <p>Used patient experience and feedback from the stakeholder events to help shape the design of services.</p>	<p><b>Next Steps</b></p> <p>Although Surrey Heath residents report high levels of satisfaction overall with the health services provided the CCG and its providers are not complacent.</p> <p>The CCG will continue to work with providers to improve patient experience of care by learning from complaints, compliments and suggestions that come from staff, member practices and our community.</p> <p>We will look at the patient experience with the new Integrated Care Teams and the GP FFT with specific reference to the 8 to 8 opening.</p>



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<b>Goal: Improved patient access and experience</b> <b>Outcome: People’s complaints about services are handled respectfully and efficiently</b>	
<b>Developing</b>	
<b>Evidence 2014</b>	<b>Evidence 2015</b>
<p>During 2013/14 SHCCG’s complaints system was managed by the South Commissioning Support Unit.</p> <p>Systems have also been agreed with other CCGs who lead of the commissioning of specific areas for our community and the CCG is fully sighted on the totality of the complaints raised</p> <p>The CCG has also mechanisms for receiving comments or concerns from members of staff, member practices and our community when they do not want to go through formal complaints mechanisms.</p> <p>The CCG has used complaints as a mechanism for improving services.</p>	<p>The publication of complaints analysis and sharing learning and improvements across the system is fundamental to developing a culture of openness. To further ensure a personalised, responsive service is delivered; all complaints are now managed internally by the Quality Team, with a named link for each complainant. Complaints are acknowledged within three working days and contact maintained with the complainant during the review.</p> <p>A variety of means are in place to promote access and engagement including social media, internet, direct CCG contact (email, phone), leaflets, campaigns and stakeholder events.</p> <p>Examples of how the voice of the local population is being used include:</p> <ul style="list-style-type: none"> <li>• Co-design improvements to primary care services and support our ambition for patients to receive the best experience and service from general practice;</li> <li>• Shape the integrated working across health and social care</li> <li>• Support the Local Commissioning for Quality and Innovations. This is also known as CQUIN and is developed through collaboration with commissioners and providers across the system to provide seamless patient care</li> <li>• Collate patient stories to maintain individual patient focus</li> </ul> <p>Complaints, concerns and comments are reported monthly to the Quality and Clinical Governance Committee with annual complaints report to the Governing Body.</p>



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What we did	Next Steps
<p>Brought the complaints and concerns team in-house to improve the management of complaints further. Established process for complaints/concerns and comments.</p>	<p>Restructured quality team to include Quality and Patient Experience Manager - this recognises the importance of patient experience in the CCG and continuing to strengthen the service provided by the CCG.</p>

**Goal: A representative and supported workforce**  
**Outcome: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.**

**Developing**

Evidence 2014	Evidence 2015
<p>HR and Recruitment carried out by FPH on behalf of CCG. Open and transparent procedures. Recruitment advertising online with NHS Jobs. Equality data captured on application. Low diversity population, reflected in CCG employees.</p> <p>Surrey Heath CCG values its employees and ensures a culture of mutual respect and support among staff.</p> <p>The Director of Operations holds a weekly Team Briefing to share news with colleagues including latest updates, planning decisions and the week ahead. The briefing sessions enable two-way communication and staff are encouraged to raise issues and share their own news.</p> <p>Aside from the face to face briefing, CCG staff share information via email and newsletters. We have a staff consultative committee which includes two members of staff and our Senior Leadership team.</p> <p>In addition, all members of staff are involved in Team Development training, which started in January 2014 and will continue into 2014/15.</p> <p>Recruitment by Surrey Heath CCG is carried out in accordance with its Recruitment and Selection Policy and Procedure. Every</p>	<p>Increased in the number of women on the Governing Body with the new secondary care consultant coming into post in January 2015.</p> <p>Number of staff recruited to posts in year through open and transparent procedures. Continued to follow best practice as operated through NHS jobs.</p>



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<p>consideration is shown to job applicants and employees who are disabled and those who meet the minimum criteria for the post are invited for interview.</p> <p>All applicants invited for interview are asked if they need any additional support when attending the interview. Employees who become disabled in the course of their employment have a regular review with their manager to consider how to best utilise and develop their abilities. The CCG considers adjustments, which are deemed reasonable, to their employment or working conditions that would assist them in the performance of their duties</p>	
<p><b>What we did</b></p>	<p><b>Next Steps</b></p>
<p>Ensured best practice in terms of recruitment during 2014/15 as the CCG increased the number of employees.</p>	<p>Ensure there are fair NHS recruitment and selection processes to continue to provide a more representative workforce at all levels.</p> <p>Short listing audit to provide assurance on the processes in place to ensure equality when short listing candidates.</p>



<p><b>Goal: A representative and supported workforce</b>  <b>Outcome: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.</b></p>	
<p><b>Developing</b></p>	
<p><b>Evidence 2014</b></p> <p>Agenda for change is a built in check to ensure pay and conditions are fairly determined.</p>	<p><b>Evidence 2015</b></p> <p>The CCG has recruited to a number of substantive posts in 2014/5 including the quality and delivery teams.</p> <p>Due to the size of the organisation the CCG has decided not to report on its diversity as it would be difficult to do this in a non-discriminatory way.</p>
<p><b>What we did in 2014</b></p> <p>Benchmarked the pay and fees of Governing Body Members which was part of a review carried out by the Remuneration and Nominations Committee.</p>	<p><b>Next Steps</b></p> <p>Use equal pay audits to help fulfil the CCG’s legal obligations.</p>

<b>Goal: A representative and supported workforce</b> <b>Outcome: Training and development opportunities are taken up and positively evaluated by all staff.</b>	
<b>Developing</b>	
<b>Evidence 2014</b>	<b>Evidence 2015</b>
<p>The CCG has an Organisational Development Plan aligned with its strategy. This will be refreshed in the Spring of 2014 to reflect the new Strategy for 14/15 -18/19.</p> <p>Development opportunities have been taken at an individual level, Governing Body and operational leadership team level and full in-house team level.</p> <p>All members of the CCG have been on a rapid development journey as part of the establishment of a new organisation</p> <p>Individual development plans form part of the CCGs appraisal process.</p>	<p>The staff employed by the CCG participated in an annual survey based on the national survey standard. A high response rate of over 80% has enabled the CCG to identify areas for further development. The results have also confirmed an overall high staff satisfaction rate and a commitment to working at the CCG.</p>
<b>What we did 2014</b>	<b>Next Steps</b>
<p>The CCG has started introducing individual development plans.</p> <p>Appraisals for all staff.</p>	<p>Develop annual objectives which will be used by managers to support individual appraisals and development plans.</p> <p>The CCG’s Organisational Development Plan, including Governing Body development will also be refreshed.</p> <p>Introduce appraisal and training policies with formal evaluation mechanisms of training and development opportunities to be put in place.</p>

Surrey Heath CCG – Equality and Diversity Self-Assessment

<p><b>Goal: A representative and supported workforce</b>  <b>Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source</b></p>	
<p><b>Achieving</b></p>	
<p><b>Evidence 2014</b></p> <p>The following policies are in place within the CCG:          Bullying and harassment          Whistleblowing</p>	<p><b>Evidence 2015</b></p> <p>The staff employed by the CCG participated in an annual survey based on the national survey standard. A high response rate of over 80% has enabled the CCG to identify areas for further development. The results have also confirmed an overall high staff satisfaction rate and a commitment to working at the CCG.</p> <p>The staff survey indicates that when at work, staff are free from abuse, harassment, bullying and violence from any source.</p>
<p><b>What we did</b></p> <p>CCG staff took part in a staff survey based on national NHS Survey standards.</p>	<p><b>Next Steps</b></p> <p>Staff survey before end March 2016.</p>

<p><b>Goal: A representative and supported workforce</b>  <b>Outcome: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.</b></p>	
<p><b>Achieving</b></p>	
<p><b>Evidence 2014</b></p> <p>Flexible working policy in place and evident in practice.</p> <p>The CCG has facilitated opportunities for staff to work from home to support flexible working.</p>	<p><b>Evidence 2015</b></p> <p>Carers in the workplace policy statement in place and sent to all CCG staff.</p> <p>Staff survey indicates there are no issues with being able to work flexibly.</p>
<p><b>What we did</b></p> <p>Ensured staff have flexible working options with more staff able to work from home using IT and phone technology to support this.</p>	<p><b>Next Steps</b></p> <p>Staff survey before end March 2016.</p> <p>Staff appraisal process to identify needs for flexible working.</p>



<p><b>Goal: A representative and supported workforce</b>  <b>Outcome: Staff report positive experiences of their membership of the workforce.</b></p>	
<p><b>Developing</b></p>	
<p><b>Evidence 2014</b></p>	<p><b>Evidence 2015</b></p>
<p>Staff regularly say they have a sense of pride and enjoyment in being part of the CCG. Turnover of staff during the first year of operation has been nil and no long term sickness reported.</p> <p>Quantifiable evidence not available. Staff survey due in 2014.</p>	<p>The staff employed by the CCG participated in an annual survey based on the national survey standard. A high response rate of over 80% has enabled the CCG to identify areas for further development. The results have also confirmed an overall high staff satisfaction rate and a commitment to working at the CCG.</p> <p>Staff turnover of substantive posts is low and no long term sickness reported.</p> <p>In the 2014/15 staff survey:</p> <ul style="list-style-type: none"> <li>- 0% of staff said they had in the last 12 months experienced discrimination at work from their manager, team leader or other colleagues?</li> <li>- 0% of staff thought that the CCG did not act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?</li> <li>- 0% of staff said that they had in the last 12 months experienced harassment, bullying or abuse at work.</li> <li>- 0% of staff said that they had experienced physical violence at work.</li> </ul>
<p><b>What we did in 2014</b></p>	<p><b>Next Steps</b></p>
<p>CCG staff took part in a staff survey based on national NHS Survey standards.</p>	<p>Carry out a staff survey before end March 2016.</p>

Surrey Heath CCG – Equality and Diversity Self-Assessment

<p><b>Goal: Inclusive Leadership</b>  <b>Outcome: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.</b></p>	
<p><b>Developing</b></p>	
<p><b>Evidence 2014</b></p> <p>All team members are treated equally with the CCGs value emphasising the importance the CCG places on inclusive decision making and treating people with respect. The senior leaders within the organisation aim to actively demonstrate these values through their behaviours.</p> <p>Board meetings open to public          Public meetings held quarterly          Minutes available online.</p> <p>The CCG is aware and discusses at its public meeting inequalities of health outcomes within its community and its approach to addressing these</p>	<p><b>Evidence 2015</b></p> <p>The CCG has within its strategic plan aspirations to reduce inequalities within its community.</p> <p>Became a Dementia Friendly Organisation following training for all CCG staff.</p> <p>Valuing mental health equally with physical health or Parity of Esteem in order to focus effort and resources on improving clinical services and health outcomes by:</p> <ul style="list-style-type: none"> <li>• Improving Access to Psychological Therapies (IAPT) and</li> <li>• Improving diagnosis and support for people with Dementia.</li> </ul>
<p><b>What we did</b></p> <p>Staff received Dementia Friendly training as part of the CCGs programme to become a Dementia Friendly Community and reduce the stigma and discrimination experiences by members of our community with mental health illness.</p>	<p><b>Next Steps</b></p> <p>CCG working towards the parity of esteem for mental and physical health care services in all aspects of commissioning.</p> <p>Embed equality impact assessments into project and procurement documentation.</p> <p>Ensure appropriate training of all staff on equalities and diversity.</p> <p>Raising awareness of GB of all statutory duties – seminar – including equalities.</p>



Surrey Heath CCG – Equality and Diversity Self-Assessment

<p><b>Goal: Inclusive Leadership</b>  <b>Outcome: 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.</b></p>	
<p><b>Developing</b></p>	
<p><b>Evidence 2014</b></p>	<p><b>Evidence 2015</b></p>
<p>Equality impact assess relevant Board papers</p>	<p>The papers that come before the Board and other committees identify equality related impacts including risks.</p>
<p><b>What we did</b></p>	<p><b>Next Steps</b></p>
<p>Equality impact and risk have been included in the cover sheet for all committees and systematically applied.</p> <p>Risk management training for senior staff carried out in March 2015.</p> <p>Improved access to board and committee papers on the website.</p>	<p>Embed equality impact assessments into project and procurement documentation.</p> <p>Ensure appropriate training of all staff on equalities and diversity as part of CCGs refreshed development plan.</p>



<p><b>Goal: Inclusive Leadership</b>  <b>Outcome: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.</b></p>	
<p><b>Developing</b></p>	
<p><b>Evidence 2014</b></p> <p>The CCG has a small team based in an open plan office. Open dialogue exists between all members of the team and regular team briefings are held</p> <p>Three team development sessions taking place in early 2014 for all members of staff.</p> <p>Staff priorities and workload are reviewed with their line managers on a regular basis and all staff within the CCG have a high degree of flexibility and actively support each other during peaks of activity.</p>	<p><b>Evidence 2015</b></p> <p>Surrey Heath CCG values its employees and ensures a culture of mutual respect and support among staff.</p> <p>The Executive holds fortnightly Team Briefings to share news with colleagues including latest updates, planning decisions and the week ahead. The briefing sessions enable two-way communication and staff are encouraged to raise issues and share their own news.</p> <p>Aside from the face to face briefing, CCG staff share information via email and newsletters. The CCG has a staff consultation committee which includes two members of staff and an executive member representative that meets quarterly with a representative from Human Resources to discuss matters affecting staff from an employment perspective including terms and conditions of employment and CCG staff policies.</p> <p>In addition, all members of staff are involved in Team Development training, which included in 2014-15:</p> <ul style="list-style-type: none"> <li>• Safeguarding Level 1</li> <li>• Fraud and Bribery Awareness</li> <li>• Dementia Friendly training</li> <li>• Team Building and developing personal profiles.</li> </ul> <p>Staff survey results show staff feel that they work in an environment free from discrimination.</p>

Surrey Heath CCG – Equality and Diversity Self-Assessment

What we did	Next Steps
<p>Staff survey February 2015.</p> <p>Develop more detailed person specific development plans.</p>	<p>Update the statutory and mandatory training policy; and develop a programme of training for all staff.</p> <p>Update the appraisal policy and ensure all staff receive an appraisal with a personal development plan.</p> <p>Staff team building event 2015. Staff survey before end March 2016.</p>





## Surrey Heath CCG – Equality and Diversity Self-Assessment

### Background

The Equality Act 2010 came into force on 1 October 2010. The Act brings together and replaces the previous anti-discrimination laws with a single Act, which aims to simplify and strengthen the law, removing inconsistencies and making it easier for people to understand and comply with it.

The Act covers the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (only in relation to the requirement to have due regard to the need to eliminate discrimination)
- Pregnancy and maternity
- Religion or belief (or lack of belief)
- Race, including ethnic or national origin, colour or nationality
- Sex
- Sexual orientation

### Public Sector Equality Duty – General Equality Duty

The Act also includes a general equality duty that replaces previous separate duties on race, disability and gender equality. This came into force on 5 April 2011.

The aim of the general equality duty is to ensure that public authorities, and those carrying out public functions, consider how they can positively contribute to a fairer society through advancing equality and fostering good relations in their day to day activities. The duty ensures that equality considerations are built in to the design of policies and the delivery of services and that they are kept under review.

We are required to have due regard of the need to:

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

Having “*due regard*” means consciously thinking about the three aims of the Equality duty as part of the process of decision-making. This means that consideration of equality issues must influence how our decisions are reached on how services are commissioned.



## Surrey Heath CCG – Equality and Diversity Self-Assessment

To make sure we comply with the Act we must:

- Remove or minimise disadvantages experienced by people due to their protected characteristics.
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people with protected characteristics to take part in public life or in other activities where their participation is disproportionately low.

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### **Public Sector Equality Duty – Specific Duties**

Specific duties set out in the Equality Act 2010 promote better performance of the general equality duty by requiring the publication of:

- Equality objectives, at least every four years (due by October 2013).
- Information to demonstrate compliance with the equality duty, at least annually (due by January 2014).

These tell us the steps we need to take to demonstrate we are paying due regard to the general duty.

### ***The Human Rights Act 1998***

The Human Rights Act (HRA) 1998 details how the UK complies with and implements the rights and freedoms guaranteed under the European Convention on Human Rights. All public bodies have an obligation to ensure respect for Human Rights, acting in ways that positively reinforce the principles of the HRA 1998.

The HRA 1998 came into force in October 2000 and enabled people to enforce the European Convention on Human Rights in the UK courts. Article 14 of the Human Rights Act 1998 refers to the prohibition of discrimination, and states that the enjoyment of the rights and freedoms set out in the European Convention on Human Rights shall be secured without discrimination on the grounds of sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

