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# Equality Report 2017



## Version Control

Version History			
Version no.	Date	Summary of change	Author
Version 0.1	23 <sup>rd</sup> January 2017	New report	Governance Team
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Crawley Clinical Commissioning Group (CCG) and Horsham, Mid Sussex (HMS) Clinical Commissioning Group (CCG) have a joint staff structure. This report covers both organisation's and they are referred to jointly as 'the CCGs'

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# Annual Equality Report

## 1. Introduction

NHS Crawley Clinical Commissioning Group (CCG) and NHS Horsham and Mid Sussex (HMS) CCG were established in April 2013 as commissioning organisations; that is to say we plan, buy and monitor health services for the populations of Crawley, Horsham and Mid Sussex. The CCGs do not provide health services. For more information on the health services we commission, please visit our websites:

[www.horshamandmidsussexccg.nhs.uk](http://www.horshamandmidsussexccg.nhs.uk).

[www.crawleyccg.nhs.uk](http://www.crawleyccg.nhs.uk).

### **Equality Act 2010, Public Sector Equality Duty and the purpose of this report**

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. The Public Sector Equality Duty (PSED) is a duty placed on public bodies that requires us to publish equality information to demonstrate our compliance with the Equality Act 2010.

The PSED is made up of a general equality duty supported by specific duties. The general equality duty requires organisations, in the exercise of their functions, to have due regard to the need to:

1. Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
2. Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
3. Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The specific duties require organisations to publish information annually about how they are meeting the general duty and publish equality objectives every four years. The purpose of setting equality objectives is to focus on the priority equality issues and the outcomes to be achieved in order to help the CCG commission improved services for local people.

The nine protected characteristics described in the Equality Act 2010 are:

- age
- disability – physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on someone’s ability to do normal daily activities
- gender reassignment
- marriage and civil partnership

- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation

In this report we outline what we have been doing over the last year to comply with the general duty. While not a protected characteristic it should be noted that the CCG also has consideration for social deprivation and takes into account the Social Value Act in its development of service improvement options.

## **2. Organisational context**

The CCGs have equality and diversity strategic objectives with actions that were identified from previous equality reports and national guidance. These are monitored through the Equality and Diversity working group and progress is reported to the Executive Group (Crawley CCG) and Delivery Group (HMS CCG) and onto the Governing Body to provide assurance.

All Governing Body members have a collective and individual responsibility to ensure compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes for us, both as a commissioner and an employer. The CCGs have Equality Champions which sit on the Governing Body (one for each CCG) who also sit on the Equality and Diversity working group. In addition to this both CCGs have Special Educational Needs and Disabilities Champion who also sit on the Governing Body.

The Equality and Diversity working group started in March 2016 as it was identified as an action from the equality report 2016. The group has met 8 times since then and has grown in membership. Regular attendees are the Equality Champions from both CCGs, head of governance and representatives from all the programmes including medicine management, public engagement and communication, and public health. The action tracker is disseminated through the local Healthwatch group and the West Sussex County Council where it is made clear that feedback on the information or attendance at the meetings is welcomed. From this the local Healthwatch group, carers support group, local minorities for health and social care group and Alzheimers group representatives have attended or are part of the working group. The terms of reference for this group can be found in Appendix 1.

The progress made since the group started has been to raise awareness of equality and diversity across the CCGs. With each programme being part of the working group they then feed back to their teams. Each CCG has an Equality Champion (a Clinical Director for Crawley and the Clinical Chair for Horsham and Mid Sussex) showing there is strong leadership to further embed equality and

diversity across the CCGs. The current actions can be seen in Appendix 3 and are monitored by the working group. Over the last 9 months the group has also considered the nationally published reports on Workforce Disability Equality Standard, Workforce Race Equality Standard, and the Black and Minority Ethnic Group report and actions.

Other actions achieved over the last 9 months are the development of the working group, centrally recording mandatory and statutory staff training, and appraisals, centrally recording engagement events, train staff on recruitment processes, increased openness and transparency around equality and diversity work and public health reviewing equality analyses.

In addition to the working group an audit is being carried out by our Commissioning Support Unit regarding the equality and diversity work carried out by the CCGs. The findings will go through the working group and the Executive Group (Crawley) and Delivery Group (HMS) and will be added to the action plan for 2017.

### **3. Health inequalities – Challenges**

One of the many challenges facing the CCGs, and the rest of the NHS, is making a smaller pot of money continue to meet the health needs of a growing population. This also puts additional pressure on reducing any health inequalities. Engagement with stakeholders is key throughout all commissioning activities. The CCGs have a continued focus on reducing the health inequality gap through embedding processes such as equality impact assessments which help identify any potential inequalities throughout the commissioning process (see section 6). The Equality and Diversity working group have also identified the need to have an equality awareness week which will be alongside the national campaign in May 2017. This will allow staff to have a greater understanding of equality and diversity and their role within the CCGs.

Other challenges include engaging with a wide range of health networks to maximise the opportunity for patient and public views to influence and change our commissioning plans. This is something the patient and public engagement team are focused on going forward and progress is being made (see section 8).

Appendix 2 describes the current Crawley, Horsham, and Mid Sussex population. HMS have a higher proportion of the population aged 65 years and over at 19% compared with 13% for Crawley. There is a near equal split between males and females in both CCG populations, although in those aged 65 years and over there are slightly more females compared with males. Horsham and Mid Sussex have different levels of ethnicity with 9% from black and minority ethnic groups compared with 28% in Crawley. All these factors need to be considered when commissioning services in order to reduce inequalities.

There are no actual figures for individuals who are lesbian, gay or bisexual, however the Government estimates 5-7% of the population. For Crawley this is between 5540-7760 individuals, and for HMS between 11500-16100 individuals. This population data are examples of information that both CCGs need to consider when commissioning services. Closer working with public health will help to understand our population data and our public health representative on the equality and diversity working group is key in this.

#### **4. Crawley, and Horsham and Mid Sussex CCG workforce**

Information about staff is collected on our behalf by our Human Resources (HR) provider, NHS South, Central and West (SCW) Commissioning Support Unit. As of 16<sup>th</sup> January 2017 there were 137 staff (this includes office holders such as Clinical Directors and Lay Members who are not employed members of staff). The management team employed by NHS Horsham and Mid Sussex CCG also works for NHS Crawley CCG under a Memorandum of Understanding.

The current workforce information;

- 62% women, 38% men which is a change from previous years where a higher percentage of the workforce is women.
- 37% of staff work part time hours (of women, 23% and of men, 14% work part time hours).
- Less than 5% of staff are under 30yrs, 22% 31-40yrs, 39% 41-50yrs, 25% 51-60yrs and 8% are over 60yrs.

#### **Workforce Race Equality Standard (WRES)**

The Workforce Race Equality Standard (WRES) is a mandatory requirement for all NHS workplaces who employ 150 or more staff. With numbers less than 150 it is relatively easy to identify staff and as a consequence this gives rise to potential breaches of confidentiality. The PSED exempts organisations with fewer than 150 staff from publishing information relating to the protected characteristics of their employees.

Despite the CCGs being exempt from publishing the WRES the CCG actions for 2016-17 did include completing the WRES as it can be a useful tool to use internally. However due to other actions being prioritised this was put on hold and will be re-visited later in 2017.

In relation to WRES, each CCG needs to demonstrate the following:

1. That they are giving “due regard” to using the WRES indicators, and
2. Assurance that their providers are implementing the WRES

Workforce related policies that support and protect staff from discrimination, harassment, bullying and victimisation have been reviewed and are available on

the intranet. The CCGs have taken the following steps to ensure that their providers are implementing the WRES:

- Gathered a list of main providers that are required to implement the WRES (excluding those who are small providers i.e. NHS Standard Contract is not expected to exceed £200,000)
- Undertaken a desktop exercise to investigate whether the providers' WRES reports are published on their websites (Appendix 5)
- A standard CCG contract states EDS2 and WRES (from April 2015) should be carried out.

### **Accessible Information Standard (AIS)**

This standard is essentially about making sure that organisations are ensuring that patients who have a disability, impairment or sensory loss receive information in formats that they can understand and they receive appropriate support to help them to communicate. All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, GP practices and voluntary organisations.

Although commissioners are exempt from implementing the standard themselves, they must ensure that actions, especially through contracting and performance-management arrangements, enable and support provider organisations from which they commission services to implement and comply with the requirement of the standard. The CCGs still have work to do to be fully assured of this standard being met by their main providers and this is an action that will be monitored through the working group. In Appendix 5 there is a summary of the main providers and their adherence to the standard.

## **5. Equality Objectives**

The actions that are over seen by the Equality and Diversity working group are aligned with the Equality Objectives for 2014-17 (which will be reviewed at the end of 2017);

1. The CCGs have in place robust systems and processes that enable them to better demonstrate its commitment to equality and diversity in its commissioning activities and for its staff.
2. The CCGs can demonstrate how patient views have influenced what they do.
3. The CCGs employ a diverse workforce who feel supported and motivated to carry out their roles efficiently, effectively and to a high standard.
4. The CCGs have a culture of equality and inclusivity in all their activities that is driven by an informed and supportive leadership.

## **6 Equality Analysis (EA)**

Equality Analysis is the method used to demonstrate that an organisation is giving due regard to equality, including all nine of the protected characteristics covered by the Equality Act 2010, when developing and implementing changes to strategy, policy and practice.

In total 5 Equality Analyses have been submitted for quality review during 2016 and these have been shared with the Equality and Diversity working group. The CCGs recognise this as an area for development and this will be a focus in 2017. Increased scrutiny and support for staff has been identified by closer working with the CCGs' public health lead, a review of the process and staff training will be carried out in 2017.

The Equality Analyses carried out in 2016-17 have provided evidence towards the Equality Delivery System 2 (EDS2) (see section 7) and were carried out for mental health, prescribing baby milks, front door expansion, sub-acute ward and lymphedema services. Other equality analyses are underway for services such as the One Call service.

## **7 Equality Delivery System**

The refreshed Equality Delivery System (or EDS2) is a performance improvement tool to help NHS organisations improve their equality performance and outcomes through a review of qualitative and quantitative evidence related to protected characteristics covered under the Equality Act 2010. The CCG Assurance Framework 2015/16 requires CCGs to implement the EDS2 to ensure its compliance with the relevant equalities legislation.

The EDS2 monitors performance through a grading process with its local partners against 4 key areas or goals. These are:

- Goal 1: Better Health Outcomes
- Goal 2: Improved Patient Access and Experience
- Goal 3: A Representative and Supported Workforce
- Goal 4: Inclusive Leadership

During 2016, engagement was carried out with local stakeholders and staff in order to verify the process, and the overall results of the assessment are included below:

EDS2 Goal	Grading assessed in 2016/17
1 – Better Health Outcome*	Achieving
2 – Improved patient access and experience*	Achieving
3 – A representative and supported workforce	Achieving
4 - Inclusive leadership	Developing

\*For specific events held in November and December 2016

### Evidence for Goals 1 and 2

The evidence for Goals 1 and 2 are described in the EDS2 (see attached document). The overall score shows stakeholders feel we are achieving better health outcomes and improving patient access and experience. With relation to the questions set by NHS England, they were put into lay man’s terms with a different scale to reduce potential bias or lack of understanding with regards to the way the questions are asked and the ‘grading’ of them.

It is not possible to compare this year’s findings to last year as the two CCGs have previously reported separately and therefore is not directly comparable. Another limitation to these findings is that the questions were asked on a form so did not give the public, patients and stakeholders an opportunity to discuss why they ‘graded’ the questions as they did. If a person’s English was poor or they had other communication needs then this may have excluded them from completing a form.

Another key difference compared with last year was that we targeted specific events to ask these questions, these will be used to inform the specific programmes going forward. This approach is supported by NHS England. In previous years stakeholders have been emailed using SurveyMonkey and were asked to answer questions regarding all services.

Going forward the intention is that at all public, patient and/or stakeholder events that are held by the CCGs, these questions will be asked and where possible those not wanting to complete a form will have time to sit and discuss the questions so that their voice can also be heard if they wish to. In addition to this over the next year there will be events held to obtain more quality feedback rather than only quantitative information. This will go towards the evidence for EDS2 (for

next year) but more importantly give key information to commissioning teams about how to improve services, particularly for those patients with protected characteristic if they are experiencing barriers to access.

### **Evidence for Goal 3**

The evidence for this goal was from a questionnaire in a staff meeting and also using the relevant information from the staff survey which is carried out by the Picker Institute every year. The findings were more positive compared with last year, in particular that staff felt that flexible working was an option and was consistent with the way people lead their lives. This was found to be 'excelling' according to the NHS gradings although the CCGs will not be complacent with this as there is more work to be done from the findings of the staff survey. The CCGs are aware of the work to be carried out around the training and appraisal process for staff, although the scoring has improved this is an action already taken through the Equality and Diversity working group.

### **Evidence for Goal 4**

The evidence for this goal was from a variety of sources including the Governing Body members and senior managers involvement and/or attendance at internal and external meetings that show commitment to promoting equality. The front sheet and minutes of meetings were used as evidence but were found to be limiting and therefore this is a focus for 2017-18 and part of the action plan to strengthen the evidence behind this particular goal.

## **8 Patient and Public Engagement**

The engagement team actively promotes the CCGs' Health Networks and strengthens links with groups by attending forums and stakeholder events, including older people, BAME minorities, children and young people, those with learning disabilities, those with hearing or visual impairments and carers. Good working relationships have also been established with our Community Voluntary Service colleagues in Crawley, Horsham and Mid Sussex, colleagues in West Sussex County Council (WSCC), West Sussex Alliance of Local councils, and Local Neighborhood Forums in Crawley, as well as the Community Development team at Horsham District Council and Young Horsham District Forum. The team organise local engagement events that contribute to wider county reviews, such as engagement around the Stroke review and will contribute to joint events with WSCC, such as the Open Doors access to services event in Crawley.

### **Health Networks**

Patients and the public continue to be recruited to the CCGs' Health Networks. A revised demographic form has been developed to improve recording of demographic information and new members will be asked for information covering

protected characteristics. A quarterly newsletter is distributed to Health Network members via e-mail with a hard copy sent on request. Copies are also distributed to our GP, community and voluntary sector colleagues and shared via the CCGs' websites and social media feeds.

### **'Get Involved' website**

The CCG websites host a 'Get Involved' section which invites involvement with our Patient Participation Groups (PPG) and engagement opportunities and consultations are advertised. The public is also invited to contact both CCG's through the relevant CCG 'ContactUs' inbox, with enquiries forwarded to relevant commissioning programmes.

### **Patient Participation Groups (PPGs)**

CPRG's (Commissioning Patient Reference Groups) help provide assurance to the Governing Body of effective patient and public engagement. Representatives from each PPG (Patient Participation Group) attend a monthly CPRG meeting and receive service updates and engagement intentions from CCG staff. Most PPG's meet regularly whilst a few are virtual and engage with their practice via email led initiatives by their GP practice. PPG's are an important conduit when engaging with their local population, members are often connected through their other community activities; bringing knowledge, knowhow and contacts. Crawley CPRG is represented by 12 surgeries within the locality. Horsham and Mid Sussex CPRG is represented by 23 surgeries within the locality.

They vary in their reach, but continue to support through patient newsletters, fund raising, inviting guest speakers on health topics, supporting their practice with patient survey initiatives and providing CCG updates. Patient initiated projects can be the most powerful in changing a health landscape; Pound Hill Medical Group in Crawley worked with Healthwatch West Sussex and Autism Support Crawley, to improve GP services for children with additional needs. An action plan was formulated based on responses from 104 respondents and a rolling programme of staff training was delivered on Autism Spectrum Disorder for practice staff. Waiting areas and waiting experience were also improved.

PPG's continue to seek additional members who can engage and support their activities, although it is difficult for them to extend their reach in a climate where people are time poor and not so activated. Given the changing landscape of commissioning and engagement, and as we move towards more 'joined up' and joint working there is an opportunity to review how to extend our reach, to be more impactful and focused. As we seek to extend our reach we seek to bring clarity about how the patient voice is embedded earlier and reflected in work programmes,

Those GP practices without PPG's will be offered support to establish a PPG. A small task and finish group will be formed to explore how to encourage and

support PPG's to utilise the community assets they have and how to extend their reach.

### **CPRG's (Commissioning Patient Reference Groups)**

Meetings are held monthly and three of these are held as a joint meeting with both Crawley CPRG and Horsham & Mid Sussex CPRG commissioning programmes are included in a forward plan and present their work plans and engagement updates to the CPRG.

Reviewing commissioning programmes attendance at the CPRG provides an indicator of approach and reach. In addition to attending the CPRG, programme staff utilize patient experience and feedback from a number of sources and partners, e.g. Healthwatch, health interest groups, and community voluntary groups, in addition to feedback from PALS/Complaints, as well as Friends and Family test and the CCG's 'ContactUs' email facility. Programme staff attend relevant forums and events with stakeholders, they also work within joint national and regional engagement initiatives and continue to support national health information campaigns.

### **Work Streams and Engagement**

Programmes vary in engagement activities and approach and are required to complete monthly engagement logs. Logs include identifiers for the type of activity, outcomes and targeted groups. From February 2017 teams are asked to identify any targeted groups covered by protected characteristics. A review of engagement approaches will be held with all work streams to understand their current engagement approach and establish their commitment to engaging our population and review how they currently reach to different patient groups and communities and identify opportunities to extend their reach to protected groups.

See Appendix 4 for a list of presentations that went to CPRG in 2016-17.

### **Case studies**

#### **i) Children and young people, and the health and wellbeing board;**

*Equality and Diversity is embedded within the commissioning of children and young people's services in, Horsham, Mid Sussex and Crawley. Examples include:*

- *Currently scoping the needs and undertaking extensive consultation with lesbian, gay, bisexual and transgender young people in West Sussex with the aim to provide specific emotional well-being support to these young people based on their need.*
- *Consultation and an assessment of the emotional wellbeing needs of young men and boys is currently being undertaken to ensure relevant services are*

*being provided.*

- *A pilot to deliver therapeutic service for unaccompanied asylum seekers has been set up. In light of the increase in the number of these children, this pilot has been extended. To ensure the needs of all young people are met interpreting and translation services are provided.*
- *The needs of the children and young people living in rural communities are met by providing Youth Emotional Support in libraries, community centres and children and family centres.*
- *The Sussex Eating Disorder Service is being delivered both in the community and within families' homes. This is to ensure improved accessibility for children and young people and their families.*

**ii) Macmillan Cancer Support – mobile information and support service, outreach visit**

*Crawley is identified as having poorer cancer outcomes than other towns in West Sussex. With a specific aim of targeting hard to reach groups Crawley CCG carried out a joint piece of work with Macmillan. Macmillan worked with the Rivers Learning Project Community which is a small charity based in Crawley. This charity works towards supporting and empowering women who are socially excluded, not able to find assistance from other organisations or need help without the involvement of formal authorities. This charity is run by volunteers for the sole benefit of the women of Crawley.*

*The women who attend this group were from Pakistan, India, Sri Lanka, Sierra Leone, Mauritius, Caribbean, Portugal, England, Saudi Arabia and Iraq. The women spoke little English, French or Spanish, two women were illiterate in their own language. The Macmillan nurse gave a talk primarily using pictures and laminated cards and focussed on early signs and symptoms of cancer. There was a translator who would explain to the women at each stage, this allowed the women to also ask questions. Information was printed off in different languages so the women had information to take away. The Macmillan nurse has been asked to return to speak to the African women's group in the future.*

*The CCGs will work closely with Macmillan going forward as these hard to reach groups will give valuable insight into shaping the future of commissioning cancer services including prevention and screening.*

## **9. Our partnerships**

Crawley, and Horsham and Mid Sussex CCGs work in partnership with other commissioners to deliver high quality support and care. They aim to work in partnership with the community in the commissioning of services. There is a good record of partnership working and strong relationships with:

- **Health and Wellbeing Board** - a partnership that encourages local service commissioners and providers to work together to advance the health and wellbeing of the area.
- **West Sussex County Council and Public Health England** - to jointly commission services for children and young people, learning disability, mental health, physical disabilities and emerging client groups, and older adults services.
- **Local Healthwatch** sits on our Equality and Diversity working group
- **Voluntary** and community organisations.
- **Other CCGs**, including Brighton and Hove City CCG, East Surrey CCG, Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG, and High Weald Lewes and Haven CCG.
- **Healthcare providers** such as local hospitals and care settings.

## 10. Our Main Provider Organisations

The 2016/17 NHS Standard Contract sets out the equality related requirements that the providers must comply with this is being monitored by the CCGs:- The contracting team coordinates correspondence with all small providers to remind them of their responsibilities to comply with the equality requirements introduced by the NHS Standard Contract 2016/17.

- a. The 2016/2017 NHS Standard Contract local quality requirements require providers to submit the relevant compliance reports directly to the CCG, besides publishing this on their websites.
- b. Where providers are not compliant with their duties under section 149 of the Equality Act 2010 (i.e. where they have not published their Equality Objectives and/or their Annual Equality Report), adherence to the Accessible Information Standard (AIS) the CCGs may use Schedule 13.4 of the Contract to request a plan setting out how the provider will comply with its obligations.
- c. Appendix 5 shows current findings of information that its main providers publish on their websites (as of December 2016).

## 11. Summary

The annual equality report outlines the work undertaken by the CCGs during 2016. This has included work to progress EDS2 through patient engagement and regular meetings of the Equality and Diversity working group. Through implementing our objectives the CCGs plan to ensure the needs of the public, patients, carers and CCG staff are met. We will monitor our progress against the action plan and report regularly and openly on the developments of this work. The CCGs feel they are making progress but recognise there is more work to be done to broaden engagement with the public and patients across both CCGs.

## Appendix 1

### Equality and Diversity Working Group Terms of Reference

#### 1. Introduction

The Equality and Diversity Working Group is established as a joint working group between Crawley CCG and Horsham and Mid Sussex CCG. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the working group.

The Equality and Diversity working group has come about from the Equality Report 2016 and was agreed by the Crawley Executive Group and Horsham and Mid Sussex Delivery and Planning Group.

#### 2. Role and function of the working group

The role of the working group shall be to carry out and support the CCG actions associated with Equality Objectives 2014-17 and those identified in the Equality Report 2016.

This currently includes the following activities:

- Monitor and review equality and diversity of commissioned services
- Centrally embed specific processes to enable the CCG to evidence the work done around equality and diversity
- Central record of mandatory training and appraisals.
- Support the work done as a CCG to improve the staff survey scores.
- To understand local health data and inequalities relevant to Crawley, Horsham and Mid Sussex and to use when commissioning services

#### 3. Membership

The Equality and Diversity working group will include;

Equality Champions from each CCG  
Member of the patient engagement team  
Member of the governance team  
All staff members are welcome

Ad hoc invitations will be offered to;

- Lay members
- A member of Local Healthwatch
- Any commissioned provider
- Links with other equality and diversity groups

#### 4. Meetings

4.1 The Equality and Diversity working group will meet every 6-8 weeks. Information will be given to the group regarding;

- a) Notice of meeting dates;
- b) Handling of meetings;
- c) Agendas;
- d) Only actions recorded

Each member of the group will have an equal say.

#### 4.2 Quorum

Quorum for the meeting will be at least four members of the group.

#### 4.3 Operation of the working group

Members of the working group have a collective responsibility for the support and delivery of the action log. They will participate in discussion, review evidence and provide objective input to the best of their knowledge and ability, and endeavour to reach a collective view.

The working group may call additional experts to attend meetings on an ad hoc basis to inform discussions.

4.4 Actions will be circulated to all members. Agenda items will be sent to the governance team or patient engagement team one week prior to the meeting.

### **5. Relationship with the other committees**

5.1 The Equality and Diversity working group will provide a quarterly report to Executive Group and Delivery and Planning Group every quarter, or on request. This will be for information unless senior management support is required.

### **6. Policy and best practice**

6.1. The working group has no decision making powers. Any decision that are required will go through Executive Group and Delivery Group.

6.2 The working group is at the request of the Executive Group and Delivery Group

**These Terms of Reference will be reviewed from time to time, reflecting experience of the working group in fulfilling its functions.**

## Appendix 2 Population data

### Horsham and Mid Sussex (HMS)

Based on the 2015 mid-year estimate (MYE) from the Office for National Statistics (ONS), HMS had a population of approximately 230,350 and the GP registered population as of 1<sup>st</sup> July 2016 was 236,600.

Based on the 2015 MYE - children and young people (aged 0-17 years) make up 22.0% of the population, people of pensionable age (65+) make up 19.4% of the population and the largest age group is people of working age (18-64) who make up 58.6% of the population.

51.5% of those aged 0-17 are male, there is a near equal split between males and females in the working age group, and 58.1% of those aged 65+ are female.

***Please note that these data are collected at District Council level, but only a proportion of Horsham District Council lies within Horsham & Mid Sussex CCG.***

The Government estimates that 5-7% of the population are lesbian, gay men or bisexual and this figure is accepted by Stonewall. This means that Horsham and Mid Sussex CCG area may have approximately 11,500 – 16,100 individuals who are lesbian, gay men or bisexual.

The Gender Identity Research and Education Society estimated that in 2007 the prevalence of people who had sought medical care for gender variance was 20 per 100,000 people. In Horsham and Mid Sussex this would equate to approximately 46 individuals.

Information from the Office of National Statistics Census 2011 shows people from Black and Minority Ethnic (BAME) groups make up 9.5% of the Horsham and Mid Sussex population. The largest ethnic group is White British (90.5%). See table below for breakdown:

**Table 1:**

Group	%
White British	90.5
Any other White background	3.7
Asian or Asian British	2.6
Mixed	1.5
White Irish	0.8
Black or Black British	0.6
White Gypsy or Irish Traveller	0.1

Table 2 below shows how religion was reported by Horsham and Mid Sussex residents in the 2011 Census. Please note that these data are collected at District Council level whereas the Horsham area of the CCG only covers the Lower Super Output Areas of Horsham District Council.

**Table 2:**

Religion	%
Christian	63.0
None	26.8
Muslim	0.7
Other	0.5
Hindu	0.4
Buddhist	0.3
Jewish	0.2
Sikh	0.1
Not stated	7.9

## Crawley population

The population of Crawley CCG, based on the 2015 mid-year estimate (MYE) from the Office for National Statistics (ONS), was approximately 110,860 and the GP registered population as of 1st July 2016 was 130,630.

Based on the 2015 MYE - children and young people (aged 0-17 years) make up 23.7% of the population, people of pensionable age (65+) make up 13.2% of the population and the largest age group is people of working age (18-64) who make up 63.1% of the population.

52.5% of those aged 0-17 are male, there is a near equal split between males and females in the working age group, and 56.1% of those aged 65+ are female.

The Government estimates that 5-7% of the population are lesbian, gay men or bisexual and this figure is accepted by Stonewall. This means that Crawley CCG area may have approximately 5540 – 7760 individuals who are lesbian, gay men or bisexual.

The Gender Identity Research and Education Society estimated that in 2007 the prevalence of people who had sought medical care for gender variance was 20 per 100,000 people. In Crawley CCG this would equate to approximately 22 individuals.

Information from the Office of National Statistics Census 2011 shows people from Black and Minority Ethnic (BAME) groups make up 28% of the Crawley population. Crawley has seen an increase in overall population and figures show that this growth is mainly due to a proportional increase in ethnic minority groups although White British (72%) still remains the largest ethnic group. The next largest ethnic group is Asian or Asian British – see table 1 below for breakdown:

**Table 1:**

<b>Group</b>	<b>%</b>
White British	72.1
Asian or Asian British	13.0
Black or Black British	3.3
Mixed	2.9
Other Ethnic Groups	1.0
White Irish	0.9
White Gypsy or Irish Traveller	0.1

Table 2 below shows how religion was reported by Horsham and Mid Sussex residents in the 2011 Census.

**Table 2:**

<b>Religion</b>	<b>%</b>
Christian	54.2
None	26.0
Muslim	7.2
Hindu	4.6
Sikh	0.7
Other	0.4
Buddhist	0.4
Jewish	0.1
Not stated	6.4

## Appendix 3

### Equality and Diversity Working Group (E&D): Summary of actions

These actions are aligned with the Equality Objectives for 2014-17;

- 1 The CCG has in place robust systems and processes that enable it to better demonstrate its commitment to equality and diversity in its commissioning activities and for its staff.
- 2 The CCG can demonstrate how patient views have influenced what it does.
- 3 The CCG employs a diverse workforce who feel supported and motivated to carry out their roles efficiently, effectively and to a high standard.
- 4 The CCG has a culture of equality and inclusivity in all its activities that is driven by an informed and supportive leadership.

Equality Objective aligned with	Action identified through Equality Delivery System 2 (EDS2) dashboard	Lead
1, 3	To monitor provider compliance with EDS2, Workforce Race Equality Standard (WRES) and Accessible Information Standard	Governance Manager & contracting team
1	To embed the central recording of Equality Analyses. Review processes to include public health and the working group. Train staff and raise awareness	All staff & Governance Manager
1	To embed the engagement log and use lunch and learn sessions to raise awareness amongst staff and share good practice around engagement.	All staff & Patient Engagement team
1	To share any trends identified from serious incidents and complaints with the working group for review and to disseminate through the CCG.	Quality team
1	To make sure the CCG's commissioning programmes will be able to generate local data that will better inform the CCG of how well people with protected characteristics are being served and to work with public health to understand local health data and profiles relevant to Crawley, and Horsham and Mid Sussex.	Chief Operating Officers (for Crawley & HMS), all staff and Public Health
1	To reduce the amount of jargon, offer alternative languages and adhere to the principles of the Accessible Information Standard as CCGs, and also monitor own compliance with EDS2, WRES and AIS	Communication team, all staff, governance team, contracts team

3, 4	To identify actions from the staff survey when published in March 2017	Chief Operating Officers (for Crawley & HMS)
4	To share the equality and diversity audit findings when completed by the Commissioning Support Unit	Governance Team
3	To continue to record mandatory and statutory training centrally and report to senior management non-compliance.	Governance Team
4	To strengthen evidence of strong leadership regarding equality and diversity through Governing Body meetings and work with surrounding CCGs, Healthwatch to obtain evidence of this.	Governing Body Chairs and senior management
2	To seek evidence that its member practices are proactively encouraging and hearing from patients from minority groups and how this is informing their service	Primary Care Commissioning Team & Public Engagement
2	To review the Commissioning Patient Reference Group and the range of engagement across the CCGs. CCG programmes to use EDS2 questions at stakeholder/engagement events to gauge opinion	Patient and Public Engagement Team, and all CCG Programmes



## Appendix 4

Topics and themes listed below provide an insight in to work programmes and engagement that have been shared with the CPRG in 2016-17;

### Strategic objectives - on-going presentations and discussions

- **Five Communities.** Review and updates of engagement activity Strategic plans centred on patients' wants and needs.
- **Primary Care Community Development.** In depth presentation and Q&A on the NHS Five Year Forward View and its vision for the future of the NHS.
- **Sustainability & Transformation Plans.** (STPs) A comprehensive presentation outlining the benefits and operational priorities to improve Primary Care Service Delivery.
- **Delegated Commissioning.** A presentation and Q&A about the rationale and outcome of votes

### Work programmes

- **Health & Wellbeing Team (WSCC Commissioners).** Presentation on scope of services.
- **Medicines Optimisation: Communities of Practice.** Presentation on Communities of Practice model to build resilience in general practice through the introduction of skilled pharmacists into primary care teams, working at scale, and development of partnerships between practices and other local providers.
- **Communities of Practice.** Presentation and Q&A on model and the beginning of on-going updates.
- **NESTA** (National Endowment for Science Technology and the Arts). A review of a learning event organized by PCCD team in June, with a review of feedback on the creation and benefits of peer support groups for those with long term conditions.
- **Planned Care.** A presentation outlining the past year and plans for procurement and service development for the next year.
- **Patient Transport Service.** A number of presentations were given during the year, with updates on the new Patient Transport Service (PTS) for non-emergency transport to medical appointments for outpatients.
- **Crawley Urgent Care Centre.** Regular information and updates were provided, including information on opportunities for future engagement. Presentations outlined revised specification, the rationale for revision, design and brand identity. Open days and feedback invited from the public, with the teams doing leafleting in localities to raise awareness .

- **Deep Vein Thrombosis.** Presentation about treatment pathway and information leaflets and flyers, feedback given on the layout/design and readability.
- **Long Term Condition- Transformation Programme, TIER 2- Mental Health and Care Quality Commission.** Presentation
- **Crawley Social Prescribing Programme (CSPP).** This is a pilot project managed by Crawley CVS. An overview was given of the purpose and those GP practices involved in the pilot.
- **Stroke services.** Presentation on the revised pathway and update on services and plans for next engagement phase in spring 2017
- **Children's and Maternity Commissioning.** Presentation on commissioning intentions with on-going regular updates
- **Adult Audiology.** A presentation about services at Crawley hospital with agreement to return and provide an update
- **Glaucoma Association.** A presentation about services and information given to members to share with PPG's

### **Presentations received about process/other CCG bodies**

- **Quality and Clinical Governance.** A presentation on the main principles of Quality Care in healthcare and current priorities, with regular updates in the future.
- **Individual Funding Request (IFR)** A presentation, with examples and discussion about funding and bringing insight to how decisions are made, along with the governance systems and processes Involvement opportunities offered.
- **Digital Roadmaps.** Presentation on being a paperless organisation by 2020 and improving access to patient data through a digital health and social care community.
- **Primary Care Community Committee.** Presentation on the purpose and assurance role with regards to reimbursement

### **Awareness raising/Campaigns**

- **Crawley support Dementia Awareness Week.** Media coverage about Crawley as a Dementia Friendly town, leading on diagnosis rate across the region with a carer's comments on improvements in support services, including a case study of a carer urging people to break the taboo connected with the condition. The campaign promoted screening and sources of support for people with dementia and carers.
- **Promotion of Bowel Cancer Awareness Week,** covering screening for targeted age groups, and highlighting signs of symptoms and what actions to take.
- **Promotion of breast cancer awareness,** alerting the public to the importance of screening in improving patient outcomes; highlighting signs and symptoms and support available.

## Appendix 5

Table of main providers and an indication of whether they have an Equality report, Workforce Race Equality Standard (WRES) and Accessible Information Standard (AIS) on the website (for 2015-16)\*.

<b>Providers</b>	<b>Equality report</b>	<b>WRES</b>	<b>AIS</b>
Surrey and Sussex Healthcare NHS Trust	√	√	X
Brighton and Sussex University Hospitals NHS Trust	√	√	√
St George's Hospital	√	√	X
Queen Victoria Hospital	√	√	X
Royal Surrey County Hospital	X	X	√
Guys St Thomas Hospital	√		X
University College London	X	X	X
Kings College Hospital	√	√	X
The Royal Marsden	√	√	√
Western Sussex Hospital	√	√	X
Maidstone & Tunbridge Wells NHS Trust	√	√	X
BMI Healthcare LTD	X	X	X
Moorfields Eye Hospital NHS	√	√	√
South East Coast Ambulance Service NHS	√	√	√
Sussex Partnership NHS	√	√	√
Integrated Care 24 LTD	X	X	X
Sussex Community NHS Trust	√	√	X
Royal National Orthopaedic Hospital NHS Trust	√	√	X
Nuffield Health	X	X	X

\*The same word searches were performed on each website and were accurate as of January 2017