ENCLOSURE BoD/006
ITEM 5.4

Equality, Diversity and Human Rights

Annual Report 2016/2017

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Equality

Consultant April

2017

Contents

Glossary

Abbreviations	Meaning
E&D	Equality and Diversity
STIs	Sexual Transmitted Infections
ER	Employment Record
NHS Spine	The Spine is a set of national services used by the NHS Care Record Service. These include: The Personal Demographics Service (PDS), which stores demographic information about each patient and their NHS Number. Patients cannot opt-out from this component of the spine, although they can mark their record as 'sensitive' to prevent their contact details being viewed by 831,000 staff. The Summary Care Record (SCR). The Summary Care Record is a summary of patient's clinical information, such as allergies and adverse reactions to medicine. The Secondary Uses Service (SUS), which uses data from patient records to provide anonymised and pseudonymised business reports and statistics for research, planning and public health delivery.
MIU	Minor Injury Unit
FCHC	First Community Health and Care
BME	Black and Minority Ethnic
CSH	Central Surrey Health
FFT	Friends and Family Test
SMT	Senior Management Team
WRES	Workforce Race Equality Standard

Introduction

First Community Health and Care is a not-for-profit social enterprise, providing community healthcare services to people living in East Surrey and parts of West Sussex. Every member of staff is invited to become a shareholder which helps strengthen our commitment to patient services and gives staff a real opportunity to propose innovations and ideas.

Our Vision is to rejuvenate the wellbeing of our community.

Our Values

- Passionate about making a difference for patients
- Continuously learning to improve ourselves and the patient experience
- Impact focused (patient outcomes and value for money)
- Friendly and welcoming
- Provide first rate care
- Through our first rate people
- Offering first rate value

We currently have 450 permanent staff and continue to provide NHS healthcare services free at the point of care to a population of over 160,000. Our services include community and specialist rehabilitation and therapies, Caterham Dene Community Hospital which also has an inpatient ward, minor injuries unit and rapid assessment and treatment clinic. Health visiting, school nursing, immunisation and children therapies services.

Our Commitment to Equality, Diversity and Human Rights

As a healthcare provider, an employer and a social enterprise we are committed to ensuring that equality, diversity and human rights are at the heart of what we do and the way we work. This means that we undertake to act fairly and equitably at all times, towards our patients and service users, their families and carers and our staff:

The Legislation

The Equality Act 2010 is the legislative framework that protects individuals from unfair treatment and promotes a fair and more equal society. The Act strengthened the law on discrimination and replaces the public sector duties for Race, Disability and Gender with the Public Sector Equality Duty which extends to people who fall into groups which have one or more of the following nine protected characteristics;

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and belief
- Sex
- Sexual Orientation

The General Duty

- Eliminate unlawful discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act, of people who share a protected characteristic
- Advance equality of opportunity between people who share a protected characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and persons who do not

These are sometimes referred to as the three aims or arms of the general equality duty, having due regard for advancing equality involves:

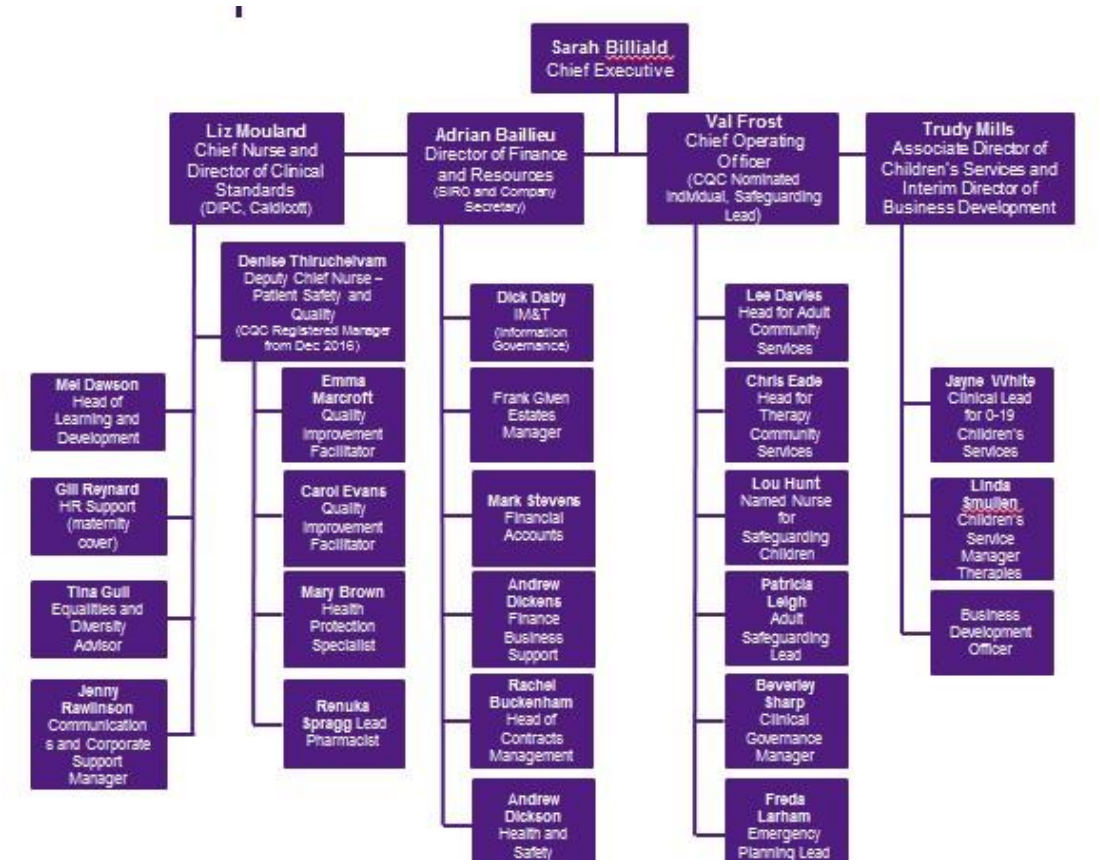
- Removing or minimising disadvantages suffered by people due to their protected characteristics.

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

As part of our public duty we are required to take steps to understand the impact on equality of our policies, practices and the decisions we take for service users and staff and to publicise this information. This is our third Equality and Diversity Annual Report.

Equality Leadership

Meeting our responsibilities with regards equality, diversity and human rights is an integral part of the leadership role at First Community Health and Care. Overall responsibility rests with our leadership team, headed by the Chief Executive and the Chief Nurse and Director of Clinical Standards.



We have ensured that our procurement processes and contracts include a requirement relating to Equality and Diversity standards.

Our Population

Reigate and Banstead

Population: 143,000. The health of people in Reigate and Banstead is generally better than the England average. Reigate and Banstead is one of the 20% least deprived districts/unitary authorities in England, however about 10% (2,700) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities - life expectancy is 7.9 years lower for men and 3.1 years lower for women in the most deprived areas of Reigate and Banstead than in the least deprived areas.

Local priorities in Reigate and Banstead include alcohol, smoking and obesity, excess winter deaths, mental health, and teenage pregnancy

Tandridge

Population: 85,000. The health of people in Tandridge is generally better than the England average. Tandridge is one of the 20% least deprived districts/unitary authorities in England, however about 10% (1,500) of children live in low income families. Life expectancy for men is higher than the England average.

Health inequalities - life expectancy is 6.5 years lower for men and 7.9 years lower for women in the most deprived areas of Tandridge than in the least deprived areas.

Local priorities in Tandridge include alcohol, mental health, and healthy weight.

Crawley

Population: 109,000. The health of people in Crawley is varied compared with the England average. Deprivation is lower than average, however about 17.4% (3,900) children live in poverty. Life expectancy for men is higher than the England average.

Life expectancy is 8.0 years lower for men in the most deprived areas of Crawley than in the least deprived areas.

Local priorities in Crawley include dementia, premature mortality including cardiovascular disease, and alcohol

Data source: Public Health England Health Profiles 2015/2016

Ethnicity

Although the population in Surrey is predominately White British the population is becoming more diverse in both Surrey and Sussex as the census figures of 2011 illustrate.

Local Authority area	White British	White Other	Non White	Total Population
Crawley	72.1%	7.8%	20.1%	109,000
Reigate and Bansted	85.0%	5.7%	9.4%	143,000
Tandridge	89.3%	4.6%	6.2%	85,000

Data Source: - Census data 2011

The majority of the population in East Surrey (87.3%) reported their ethnic group as White British. A small but substantial number (5.42%) describe themselves as other white, likely to be either Eastern European or possibly Gypsy Travellers. Almost 2.24% of the population describe themselves as other Asian and are likely to be Nepalese, while 1.39% of the local population describes themselves as Indian, followed by 1.31% Black African Caribbean and 0.62% Pakistani.

Crawley's largest non-white populations are Polish, Indian, Sri Lankan and Pakistani.

The 2011 census recorded a figure of 2,261 Gypsies and Travellers in Surrey but it is thought the figure is actually between 10-20,000 as many Gypsies and Travellers did not take part in the census. There are around 386 Gypsy Travellers in East Surrey. Many gypsies are now settled but still consider themselves to be part of the traveller community. Sites in First Community Health and Care area are;

Reigate and Banstead has 3 main sites plus additional transit sites a local authority survey in 2013 indicated 48 pitches for caravans.

Tandridge has 3 main sites plus additional transit sites a local authority survey in 2012 indicated 91 pitches for caravans.

The geographical distribution of non-white ethnic groups within the CCG is shown in Figure 3Figure 4. There is one official traveller site in East Surrey CCG shown in Figure 5. The location of official traveller sites is available on surrey-i.

There are no traveller sites in Crawley.

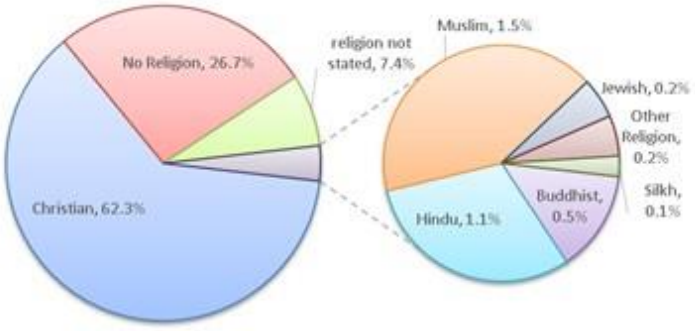
The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community. The JSNA informs the Joint Health and Wellbeing Strategy (JHWS) which is a strategy for meeting the needs identified in the JSNA. Local authorities and clinical

commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board established by the local authority.

Ethnicity is an important aspect of a demographic profile of the population because the prevalence of some diseases are different in certain ethnic groups, for example there is a much higher prevalence of ischaemic heart disease in South Asian men than men in the general population, and a much higher mortality rate from stroke in Black Caribbean men than in the general population. Accordingly, engaging in screening, early detection, and behaviour change in these high risk populations is important to prevent future ill health and complications. Additionally, service planning should take into account that projected disease prevalence, hospital episodes, and mortality is altered by the ethnic mix of the local population.
Language can be a barrier to the patient communicating their health needs, and to health care providers delivering appropriate healthcare. Accordingly, a robust understanding of language needs in the local population with regard to the provision of interpreters and translations of patient information leaflets can assist commissioners and service providers in delivering quality healthcare to groups that would otherwise be marginalised. First community Health and Care have a contract with Langaugeline to provide an interpretation service to patients where needed.

During 2016/7 the organisation spent approximately £3,500 on translation and interpretation services to assist patients and their families. This is an increase from £2,500 in the previous year.

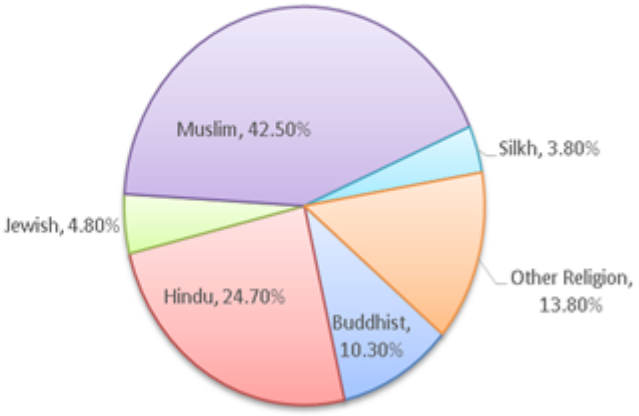
The Communications Toolkit advises staff how to meet the needs of patients with communication difficulties and where to find held and support when needed. It is available to staff on the intranet site and is promoted as part of equality, diversity and human rights training.



Religion and Belief:

East Surrey CCG area is predominantly Christian, with 62.3% of the population stating it as their religious affiliation in the last Census, with the next largest group having no religion at 26.7%.

The figure to the right show the figures for Non-Christian religions in West Sussex. Knowing and understanding our patients' religion and belief can help us to ensure we are meeting their needs and delivering the best services to them that we can. A person's religion and belief can have an important effect on pregnancy and maternity services, end of life care, food choices, their willingness to



comply with medication and many other aspects of their patient experience.

Carers

Carers look after family partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

	Total Population	Total people all ages providing unpaid care	Total people providing more than 20 hours of care a week	Total people providing more than 50 hours of care a week
Surrey	1,105,800	107,829	29,364	18,397
Reigate and Banstead	134,346	12,980	3.656	2.257
Tandridge	80,916	8.518	2.290	1.442
Crawley	106,597	9,902	1,418	2,106

Total numbers of adult carers providing hours of care per week Census data 2011

Sexual Orientation

The 2011 census did not include a question on sexual orientation, however it is estimated that there are approximately 78,876 Lesbian, Gay, Bisexual and Transgender (LGBT) people in Surrey. It is estimated that the LGB&T population is 5-7% of the population, therefore for East Surrey, this equates to between 8,900 and 12,500 people identifying as LGB&T. The census did ask how many people were in a civil partnership and results indicate that there are 105,000 people in England and Wales, 2.387 people in Surrey and 1,585 people in West

Sussex who are in a civil partnership. There are 201 people in Reigate and Banstead, 232 people in Tandridge and 190 people in Crawley, who have stated they are in a civil partnership. It is estimated that there are 7,628 LGBT people in Crawley, 9,688 in Reigate and Banstead and 5,824 in Tandridge.

We know from recent studies that LGBT people experience;

- Higher levels of depression, suicide and self-harm
- Higher incidence of STIs, eating disorders, use and abuse of alcohol and substance misuse
- Higher rates of smoking
- Poor access to services such as cervical screening and screening for STIs
- Lesbians are more likely to have breast cancer
- 50% of gay women reported having a negative experience when accessing health care

Gender

Local Authority	Total males	%	Total females	%
Reigate & Banstead	67,422	49%	70,413	51%
Tandridge	40,158	48%	42,840	52%
Crawley	54,056	49%	54,915	51%

Data Source: - Census data 2011

Age

Relative to England, East Surrey area has:

- A larger proportion of children aged 0-14
- A smaller proportion of young people and young adults aged 15-29
- A larger proportion of adults aged 35-64
- A larger proportion of adults aged 80+

In Crawley

- 7.7% of the population are under 5
- 4.6% of the population area aged 75-84
- 2.0% of the population are aged 85+

Learning Disability

The 2012 Learning Disability Public Value Review demonstrates that;

- In Surrey 20,463 adults are estimated to have a learning disability, which represents 2.35% of Surrey's 870,153 adult population aged 18 and over.
- Of these, 16,572 people are aged 18-64
- 3,891 are aged 65 and over.
- Surrey County Council supports 3,375 people or an estimated 16.5% of all people with a learning disability in Surrey.

In East Surrey 2,617 adults (16 -64) are thought to have a learning disability, which will increase to 2,776 by 2025. The number of adults aged 65 and over with learning disabilities is predicted to increase from 670 to 843 from 2015 to 2025, an increase of approximately 26%.

Disability

The Surrey Disability Register is the county's single disability database for adults (i.e. over 18). It is open to anyone with a legally recognised disability to join. On 30 April 2014 there were 4,085 people on the register who had a physical impairment and 2,129 were aged 18-64. A key reason for people to register is that it can be an early opportunity to find out about what support and information is available to them in relation to their current or future care needs as well as information on funding, housing, benefits and carers. There are also other benefits, discounts and networking opportunities. The register is open to those with a physical or learning disability or those with a mental health condition

It is difficult to predict the numbers of people with a disability who will require a service, as the definition "disability/impairment" is broad. Approximately 9.4 million people in the UK (18% of the population) consider themselves to have a disability or a life limiting long term condition. East Surrey has an estimated 16,700 adults of working age with a moderate or serious physical disability or personal care disability. They may not be known to services because substantially fewer disabled people in Surrey are registered as disabled than are estimated to live in Surrey.

Mental health

It is estimated that one in four British adults experience at least one mental health disorder at some point in their lives. For some this is a temporary condition but many live with a mental health disorder as a life long illness, and for this reason they are included here as a population group. People with mental health conditions commonly suffer from worse physical as well as mental health,

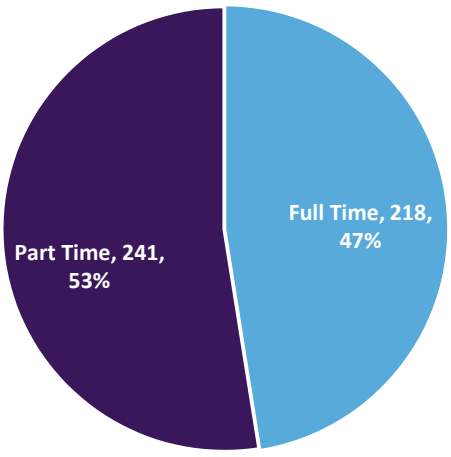
dying on average 20 years earlier than the general population. This lower life expectancy is partly due to the poor physical health of people with mental ill-health, riskier health behaviours and self-harm

About 5% of the East Surrey population have a diagnosed long term mental illness, and there is likely to be a significant additional number who are undiagnosed.

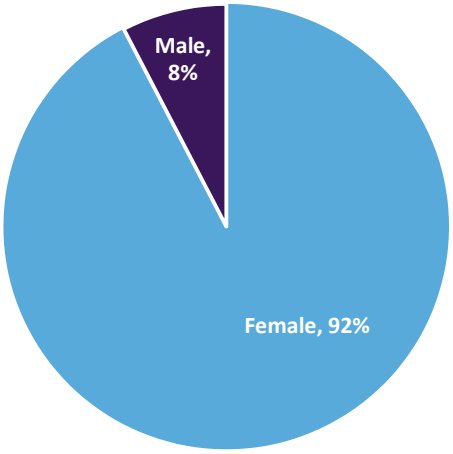
FCHC Workforce during 2017

The Equality Act 2010 requires organisations to collect equality information on both staff and patients. This information helps us understand the effect on equality of our current and proposed policies, practices and decisions, identify what the key priority equality issues are for the organisation, set the most appropriate equality objectives and measure progress against them. Having this information can help us to identify barriers and discrepancies between groups so we can plan remedial action. It can tell us where we are making progress on equality and where action is most needed. Having good equality information regarding our workforce helps us to understand our workforce and enables us to review how representative we are of our local population.

The total workforce has increased slightly again this year from 445 in 2015 to 459, part time staff make up 53% of the workforce. The percentage of full time staff has decreased slightly this from 56% in 2015 to 47% this year.

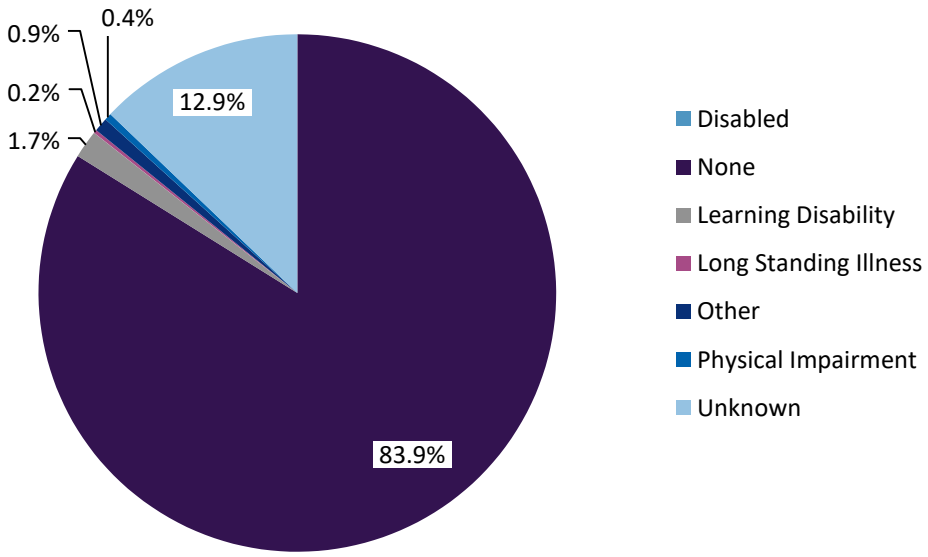


Staff Gender



The percentage of female employees remains high at 92% down 1% from last year.

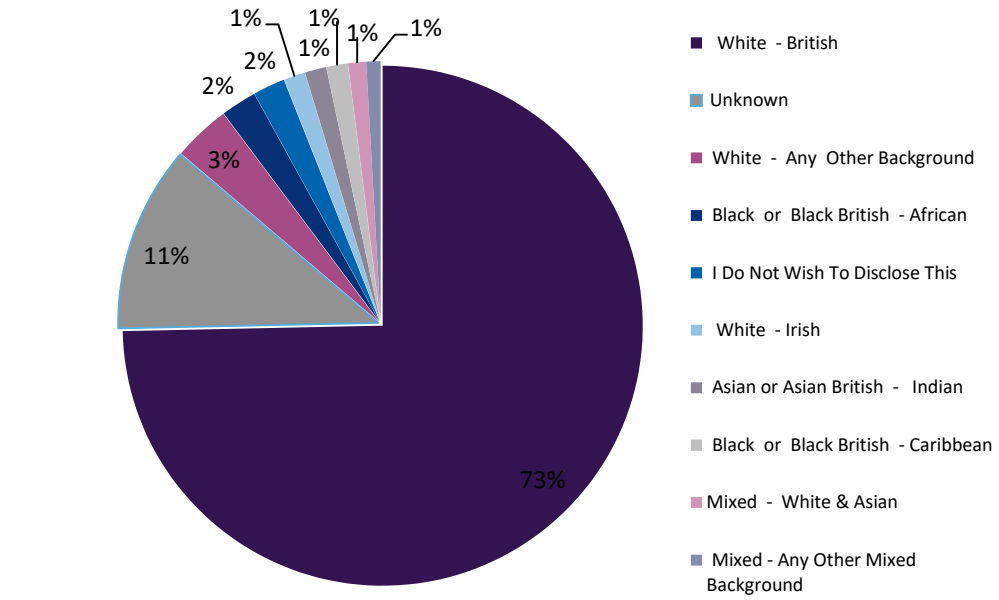
Staff Disability



The number of staff reporting that they do not have a disability remains at around 84% (385) similar to last year. 15 (3.2%) of staff have stated that they

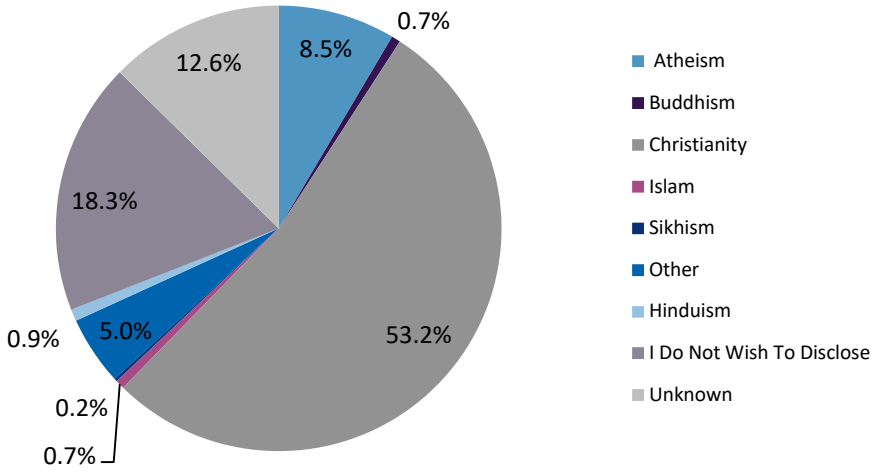
do have a disability which is an increase from last year and 13% chose not to disclose this information.

Staff Ethnicity



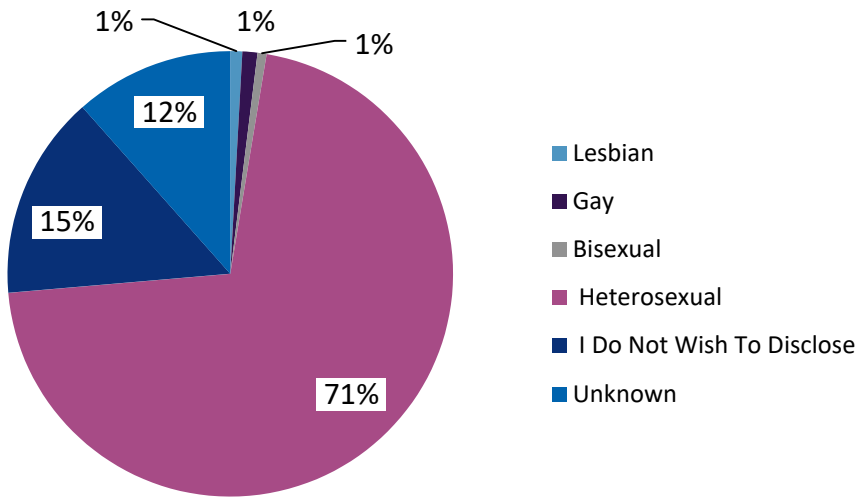
White British remains the largest ethnic group in the workforce at 73% which is higher than last year however the percentage of staff who have not disclosed their ethnicity has reduced this year to 13% so this might account for the increase in the White British figure.

Staff Religious Belief



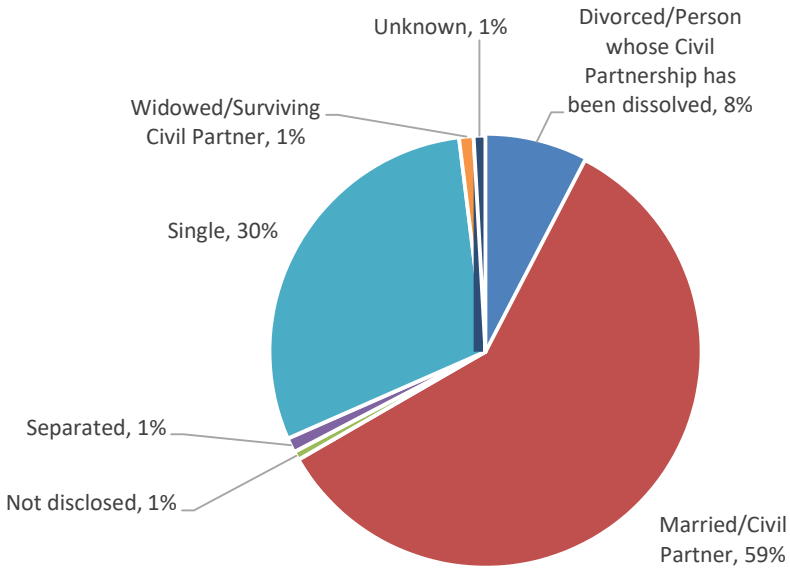
Christianity remains the largest religious group for FCHC staff at 53% over 30% of staff have not disclosed this information.

Staff Sexual Orientation



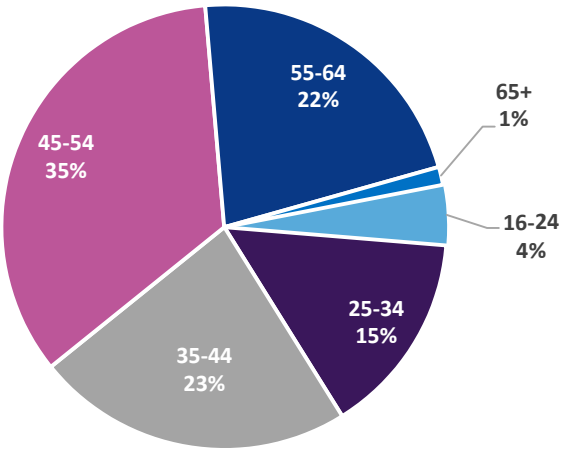
This is the second year that we have reported on sexual orientation 27% of staff have not disclosed this information which is down from last year which was 35%.

Staff by Marital Status



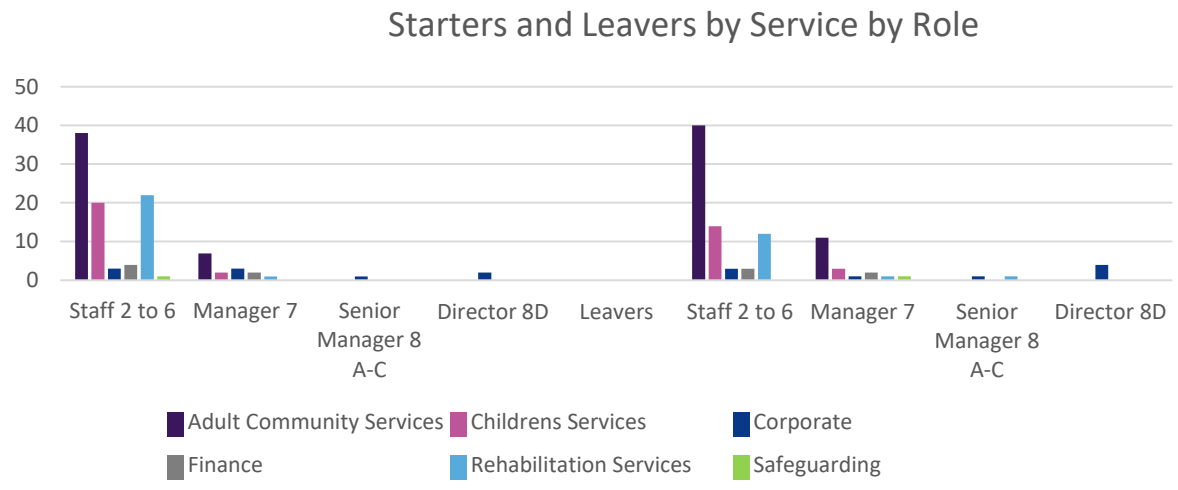
This is the first year that we have reported on marital status of staff. The majority of staff 59% are married or in a civil partnership with 30% stating that they are single.

Staff Age banding



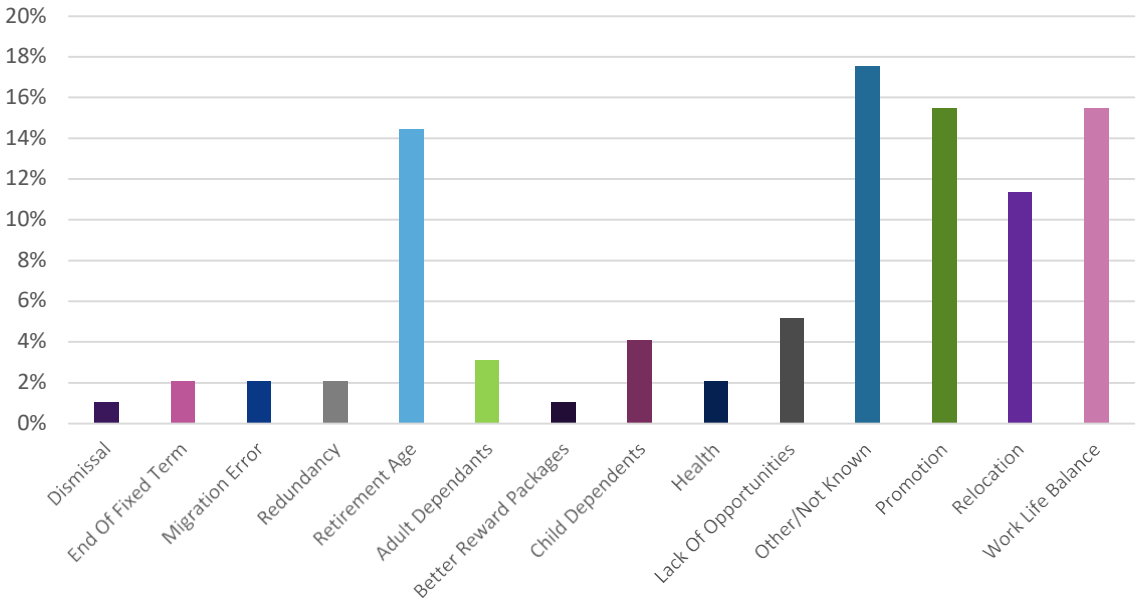
The ages of our staff is fairly well distributed although the smallest numbers are in the 16-24 age band (4%) and the over 65s (1%). The majority of staff are aged between 45-55 years (35%), with 22% in the 55-64 age group.

Starters and Leavers



The chart above shows the starters and leavers across the organisation. The highest turnover is in Adult Community Services across bands 2-6.

Reasons for leaving



The chart above shows reasons for leaving the organisation during the year. Other/unknown remains the highest but has decreased this year to 18% which is down from 36% last year. Main reasons for leaving are promotion and work life balance both at 15%, retirement 14% and relocation 11%.

Summary of employee relations cases

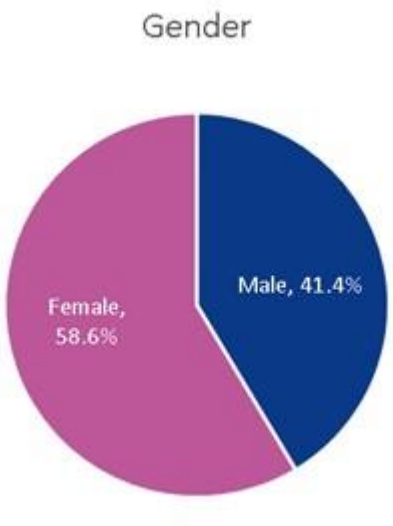
Summary of Employee Relations Cases April 2016 – March 2017								
Employee	**Gender**	**Ethnic Origin**	**Disability**	**Religion/Belief**	**Marital status**	**Sexual Orientation**	**ER**	**Outcome**
A	Female	Black or Black British African	No	Christianity	Single	Heterosexual	Disciplinary	Final written warning
B	Female	Not disclosed	Not disclosed	Not disclosed	Not disclosed	Not disclosed	Disciplinary	Final written warning
C	Male	Black or Black British Caribbean	No	Christianity	Single	Heterosexual	Grievance B&H	Not upheld
D	Female	White British	No	Do not wish to disclose	Divorced/civil partnership dissolved	Do not wish to disclose	Grievance	Not upheld

The sample is from April 2016 to March 2017 which as you can see is very small (in the previous year there were also 4 ER cases) so it is difficult to draw conclusions. However for both years 50% of ER cases involved BME staff we will triangulate this information with our other WRES data and agree actions to take forward.

Patient Information

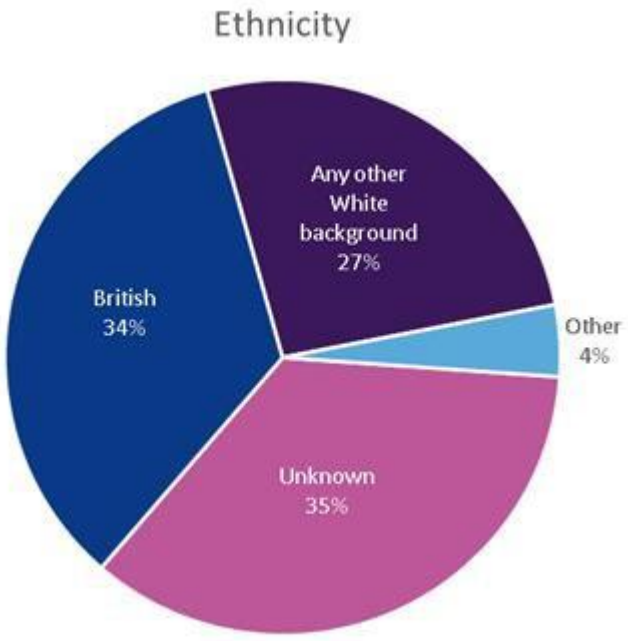
FCHC currently has 98.3% of patients who have an NHS number or 34,577 out of 35,184 unique patients having an referral made to First community in 2016-17. The 607 patients or 1.7% patients who do not have an NHS number is due to those patients been seen in the MIU and being an overseas patient.

Gender		
Male	14,565	41.4%
Female	20,619	58.6%



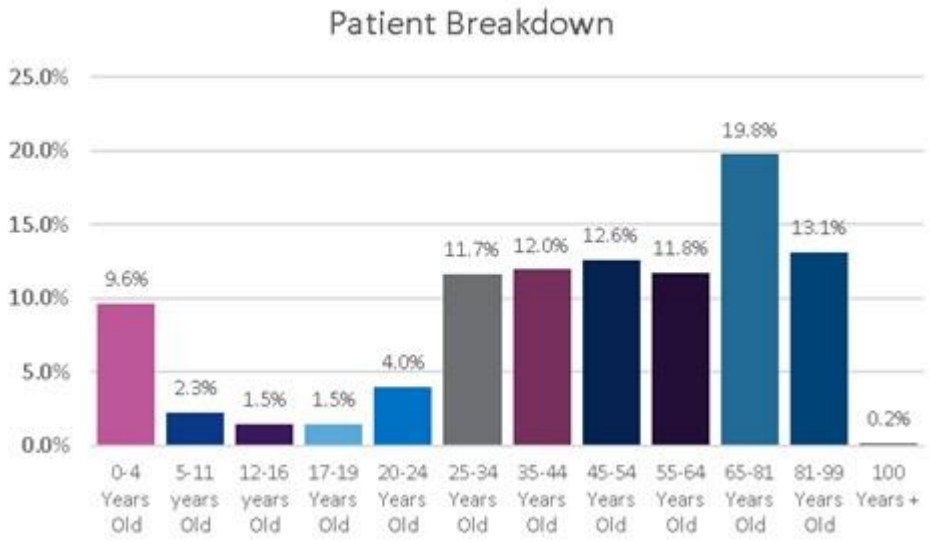
The figures this year continue to show a higher use of services by females than males which reflects the demographics for the area.

Ethnicity		
Unknown	12,389	35.2%
British	12,067	34.3%
Any other White background	9,263	26.3%
African	342	1.0%
Any other Asian background	286	0.8%
Indian	207	0.6%
Any other mixed background	155	0.4%
Caribbean	127	0.4%
Any other ethnic group	116	0.3%
Pakistani	110	0.3%
Irish	52	0.1%
Bangladeshi	35	0.1%
Chinese	35	0.1%



Over the last two years we have seen an improvement in the recording and reporting of patient ethnicity and during 2016/2017 this has improved slightly to 64.8% of patients. However we still have 35.2% of patients where this is unknown and this is an area that we are working on to improve the capture of patient data.

Age		
0-4 Years Old	3,395	9.6%
5-11 years Old	798	2.3%
12-16 years Old	526	1.5%
17-19 Years Old	521	1.5%
20-24 Years Old	1,416	4.0%
25-34 Years Old	4,104	11.7%
35-44 Years Old	4,205	12.0%
45-54 Years Old	4,438	12.6%
55-64 Years Old	4,136	11.8%
65-81 Years Old	6,960	19.8%
81-99 Years Old	4,619	13.1%
100 Years +	66	0.2%



Religion		
Unknown	29,775	84.6%
Known	5,409	15.4%

For the first time we have included patients' religion in this report and we recognise that there is work stll to be done to reduce the figure of 84.6% of patients where we have not recorded this information.

Marital Status		
Co-habiting	440	1.3%
Common law partnership	57	0.2%
Divorced	327	0.9%
Homosexual marriage, female	1	0.0%
Homosexual marriage, male	2	0.0%
Married	4,044	11.5%
Not Disclosed	20	0.1%
Separated	44	0.1%
Single	3,578	10.2%
Unknown	25,864	73.5%
Widowed	807	2.3%

This year is the first time we have included patients' marital status in the report and we recognise that there is work to do on reducing the figure of 73.5% of patients where we have not recorded this information.

Communication and Engagement

First Community Health and Care are committed to ensuring that communication and engagement are firmly embedded in the organisation. The 'In Your Shoes' – A Patient Experience Strategy sets out First Community's commitment to patient led care and our aim is to improve services and the experience of patients and their carers. The strategy was reviewed last year and an equality analysis was completed as part of this process. 'In Your Shoes' endeavours to see the world from the patient's perspective in order to deliver bespoke, compassionate and effective care.

Public and Patient Involvement

The Community Forum enables First Community Health and Care to engage with and hear the views of the community in relation to service provision and any proposed future activity and investment proposals by the organisation.

Community Forum meetings are open to the public, including service users, carers, volunteers, representatives from any health and social care agencies, GPs, local community groups, the local involvement network, the local council, voluntary sector organisations and local businesses, as shall be determined by the Board of Directors in consultation with the Council of Governors. The Chief Executive and members of the Board also attend. Meetings are held a minimum of twice a year with additional events specific to themes or groups.

The membership of the forum ensures representation from all protected characteristic groups thus enabling us to consult and engage with each group. We will hold four Community Forum events over the next year and continue to increase membership through networking to encourage those in our community to engage and communicate with us.

Previously, we have identified those areas where there are gaps and have worked with our local authority colleagues to help us identify local groups and thereby make the links we need. We have worked to improve these contacts over the last year which included working on a joint project to identify support needs and add social value to the residents of Blindley Heath, an area with little access to transport links and community activities, through consultations and events.

Below is a table showing First Community's Friends and Family Test (FFT) results from 2016:

Month	**Number of responses**	**Overall FFT score out of 5**
April 2016	388	4.84
May 2016	978	4.75
June 2016	396	4.81
July 2016	454	4.85
August 2016	346	4.84
September 2016	81	4.78
October 2016	392	4.83
November 2016	829	4.83
December 2016	312	4.85
January 2017	320	4.87
February 2017	335	4.87
March 2017	373	4.86
TOTAL:	**5206**	**4.83**

Throughout this year we have achieved an overall average of 4.83 out of 5 with 95.46% of our service users saying they would be likely to recommend our services to their friends and family if they needed similar care or treatment.

The organisation has participated in the pilot of the NHS 15 Steps Challenge which was designed to help health organisations gain an understanding of how patients and service users feel about the care provided. It is a framework for collecting service user feedback when people receive services in their own home rather than visiting a clinic or a hospital. Findings from the 15 Steps Challenge have been collated into an action plan and the challenge and supporting toolkit

will be implemented each year. Improvements are highlighted on the 'You Said We Did' noticeboards.

Staff Engagement

The Council of Governors

The Council of Governors are representatives who have been elected by staff to act as a link between shareholders and the Board of Directors. The Articles of Association (rules of our Company) state: "The Council of Governors has certain specific functions which are set out in the articles. Individual Governors of the Council are expected to promote and encourage participation by Members in the Company's affairs". These representatives have a key role in shaping the organisation and promoting staff engagement to look at the strategic direction of First Community

Staff are encouraged to engage with the organisation in a number of different ways. Over the last year we have held a number of workshops, hosted by the executive team, dedicated to improving staff engagement and encouraging them to share their views on changes in the organisation. This strengthens First Community's 'floor to Board in 5 minutes' ethos.

Over the last year, we have introduced a monthly Team Brief to be discussed at team meetings. The need for this was identified through feedback from the quarterly staff survey and has improved communication from the Board to frontline staff.

We hold an annual staff awards ceremony for all of our First Community colleagues. Staff members are nominated by their peers and winners are picked by judging panels. The awards ceremony for 2015/16 was well attended.

The Friends and Family Test is also offered to all staff members at First Community. The survey is released on a quarterly basis and is set to iWantGreatCare, our external technical partner, for collating to protect the staff members anonymity.

The survey is a chance for staff to give open and honest feedback about working at First Community and is based around two key questions:

Would you recommend First Community as a place to work?

Would you recommend First Community to Friends or Family if they needed care of treatment?

NHS Staff Survey Results

The staff survey was replaced by the national NHS Staff Survey in quarter 3 the response rate was 63.2% which is higher than the average of 50.9% in all 424

questionnaires were mailed out and of those who responded 268 completed the questionnaire on line.

We were able to review the responses by a number of demographic groups including age, gender, disability and ethnicity. For most questions there were no significant difference in the responses from all staff groups but there were two questions where certain staff groups such as men, disabled staff and Black Minority Ethnic (BME) staff gave a much higher response:

	Men	Women	Disabled	Not disabled	White	BME
KF20 % experiencing discrimination at work in last 12 months	28	7	8	9	7	35
KF26 % experiencing harassment, bullying or abuse from staff in last 12 months	39	12	16	15	14	38
Number of responses	18 (8%)	214 (82%)	38 (15%)	223 (85%)	240 (93%)	17 (7%)

We will be taking this forward over the next year in order to understand these results more fully and to develop actions where necessary to address this inequality.

Carers Strategy 2015-2018

In 2015 we produced a three year strategy to help us to support carers. The strategy set out six priority areas and progress has been made;

1: Identifying and recognising carers

- Delivered through staff training regarding carers awareness
- The implementation of the Surrey carers pathway and prescription including offer of a cares assessment – there have been 55 referrals using the carers prescription

2: Communicating with carers and involving them

- Delivered through active engagement of carers in shared decision making and care planning of patients

3: Providing information for carers

- Delivered through information on carers for staff via the internet and intranet

4: Access to support for carers themselves

- Delivered through identification of staff who are carers and offer support where available

5: Working in partnership with other agencies

- Delivered through Surrey wide carers groups including provider and young peoples' group working with First Community Trust

6: Working with young carers

- Delivered through implantation of the Surrey Young Peoples' Strategy

Achievement against the objectives set out in this strategy are monitored using the Carers Strategy Action Plan. The carers lead submits a quarterly report to the Clinical Effectiveness Group to outline progress against the required objectives.

Equality Analysis

All policies incorporate an Equality Analysis process to ensure full understanding of their potential impact on people with any of the protected characteristics, and guide action to mitigate any negative effects. During the year all policies have been reviewed and updated.

Equality Delivery System (EDS2)

The Equality Delivery System (EDS) originally launched in June 2011 was updated and refreshed and re-launched as the EDS2 in 2012. The main purpose of the EDS is to help organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. From April 2015 EDS2 has been a mandatory requirement within the NHS standard contract. The EDS consists of four goals:

Goal 1: Better Health Outcomes for all

Goal 2: Improved Patient Access and Experience

Goal 3: Empowered engaged and well supported staff

Goal 4: Inclusive leadership at all levels

Each goal has a number of outcomes and for each outcome there is a list of factors and these are used to assess and grade the organisation based on available evidence.

To help us to meet our public sector Equality Duty (PSED) we have used the EDS2 assessment to assess and grade ourselves based on available evidence. We are grateful to Surrey Coalition of Disabled People who worked with us and provided an external assessment on how we had graded ourselves against each goal and outcome.

We have used the findings to develop our Equality Objectives:

Equality Objectives 2015-2019

1. To extend the workforce data that we collect, analyse and report on to ensure that we are meeting the requirements of the Equality Act 2010. To prepare for the introduction of the Workforce Race Equality Standard and the requirement to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME staff at senior levels and Board representation.

2. To continue to improve on the collection of patient's ethnicity data and to set a target of 80% for all services with regard the reporting of ethnicity. To then review how we can build on this to include other ethnicity data such as religion and belief etc To support staff to know and understand the community who access services ensuring that staff understand the equality priorities for the organisation, and have access to information about the protected characteristic groups, their health needs and the challenges that these groups face.

3. To develop the EDS2 further working with our community partners to grade and assess the organisation against the 4 goals as set out in the NHS standard contract from April 2015.

4. To review how the organisation communicates and engages with all of the protected characteristic groups in our community, to ensure that all have the opportunity to be involved and engaged with us.

Appendix 1 sets out the progress made for each objective.

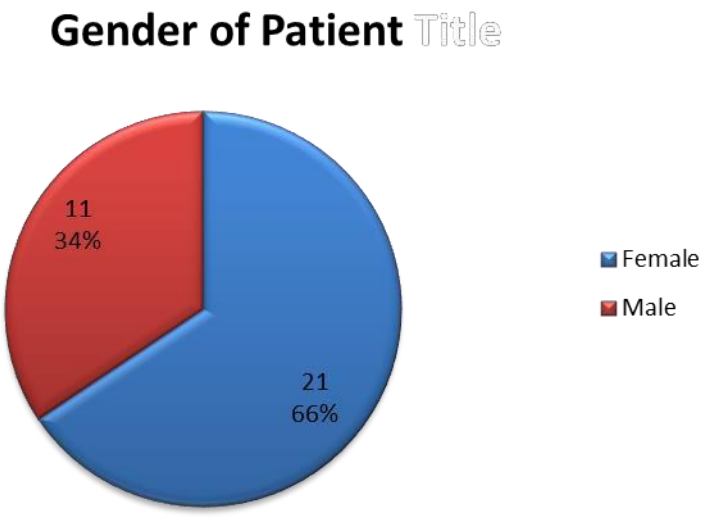
Complaints

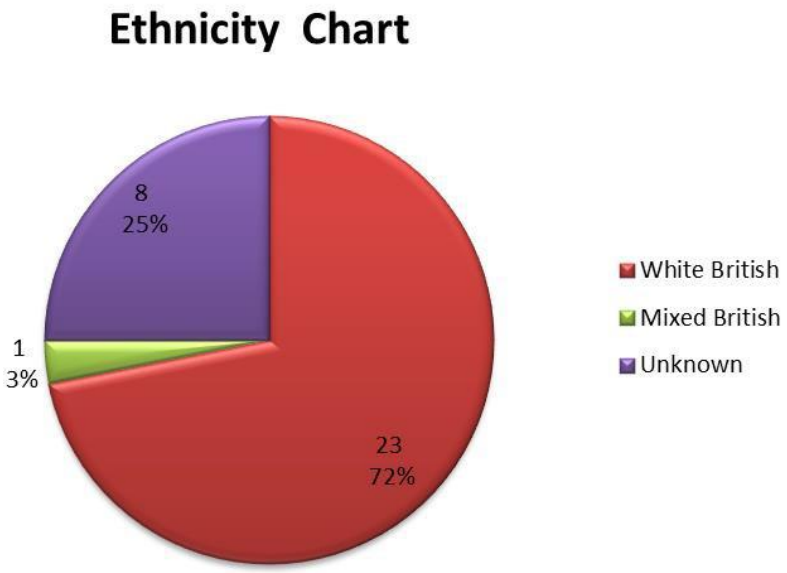
Complaints Received: First Community Health and Care received a total of 32 complaints from 1st April 2016 until 31st March 2017. These complaints relate directly to services we provide and four of these were joint responses with Surrey and Sussex Healthcare Trust, one other was a joint response with South East Coast Ambulance Service. All services received at least one complaint.

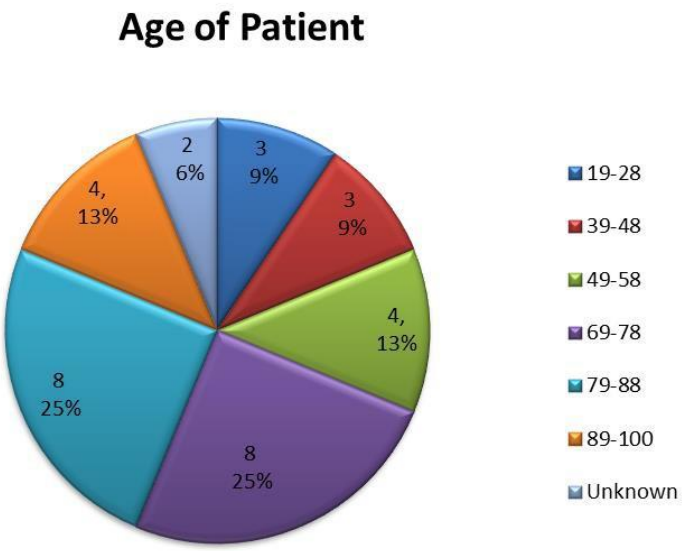
The breakdown of the figures shows that 66% (21) of the complaints concerned female patients and 34% (11) related to male patients.

The ethnicity breakdown shows that 72% (23) of the patients were White British, 3% (1) was Mixed British and 25% (8) were of unknown ethnicity. Information has been gathered from Emis (the patient administration system) but ethnicity is not captured for all patients.

The age of the patient concerned in the complaint is not asked for, but this information can also be obtained from Emis, however two patients do not have an Emis record and their age is therefore not known. The data shows that 13% (4) of the complaints received relate to patients over 89, 25% (8) relate to patients aged 79-88, 25% (8) relate to patients aged 69-78, 13% (4) relate to patients aged 49-58, 9% (3) relate to patients between 39-48, 9%(3) to patients aged 19-28 and 6%(2) where their ages are unknown.







Access to information /website

First Community Health and Care are currently accredited by NHS England's Information Standard for Patient Information. This is a nationally recognised accreditation, allowing an organisation to display a kite mark on its information, showing the public the information has been through a process for producing accurate, update to date, evidenced based and clear information. First Community are due for self-assessment of The Information Standard in January 2016.

The website has been tested against user stories to ensure it is accessible as possible and simple to find what you require. It adheres to a minimum of WCAG 2.0 A standard.

Accessible Information Standard (AIS)

To help us to meet the implementation deadline of 31st July a working party was set up to take forward the Accessible Information Standard (AIS). This new standard has been developed by NHS England in order to address the current disparity in the care received by disabled people. It aim is to ensure that information from Adult social care and NHS providers is provided to all service users and patients in a way they can understand.

It is of particular relevance to individuals who are visually impaired, hearing impaired or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or

sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate.

There are five basic steps which make up the Accessible Information Standard:

1. Ask: identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.

2. Record: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.

3. Alert / flag / highlight: ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, and prompt for action.

4. Share: include information about individuals' information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).

5. Act: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

We have reviewed our patient recording systems both paper and IT, ensured staff are trained in how to action the five steps of the standard and have raised awareness with patients that we will be asking this question and acting upon what they tell us. We have developed policies and guidance for staff, posters for patients and included information on our website about the AIS. We are working with our local voluntary sector colleagues to review and audit how the standard is working and the impact it has on patients.

Equality, Diversity and Human Rights training

Equality, diversity and human rights training is included in the induction session for all new staff both Substantive and Banks staff and must be completed as one of the statutory and mandatory sessions every three years. Training is available to staff via eLearning modules or attending face to face sessions and between January and the end of March additional training sessions were facilitated to improve compliance.

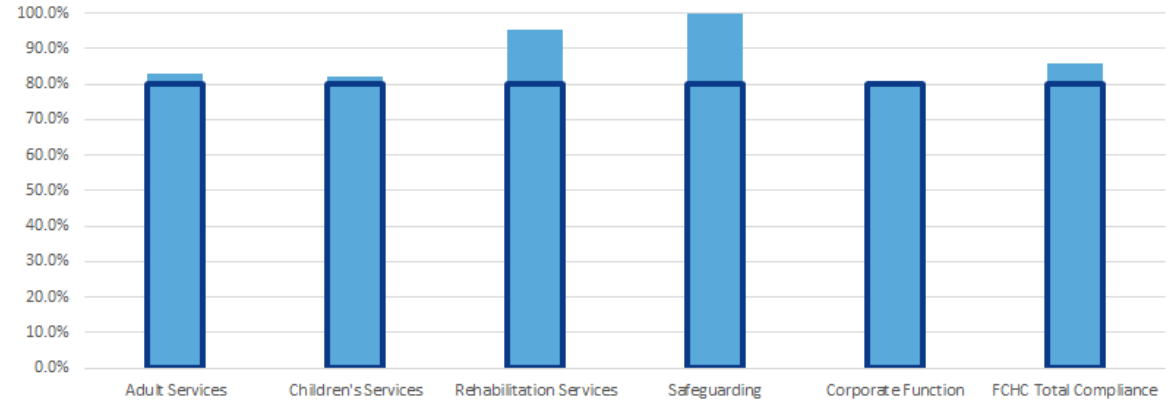
Training compliance reports have been run weekly until the end of March; moving forward the frequency will be reduced to fortnightly until July and then monthly. Along with the compliance reports Exception reports have been run concurrently identifying staff who are non-compliant, the reports are circulated to all service leads to disseminate and follow up with each staff member.

We have set our compliance target at 80%. Our plan moving forward will be to increase our compliance targets in annual 5% increments up to 95%.

Equality and Diversity Training - All Staff
31st March 2017

Thresholds	70%	75%	80%

	Adult Services	Children's Services	Rehabilitation Services	Safeguarding	Corporate Function	FCHC Total Compliance
Number of Staff Trained	141	73	104	7	37	362
Cohort	170	89	109	7	46	421
% Trained	82.9%	82.0%	95.4%	100.0%	80.4%	86.0%



To support staff in understanding our community we have set up an electronic library on the intranet site with information about each of the protected characteristic groups, links to local groups and to the relevant section in the Joint Strategic Needs Assessment.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard requires organisations providing NHS services to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. It has been included in the NHS standard contract since April 2015.

The Workforce Race Equality Standard uses a number of workforce indicators – and one Board membership metric – to gauge the current state of workforce race equality within provider organisations. The Standard is designed to help organisations to track what progress they are making to identify and help eliminate discrimination in the treatment of BME staff. The metrics focus upon bullying and harassment, access to promotion and career development, and experience of discrimination, as well as local workforce measures – including the likelihood of being recruited from shortlisting. We completed our initial baseline audit and developed an action plan (Appendix 2) to assist us in the collection of

the information required in the future. One section uses information gathered through the NHS Staff survey questions so to help us to gain this information we introduced the NHS Staff Survey this year.

Priorities for the next 12 months

- We will continue to implement the actions identified within our equality objectives.
- To continue to improve on the collection of patients' equality data including ethnicity, religion and belief, sexual orientaion and marital status.
- To evaluate the recording of patient information as required by the Accessible Information Standard and assess the impact on patients.
- Improve our recruitment data to help us meet the requirements of the WRES
- Develop actions to address any inequalities linked to WRES data
- Review the findings from the NHS Staff Survey regarding any inequality relating to gender, disability and race.
- Improve our equality and diversity training compliance figures working towards our target of 95%
- Continue to ensure all policies include an equality impact assessment

First Community Health and Care - Equality Objectives 2015-2019

KEY (Change status)
1 Recommendation agreed but not yet actioned
2 Action in progress
3 Recommendation fully implemented
4 Recommendation never actioned (please state reasons)
5 Other (please provide supporting information)

Project title	Equality and Diversity Objectives 2015-2019		
Project lead	Tina Gull/Liz Mouland	**Date of creation**	March 2015
		Date of completion	

Action plan lead	Name: Tina Gull	Title: Equality and Diversity Advisor	Contact: 07747048045

Ensure that the recommendations detailed in the action plan mirror those recorded in the "Recommendations" section of the report. The "Actions required" should specifically state what needs to be done to achieve the recommendation. All updates to the action plan should be included in the "Comments" section.

Recommendation	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Comments/action status** *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	**Change stage** (see Key)
1. 1.To extend the workforce data that we collect, analyse and report on to ensure that we are meeting the	*Data validation exercise to be carried out with staff to ensure HR data is robust and current.*	*End Sept 2015*	*A Humphris*	*Data validation exercise completed*	3

requirements of the Equality Act 2010. *EDS Goal 3.Empowered, engaged and well supported staff*	*Review what data is currently collected, what other data is available and identify the gaps.* *Reasons for leaving – to be included in E&D annual report for 2016*	*By end 2015* *By end 2015*	*A Humphris* *A Humphries*	*Data reviewed* *Data collected and reported in E&D Annual Report March 2016*	3

Recommendation	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Comments/action status *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	Change stage (see Key)
	Return to work after maternity leave to be included in E&D annual report for 2016	*By end 2015*	*A Humphris*	*Data collected and reported in E&D Annual Report March 2016*	3
	Data on applications/shortlisting/appointment to be investigated with CSH	*By end 2016*	*A Humphris*	*Further work needed on this data as the organisation does not use ESR so not all data available*	2
	Data on staff by payband – to be included in E&D annual report for 2017	*By end 2016*	*A Humphris*		3
2. To prepare for the introduction of the Workforce Race Equality Standard. *EDS Goal 3 Empowered engaged and well supported staff* *See separate WRES action plan*	*Review and analyse current staff data needed to meet the requirements of the WRES -*	*By October 2015*	*A Humphris*	*Data collected baseline template completed and send to NHS England and commissioners December 2015.*	3
	Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce	*By October 2015*	*A Humphris*	*Data collected baseline template completed and send to NHS England and commissioners December 2015*	3
	Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff			*Further work needed on this data as he organisation does not use ESR not all data available*	2

Recommendation	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Comments/action status *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	Change stage (see Key)
	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff.	*By October 2015*	*A Humphris*	*this data is already collected and analysed and reported in the E&D annual report*	3
	Using staff survey questions as part of FFT to answer questions regarding appraisal L&D, bullying harassment or discrimination	*By October 2015*	*Liz Mouland*	*information collected and included in base line auditt*	3
	Use NHS Staff survey to obtain data in order to answer questions regarding Appraisal, L&D, Bullying and Harassment or discrimination	*March 2017*	*Liz Mouland*	*data from staff survey to be included in next base line audit*	3
2.To continue to improve on the collection of patient's ethnicity data and to set a target of 80% for all services with regard the reporting of ethnicity. To then review how we can build on this to include other equality data.	*Identify those services who are reporting less than 80%*	*April 2015*	*Tina Gul*	*Data collected and included in E&D annual report 2015*	2
	Advise managers of how their service is performing			*Further work to be done with SMT at December 2016 meeting*	3
To support staff to know and understand the community who access services ensuring that staff	*Work with individual teams to increase reporting – training further info on data collection etc*			*Guidance to be produced for staff to assist in asking E&D data questions*	2
	Review what information is included	*Completed*	*Tina Gull*		3

Recommendation	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Comments/action status *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	Change stage (see Key)
understand the equality priorities for the organisation, and have access to information about the protected characteristic groups, their health needs and the challenges that these groups face. *EDS Goad 1.Better health outcome for*	*in E&D training session to support this* *Review what information is available to staff about local communities on the intranet site* *Build a library of information so that staff can easily access this information linked to JSNA and census information where available* *Arrange awareness raising sessions for managers/staff on the protected characteristic groups possibly using existing meetings such as SMT.*	*August 2015* *Completed August 2015* *Completed August 2015* *Completed September 2015* *Completed December 2015*	*Tina Gull* *Tina Gull* *Tina Gull*	*LGBT group invited to run at workshop at the September Senior Team meeting* *A member of the Gypsy Traveller community invited to present a workshop at the December Senior Team meeting*	2 2 3
3. To develop the EDS2 further working with our community partners to grade and assess the organisation against the 4 goals as set out in the NHS standard contract from April 2015 *EDS Goal 1..Better health outcome for all*	*Undertake a grading exercise of the baseline information collected as part of the EDS audit.* *Work with partner agencies to agree grading*	*By end October 2015*	*Tina Gull*	*Grading agreed with Carol Pearson Chief Executive of Surrey Coalition of Disabled People and Ted Pottage Chair of the East Surrey Disability Alliance network (DANS)*	3

Recommendation	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Comments/action status *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	Change stage (see Key)
	Publish on website in line with NHS standard contract requirements	*Completed by end 2015*			
4. .To review how the organisation communicates and engages with all of the protected characteristic groups in our community, to ensure that all have the opportunity to be involved and engaged with us. *EDS Goal 2.. Improved patient access and experience*	*Review and mapping exercise regarding who organisation engages with either through the community forum and other engagement groups.* *Identify any gaps concerning the protected characteristic groups, make contact with these groups and agree how to engage with them.* *Review how we use the website to communicate with our local groups.*	*Completed 2015*	*Tina Gull/Jenny Rawlinson*	*Contacts made from workshops at senior team meetings and working in partnership with other local agencies.* *Further work to be done regarding other groups.* *Ongoing review regarding membership and teams of reference of Community Forum*	3
Implement the Accessible information standard (AIS) *EDS 2 Goal Improved patient access and experience*	*1.Identify patients who have any information or communication needs, and find out how to meet their needs* *2.Record – Record those needs in a standardised way* *3.Alert – Highlight a patient's record, so it is clear that they have*	*Completed and implemented by 31st July 2016*	*Tina Gull/Jenny Rawlinson*	*Review It systems for compliance with AIS* *Ensure information recorded in emis is in line with the human readable definitions/categories associated with the data items. Emis must prompt that data is regularly reviewed* *Information and communication needs are flagged to ensure needs are*	3

Recommendation	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Comments/action status *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	Change stage (see Key)
	information or communication needs, and clearly explain how those needs should be met *4. Share – Include information about a patient's needs with other NHS and adult social care providers, when they have consent or permission to do so* *5. Act – Make sure that people get information in an accessible way and communication*			*responded to ,care plans include individuals communication/information needs* *Ensure electronic system to autogenerate or enable staff to manually generate correspondence in an alternative format to standard letter if needed. Standard line included in all letters advising how to seek information in alternative formats.* *Staff record information/communication needs for the patients and where appropriate, carers or parents where such needs related to or are caused by a disability, impairment or sensory loss at individuals first or next interaction.* *All referrals forms and relevant documentation to include specific question about and section to record individuals information and communication needs* *If communication support from a professional is identified that such*	

Recommendation	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Comments/action status *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	Change stage (see Key)
	support if they need it. *.*			*support is arranged/provided and that interpreters are suitably skilled, experienced and qualified organisations must ensure there are accessible communication formats* *IG policies and processes reviewed in line with AIS, identify risks and mitigating action* *Information Governance Toolkit reviewed for data security and confidentiality and the ISB 1512* *Policy/guidance for staff to ensure consistent identification, recording, flagging and sharing of the data.* *Accessible communications policy on website for patients.* *Further work needed to ensure online systems must enable an individual to review the data recoded about their communication and information needs and request changes if necessary.*	

Recommendation	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Comments/action status** *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	**Change stage** (see Key)
	Review of data captured and evaluation of patient experience following implementation of AIS	*December 2016* *January 2017*	*Tina Gull/Ellie Stock*	*Report run and presented to senior managers* *Engagement in place with Patients and community groups, ongoing evaluation of improvements to patient experience*	

Appendix 2 Workforce Race Equality Action Plan

KEY (Change status)
1 Recommendation agreed but not yet actioned
2 Action in progress
3 Recommendation fully implemented
4 Recommendation never actioned (please state reasons)
5 Other (please provide supporting information)

Project title	Workforce Race Equality Standard Action Plan (WRES)		
Project lead	Tina Gull/Liz Mouland	**Date of creation**	July 2016 updated March 2017
		Date of completion	

Action plan lead	Name: Tina Gull	Title: Equality and Diversity Advisor	Contact: 0774708045

Ensure that the recommendations detailed in the action plan mirror those recorded in the "Recommendations" section of the report. The "Actions required" should specifically state what needs to be done to achieve the recommendation. All updates to the action plan should be included in the "Comments" section.

Recommendation	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Comments/action status** *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	**Change stage** (see Key)
1.Meet requirements of WRES base line audit regarding missing data	*Review data available regarding relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts*	*April 2017*	*AH*	*Not able to transfer data from NHS jobs to MiHR system.*	2
	Report data on relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.	*April 2017*	*MD*	*Implementation of new learning management system will enable more robust reporting of data*	2
	Report data on percentage of staff	*April 2017*	*LM*	*NHS Staff survey carried out with staff*	3

Recommendation	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Comments/action status *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned, etc.)*	Change stage (see Key)
	experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months			*Sept to December 2016 results to be analysed March 2017*	
	Report data on -In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	*April 2017*	*LM*	*NHS Staff survey carried out with staff Sept to December 2016 results to be analysed March 2017*	3
Meet requirements regarding submission of future baseline data	*Submit WRES data via UNIFY2*	*End June 2016*	*DD*	*Portal being piloted by NHS E for organisational upload IMT team to explore if First Community can access portal to upload data.*	3
Ensure organisational lead in place	*Identify Equality and Diversity Executive Lead in First Community*	*End July 2016*	*LM*	*Scoping exercise to identify key individual and training requirements*	3
	Incorporate WRES into CQC 'Well-Led Domain' for First Community	*End September 2016*	*LM DT*	*Report at Workforce and Organisational Development Committee* *Gather evidence and gaps via CQC workshops*	3