



Commissioning Alliance
(North Place)
Crawley CCG
Horsham and Mid Sussex CCG

Equality Report 2018



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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

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:

Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.

Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.

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 Strategic Clinical Commissioning Group 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 was established in March 2016. The group has met 6 times during 2017/18. 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 Alzheimer's 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.

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 Strategic Clinical Commissioning Group for Crawley and Horsham and Mid Sussex CCGs'.

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 identified the need to have an equality awareness week which was held alongside the national campaign in May 2017. This allowed staff to have a greater understanding of equality and diversity and their role within the CCGs. Amongst the activities, there was a lunch and learn session, an equality and diversity quiz and an anonymous questionnaire for staff which allowed staff to let the Equality and Diversity working group know their opinions.

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. Horsham and Mid Sussex have a higher proportion of the population aged 65 years and over at 21% 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 CCG 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 17th November 2017 there were 117 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;

- 72% women, 28% men which is a change from previous years where a higher percentage of the workforce is women.
- 30% of staff work part time hours (of total women, 26% and of total men, 3% work part time hours).
- 5% of staff are under 30yrs, 26% 31-40yrs, 38% 41-50yrs, 26% 51-60yrs and 5% are over 60yrs.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandatory requirement for all NHS workplaces that 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.

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

Crawley and Horsham and Mid Sussex CCGs seek to actively promote Equality and Diversity to eliminate unlawful discrimination for all, regardless of protected characteristics.

During 2017, Crawley and Horsham and Mid Sussex CCGs have progressed on the delivery of the Equality Objectives that were set in 2014. The CCGs recognise the links between its objectives and the strategic equality goals set by NHS England using the framework of the Equality Delivery System (EDS2), aiming to help organisations review & improve their equality performance.

The CCGs have mapped their equality objectives against the EDS2 Goals to integrate these two frameworks. Please see below:

| Objective | | EDS2 Goal |
|-----------|--|--|
| 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. | Goal 1: Better Health Outcomes for All |
| 2. | The CCGs can demonstrate how patient views have influenced what they do. | Goal 2: Improved Patient Access and Experience |
| 3. | The CCGs employ a diverse workforce who feel supported and motivated to carry out their roles efficiently, effectively and to a high standard. | Goal 3: Representative and Supported Workforce |
| 4. | The CCGs have a culture of equality and inclusivity in all their activities that is driven by an informed and supportive leadership. | Goal 4: Inclusive 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 6 Equality Analyses have been submitted for quality review during 2017/18 and these have been shared with the Equality and Diversity working group for comments and approval.

The Equality Analyses carried out in 2017-18 have provided evidence towards the Equality Delivery System 2 (EDS2) (see section 7) and were carried out for:

- Paediatric urgent care services;
- Cardiology - stable angina pathway and GP pathways for arrhythmia and heart murmurs;
- Venous leg ulcer service;
- Extended access;
- Demand management; and
- NHS Diabetes Prevention Programme

This is an improvement on the number of Equality Analyses received in the previous year, although there is further work to do in this area.

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 2017, 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 2017/18 |
|---|-----------------------------|
| 1 – Better Health Outcome* | Achieving |
| 2 – Improved patient access and experience* | Achieving |
| 3 – A representative and supported workforce | Achieving |
| 4 - Inclusive leadership | Achieving |

Evidence for Goals 1 and 2

The independent document 'Challenging Health Inequalities' published by NHS England in October 2017 scored Crawley very highly in reducing inequalities in two key areas, namely:

- reducing emergency admissions for urgent care and sensitive conditions
- unplanned hospitalisation for chronic ambulatory care sensitive conditions

The Urgent Care aspect of Goals 1 and 2 of the EDS2 includes changes that have been made to Urgent care over the past year, including urgent care local forums for Young Crawley and Young Horsham and Mid Sussex, new children's and teenage waiting areas in the Urgent Treatment Centre, children's centre's clinical assessment units and Piper Ward at Crawley Hospital. The urgent care pathway information was translated into the top 5 languages in the area – this work won a nomination at the patient experience awards.

Goals 1 and 2 also draw on evidence from maternity, which includes the development and implementation of the Better Births action plan and perinatal mental health service that is run in the community.

Evidence for Goal 3

The evidence for this goal was from the relevant information from the staff survey which is carried out by the Picker Institute every year. The findings were compared with last year, and it was noted that there was further 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 and the applicable actions will be 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 manager's 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.

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 Neighbourhood Forums in Crawley, as well as the Community Development team at Horsham District Council and Young Horsham District Forum. Commissioners develop their engagement plans and share with the CPRG and relevant stakeholders, as well as working directly with provider organisations. The engagement team also attend local forums and health interest groups to raise awareness of health commissioners in the area, and this year attended summer events in Burgess Hill, Crawley, East Grinstead, Haywards Heath and Horsham. Patient Participation Group (PPG) members also assisted at the summer events in raising awareness of PPG's and how to join a local PPG.

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.

The engagement team has also developed a fortnightly Patient Roundup newsletter which includes news and involvement updates from the CCG, from other national and local health initiatives, as well as updates from local community and voluntary groups, that are health related. This is emailed to all CPRG members and Health Network members. It is also uploaded to our Website and shared with our GP membership via the Bulletin.

'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 bimonthly joint 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 are 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. The engagement team, with assistance from PPG members, developed a 'Join your PPG' leaflet which was also taken to summer events

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 can be embedded earlier and be reflected in commissioning

HMS PPG Locality

The engagement team have encouraged and supported some PPGs to consider a town based group to establish if there is an appetite to meet as a town/locality with a view to working with their local town/parish councils.

The engagement team have developed closer working relationships with Colleagues from town and parish councils in West Sussex (by their inclusion at CPRG meetings and our attending town/parish led meetings to raise awareness of the role of health commissioning. Working closely with the Member Support Officer (Sussex) ,Health & Wellbeing Project Manager for SALC (Sussex and Surrey Associations of Local Councils) we have been able to secure rooms for some PPGs to hold their locality meetings

- Horsham meet on a bimonthly basis and working with their local health and Wellbeing team initiated a health and wellbeing event
- East Grinstead on a quarterly basis and in discussion with the Health and Wellbeing team initiated a town event
- Haywards Heath held their first meeting in June 2017 and will continue to meet on a quarterly basis

The engagement team hope to establish if there is appetite in other towns to do the same in 2018.

CPRG's (Commissioning Patient Reference Groups)

The engagement team met and agreed with both Chairs how to move to joint bimonthly meetings 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.

- The engagement team meet with commissioners annually to understand engagement plans with a view to planning work load for the CPRG.
- Commissioners share their engagement plans and any updates or outcomes. The engagement team will review with commissioners how to feedback outcomes of engagement.
- The engagement team devised a set of standards for presenters in response to requests from the CPRG

Work Streams and Engagement

Commissioners 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.

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 were 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 2017-18.

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 2017/18 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 2017/18.

- The 2017/2018 NHS Standard Contract local quality requirements require providers to submit the relevant compliance reports directly to the CCG, besides publishing this on their websites.
- 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.
- Appendix 5 shows current findings of information that its main providers publish on their websites (as of December 2017).

11 Summary

The annual equality report outlines the work undertaken by the CCGs during 2017/18. 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. Progress has been made this year, but 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 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 decisions 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 2016 mid-year estimate (MYE) from the Office for National Statistics (ONS), HMS had a population of approximately 230,346 and the GP registered population as of 1st June 2017 was 237,374.

Based on the 2016 MYE - children and young people (aged 0-17 years) make up 21.0% of the population, people of pensionable age (65+) make up 21.0% of the population and the largest age group is people of working age (18-64) who make up 58.0% 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 55% 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 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 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 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:

| 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 2017 mid-year estimate (MYE) from the Office for National Statistics (ONS), was approximately 110,864 and the GP registered population as of 1st July 2017 was 130,929.

Based on the 2016 MYE - children and young people (aged 0-17 years) make up 23.9% 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 62.8% of the population.

52.4% of those aged 0-17 are male, there is a near equal split between males and females in the working age group, and 55.8% 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 2 below shows how religion was reported by Horsham and Mid Sussex residents in the 2011 Census.

Table 1:

| Group | % |
|--------------------------------|------|
| White British | 72.1 |
| Asian or Asian British | 13.0 |
| White: Other White | 6.7 |
| 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:

| Religion | % |
|------------|------|
| 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;

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.

The CCG can demonstrate how patient views have influenced what it does.

The CCG employs a diverse workforce who feel supported and motivated to carry out their roles efficiently, effectively and to a high standard.

The CCG has a culture of equality and inclusivity in all its activities that is driven by an informed and supportive leadership.

| Equality Objective | Action identified through Equality Delivery System 2 (EDS2) dashboard | Lead |
|--------------------|---|---|
| 1 | To review and be aware of the EDS2 and Workforce Race Equality Standard (WRES) of all its main providers which would highlight specific areas where inequalities lie. Consider inviting different main providers to this working group. To focus on 3 providers having recent Care Quality Commission (CQC) inspections | Governance Manager & Quality Team |
| 1 | To embed the engagement log and use lunch and learn sessions to raise awareness amongst staff and share good practice around engagement. CCG programmes to use EDS2 questions at stakeholder/engagement events to gauge opinion | 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 |
| 2 | To work with public health to understand local health data and health profiles and the inequalities that are relevant to Crawley, and Horsham and Mid Sussex | All staff, Head of Communication & Public Health lead |
| 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 |
| | To make sure service providers and the CSU complaints team (where applicable): Provide staff with equality and diversity training. Provide patients and the public with information in a variety of formats including Easy Read and other languages. Communicate with patients in ways they are comfortable with, e.g. face to face, in writing, through texting, etc. Train staff in effective communication to help those who may experience barriers to communication. Use translation and interpreting services and not family members. Target promotion of Patient Advisory Liaison Service, complaints and Local Healthwatch services where uptake is low. | Head of Governance, Head of Communication & Public Engagement |
| 3,4 | On website identify the Clinical Directors as Equality Champions | Communications team |
| 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. | Patient and Public Engagement Team, and all CCG Programmes |
| 1 | To embed the central recording of Equality Analyses (EA). Review processes to include public health and the working group. Train staff and raise awareness | All staff & Governance Manager |
| 3, 4 | To identify actions from the staff survey when published in March 2018 | Chief Operating Officers (for Crawley & HMS) |
| 4 | To share the equality and diversity audit findings when completed by the Commissioning Support Unit | 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 |
| 4 | Review Equality Objectives and terms of reference for working group | Senior managers |

Appendix 4

Topics and themes listed below provide an insight in to work programmes and engagement that have been shared with the CPRG in 2017-18;

Urgent Care

Significant improvement works at Crawley Hospital, including a new ward which is dementia friendly. The Clinical Assessment Unit moved out of the Urgent Care Centre to its own space.

Financial Recovery Plan (FRP)

Members were informed throughout the year about the current challenges that the NHS faces and the local pressures. Members were informed of a communications plan to raise awareness of the FRP. Members were informed about current financial situation of both of the CCGs. They have been informed about the cause of the financial difficulties causing the deficit in the budget.

Extended Access to Primary Care

Presentation informed members about planned engagement to collect feedback and patients preference relating to proposed extended access to the Primary Care Services. This included information on the Hub Model that has been implemented to allow patients' access to GPs when needed.

Medicines Management

Members were informed about a number of challenges Medicines Management department within CCG currently faces. The directions towards which actions have to align aim at cost reduction in prescribed drugs whilst at the same time ensuring patients do take their drugs as prescribed. Currently the operating system is not commissioning based, hence there are a lot of issues including: medicines duplication and increased waste in unused drugs. Underlying issues relate to the management of prescribed medicines, frequency of reviews and patients cooperation in this matter. Team of Communities of Practice (COP`s) (Community Nurses and Physiotherapist) are working closely together to support educate and possibly provide information to patients who strongly rely on a numbers of drugs. This will increase better Medicines Optimisation.

Tier 2 – Mental Health – West Sussex Mental Health Alliance

Members were informed about West Sussex MH Strategic Framework 2014 to 2019 that aims to ensure that local plans focus on easily accessible, safe, effective and good quality services available early for the more severe, long-term or specialised mental health conditions. Physical and mental health care should be fully integrated. These plans are based on stakeholder, service user and carer feedback.

The strategy also includes recommendations from Joint Strategic Needs Assessment (JSNA): Mental health to be embedded in all programmes, with smooth transition from childhood to young adult, and prevention and wider promotion of mental wellbeing. It's important to note that mental health care is not only the business of mental health services but of society as a whole.

CPRG members were informed about local MH services performance and the way forward. Both Crawley and Horsham & Mid Sussex CCG's are performing well; with Horsham and Mid Sussex rated as top performing in the South east, with improvements in waiting times and IAPT (Improving Access to Psychological Therapies) services. Crawley is rated as performing well.

Going forward the additional funding underpinning the Five Year Forward View for Mental Health must not be used to supplant existing spend or balance reductions elsewhere. This new money builds on existing local investment in mental health services and any results from this new investment will be reinvested to maintain services with commitment to treat nationally, an additional one million people with mental illness by 2020/21.

Sussex Oakleaf

Two Alliances of Mental Health Providers, operating across West Sussex are split into 'Coastal' and 'North West'. Since late 2016, the Alliance is now referred to as Pathfinder. It is made of eleven providers that were listed during the presentation. Each Provider is taking a lead role in progressing service development and delivery in each locality. Pathfinder Hubs/Sites will formally Go live from October 1st 2017.

Langley Green Hospital

It was reported that there had been a significant improvement in the overall performance of the hospital, and improvement in the staff's approach towards work. All changes introduced were a benefit not just to the staff, but most of all patients' wellbeing whilst in the care at the hospital.

111 National direction for the national recommended model

The current model that we are looking to commission across Sussex will mean one Clinical Assessment Service for Sussex that will be a single point of access for patients and professionals. It will be a fully integrated 111 and GP out of hours 'hear and treat' service, with a range of clinicians available to provide advice, support and guidance.

Sussex 111/Integration of Urgent Care - Buying a new service

In line with the NHS Five Year Forward View we are looking across the Sussex and East Surrey footprint at the redesign of our urgent and emergency care services. This programme is hosted by NHS Coastal West Sussex CCG, details of the Sussex 111 Programme Team were shared accordingly.

Children and Maternity

Perinatal Mental Health: The new Pan Sussex and East Surrey Specialist Community Perinatal Mental Health Service started on 1 September, Horsham and Mid Sussex are the lead CCG for the service. The service has been designed using patient's experience.

Maternity: In February 2016 Better Births was published by NHSE which is a 5 year forward view for maternity services. The key areas to focus on from the report are: 1. Personalisation of care; 2. Continuity of carer; 3. Safer Care; 4. Better postnatal and perinatal mental health care; 5. Multi-professional working; 6. Working across boundaries and; 7. Fair payment system.

Urgent Care: There has been a significant increase in children's attendances at A&E for minor ailments/injuries where more suitable alternatives are available. For example: Urgent Care pathways – translated into top 5 languages spoken in Crawley. Urgent Treatment Centre – developed with feedback from patients/carers: Assemblies for children – in autumn: Stakeholder engagement event – October.

Crawley Child Development Centre: The current location of the Crawley Child Development is no longer able to meet the demands of the service. As such we are in the design phase for the new area (still in Crawley Hospital). We are working closely with the Parent Carer Forum to design the new unit.

Future Plans: Creating an advice and guidance leaflet regarding allergies; reviewing the infant feeds pathway; Publicizing the same day GP appointments for under 5s in East Grinstead.

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 2016-17)*.

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

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