

**First-rate people. First-rate care. First-rate value.**

# **Equality, Diversity and Inclusion Report**

**1 April 2019 – 31 March 2020**



# Contents

- Executive summary** 3
- Our commitment to equality, diversity and inclusion** 4
- What does our equality report include?** 4
- Section 1: About First Community Health and Care** 5
  - Our equality objectives 2015 - 2020** 5
  - Our priorities for 2020/21** 8
  - Our population** 8
- Section 2: Our workforce** 10
  - Staff survey** 11
  - Workforce race equality standard** 11
  - Gender pay reporting** 12
- Section 3: Our patients and service users** 14
  - What people say about our services** 15
  - Patient and public involvement** 17
  - Accessible information standard** 17
  - Next steps** 19
- Appendix 1: Population data** 20
- Appendix 2: Workforce data** 24
- Appendix 3: Patient data** 32

# Executive summary



I am delighted to present our progress on our equality, diversity and inclusion agenda for 2019/20 and to set out our priorities for the year ahead.

COVID-19 has shone a spotlight on how our differences (age, having a long term health condition, ethnicity and sex) impact on our health outcomes. Addressing health inequalities and tailoring health care to meet the needs of our population has arguably never been so important.

The truth is it's always been important and the COVID spotlight has acted as a wakeup call that none of us can ignore.

Likewise, we cannot ignore that the health and care workforce is disproportionately made up of women and people from Black, Asian and Minority Ethnic (BAME) backgrounds. Without their passion and compassion for improving the lives of our populations, there would be no NHS to be proud of.

So embracing the equality agenda has to be central to everything we do, both as an employee owned Community Interest Company and as the provider of NHS services. This report aims to describe some of what we have done - we should be proud that we are continuously moving in the right direction. It also recognises that we have still much to do – we should be ambitious for the populations we serve and the amazing people that work within First Community.

Our ambition to appoint an Equality Diversity and Inclusion Lead was significantly delayed, meaning that our focus on embedding EDS 2 had to be paused. We have therefore extended our 2015-2020 equality objectives to 2021.

Inclusion and diversity is also about celebrating difference. That is how we learn about each other and the communities we come from. In 2019 we celebrated our first PRIDE event in June and Black History month in October. This year both celebrations have been held virtually, but hopefully equally as impactful.

Thank you to all our staff, partners and stakeholders who are on-board with our inclusion journey to make First Community a first rate place to work and a trusted place to receive outstanding treatment and care for every individual.



Jon Ota  
Director of Quality & People (Chief Nurse) and Board lead for inclusion

## Our commitment to equality, diversity and inclusion

As an employee owned organisation we are committed to ensuring that equality, diversity and inclusion are at the heart of what we do and the way we work.

This means we aim to act fairly and equitably at all times towards our patients and their families and to our staff.

This report outlines the due regard we are taking to eliminate discrimination, harassment and victimisation, to promote inclusion and equality of opportunity, and to foster good relations among our staff and communities. This extends to people who identify with one or more of the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

## What does our equality report include?

Our equality report is divided into three sections:

**Section 1** provides a summary of the key findings in this report and outlines our equality, diversity and inclusion objectives and how we have progressed towards meeting these during the period 1 April 2019 - 31 March 2020; and our priorities for the year ahead.

**Section 2** focuses on our staff and includes details on our staff survey results and Workforce Race Equality Standard (WRES) progress.

**Section 3** provides information on our patients and includes feedback on their views of our services, and our recording of those with communication needs.

# Section 1

## About First Community Health and Care

Our vision: “Rejuvenating the well-being of our community”

First Community is part of the NHS family and provides community healthcare services to people in east Surrey and the surrounding area, and is rated outstanding by the CQC.

We offer a friendly face with first-rate care, delivered by our first-rate people, offering first-rate value. We provide high-quality nursing and therapy teams, specialist care teams, children and family advice and support as well as a Community Inpatient Ward and Minor Injury Unit at Caterham Dene Hospital.

We are an employee-owned community interest company and any surplus we make is used to reinvest into our services. We are constantly striving to improve services for our community, and our passion is to deliver the highest quality of care for our patients, service users and carers.

All staff are invited to become shareholders and as at March 2020 75% of staff have taken up this option. As an employee-owned organisation we have turned the traditional organisational hierarchy on its head so the managers and Board members are there to support the function of clinical services and their interface with patients and public. This is further supported by the Council of Governors, made up of our shareholding staff, and our Community Forum with a membership of local public sector and voluntary sector partners.

## Our equality objectives 2015 - 2020

We used the Equality Delivery System for the NHS, EDS2, to help us identify the areas where we need to focus the most as the basis for our equality objectives.

These were set in 2015 and will be reviewed and new objectives defined for 2021 onwards. Below are the details of our current objectives and a summary of our progress against these:

1. **Objective:** 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 race equality, including a specific indicator to address the low levels of BAME staff at senior levels and Board representation.

### **Progress highlights:**

- 2020 is the fourth year of publishing our Workforce Race Equality Standard data and we have developed an action plan to address the findings.
- There was a 29% decrease in the number of our BAME staff who reported harassment and abuse from patients and the public. During 2019 we undertook a significant piece of work to protect colleagues from such abuse.
- 92% of staff self-reported their ethnicity in 2019/20, which has increased from 87% in 2018. In 2019 electronic staff records were embedded across the organisation.
- First Community continues to reflect the populations it serves with 9% of our workforce of BAME heritage.
- There has been an increase in the number of BAME staff in senior non-clinical posts, a BAME appointment at Board level, and an increase in the relative likelihood of BAME staff being appointed from shortlisting.
- During 2019/20 our BAME staff network has met regularly and membership has increased over this time.

2. **Objective:** To continue to improve on the collection of patients' ethnicity data and to set a target of 80% for all services with regard to the reporting of ethnicity. To then review how we can build on this to include other 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.

### **Progress highlights:**

- The organisation currently achieves 67% on the collection of patients' ethnicity data. Whilst we have not achieved the target of 80% we have seen an improvement in the collection of patients' data across several other protected characteristics including marital status, language spoken, and religion. Further work is planned to improve the collection of patient ethnicity data.

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

**Progress highlights: -**

- We have identified that we need to scope requirements for our EDS2 self-assessment and this is in the planning stages. Our intention is to work with our community groups and partners to find out where we need to focus our efforts and resources in order to make a real difference to people in east Surrey. We will look to complete EDS2 assessment by March 2021, which will form a key source for identifying equality objectives for 2021-2023.

**4. Objective:** 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.

**Progress highlights: -**

- Our approach to patient and public involvement has been refreshed to include a Patient and Public Involvement Group. Staff now have a menu of tools to use to ensure co-production with our community is embedded in service design, delivery and evaluation to help us deliver person centred care.
- Both the Children and Family Health Surrey Gypsy Roma Traveller (GRT) service and the Life After Stroke programme are examples of our engagement with people in our community who have protected characteristics.
- Our quarterly Community Forum also provides an important role in enabling us to engage with our community and this is well attended by around 30 local voluntary and public sector organisations representing particular groups with protected characteristics such as disability, age and pregnancy.
- We introduced the Accessible Information Standard in 2016 to ensure that people who have a disability, impairment or sensory loss receive accessible information that they can understand. This aims to improve access to services and health outcomes for this group of people. Each patient is asked about their communications needs when they register with our services and these are flagged in the patient's record to ensure these needs are met by staff.
- All First Community policies incorporate an equality analysis to ensure we have considered the potential impact on people with protected characteristics and, where necessary, actions are identified and completed to address any negative impacts.

## Our priorities for 2020/21

We have set five equality, diversity and inclusion priorities for 2020/21 as follows:

1. Fulfil our **Workforce Race Equality Standard** action plan, improving the experiences of staff from BAME backgrounds and measuring our progress. This will include a focus on further increasing the proportion of BAME staff appointed following the shortlisting stage of recruitment and in particular the number of BAME people appointed to senior roles within First Community. Our plans to achieve this include improving the diversity on interview panels, and providing detailed feedback to internal BAME applicants for post who were not successful at interview.
2. Implement the **Workforce Disability Equality Standard**. The implementation of the WDES will enable us to better understand the experiences of our disabled staff. It will support positive change for existing employees, enable a more inclusive environment and identify good practice across the organisation.
3. Strengthen our understanding of our performance for staff and patients with characteristics protected by the Equality Act 2010 through completion of the EDS2 to help inform our **Equality Objectives for 2021 – 2025**. Through staff engagement and increased public and community involvement we will understand better where we need to focus our efforts and resources in order to make a real difference to people in our local communities.
4. **Improving our understanding and needs of the populations we serve** so that we can provide the best possible care. Greater understanding will help improve and shape the care we provide. We will achieve this through improving ethnicity recording in our patient records, provide evidence based clinical guidelines for conditions where treatment and care might differ depending on protected characteristics and tailor our equality and diversity training to reflect the communities within east Surrey.
5. Develop our **Workforce Inclusion** initiative with staff across First Community to promote inclusive workplace practices. This includes setting high standards around inclusion when recruiting all staff, including Board members, and ensuring that successful applicants hold the principles of equality and inclusion at the heart of everything we do. We will use feedback from staff to understand where there are barriers to them feeling included and to raise awareness of the importance of inclusion for staff wellbeing and for patient care.

# Our population

## Protected characteristic highlights at a glance

We work closely with our partners across the communities in east Surrey and West Sussex, serving a population of 341,000 people, to ensure we provide first rate services to everyone who needs our support. Below are highlights regarding the local population sourced from Public Health England Health Profiles 2017 and the Census from 2011. More detailed information for each protected characteristic is provided in Appendix 1.

Reigate and Banstead	Tandridge	Crawley
<ul style="list-style-type: none"> <li>• 144,000 people live in Reigate and Banstead</li> <li>• Generally their health is better than the England average</li> <li>• One of the least deprived districts in England, however about 11% of children live in low income families</li> <li>• 85% of the population is white British and the largest non-white populations are Asian and black African Caribbean</li> </ul>	<ul style="list-style-type: none"> <li>• 86,000 live in Tandridge</li> <li>• Generally their health is better than the England average</li> <li>• One of the least deprived districts in England, however about 11% of children live in low income families</li> <li>• 89.3% of the population is white British and the largest non-white populations are Asian and black African Caribbean</li> </ul>	<ul style="list-style-type: none"> <li>• 111,000 people live in Crawley</li> <li>• Their health is varied compared with the England average</li> <li>• Deprivation is lower than the England average, however about 18% of children live in poverty</li> <li>• 72.1% of the population is white British and the largest non-white populations are Indian, Sri Lankan and Pakistani</li> </ul>

Source: Public Health England Health Profiles 2017 and Census 2011

East Surrey and West Sussex key facts
<ul style="list-style-type: none"> <li>• <b>Race:</b> There are around 400 people who identify as Gypsy Roma Travellers in east Surrey which is thought to be less than the actual numbers but is significantly higher than the national average</li> <li>• <b>Religion and belief:</b> About two thirds of east Surrey’s population are Christian, whilst a substantial proportion has no religion. For those who have a religion other than Christian, Muslim and Hindu are the largest religions followed</li> <li>• <b>Sexual orientation:</b> 623 people in east Surrey and Crawley say they are in a civil partnership. It is estimated there are over 23,000 people who are lesbian, gay, bi-sexual or transgender (LGBT) in the area served by the organisation</li> <li>• <b>Age:</b> in east Surrey there are less people aged 15-29 than the national average and more people aged 35 and over than average including those over 85</li> <li>• <b>Disability:</b> Around 18% of the population consider themselves to have a disability nationally and this is reflected in the local population. Within this, the number of people with a learning disability in east Surrey is expected to increase to 4.9%, up from 2.4%, in the next five years</li> </ul>

Source: Public Health England Health Profiles 2017 and Census 2011

## Section 2

### Our workforce

#### Protected characteristic highlights at a glance

First Community employed **491 staff** on 31 March 2020. Below are highlights for each protected characteristic drawn from the full data provided in Appendix 2.

Protected characteristic	Diversity Scorecard Analysis 2019 - 2020
Age	<p>The largest age group employed at First Community is the 51-55 age group (17.5%)</p> <p>38.5% of our workforce are over the age of 51</p> <p>We recruited an even proportion of staff across 3 age groups (12.9%) - they were 30-34; 40-44; and 50-54</p> <p>The majority of our leavers were between the ages of 21-25 (16.7%)</p>
Disability	<p>91.4% of our workforce report if they have a disability</p> <p>3.9% of the workforce have declared 'yes' to a disability</p> <p>Candidates who declared a disability during the recruitment process - 3% of those were recruited from being shortlisted</p>
Marriage and Civil Partnership	<p>98% of the workforce report their status</p>
Ethnic Origin	<p>92.3% of our workforce report their ethnicity</p> <p>85.3% of the workforce is White British</p> <p>10.9% of the workforce is BAME</p> <p>13.4% of appointments during the period identified as BAME.</p>
Religion or Belief	<p>24% of our workforce choose not to disclose their religion or belief</p>
Gender	<p>91.4% of our workforce is female</p> <p>8.6% of our workforce is male</p>
Sexual Orientation	<p>80.9% of our workforce report their sexual orientation</p> <p>78.4% of our workforce identify their sexual orientation as Heterosexual</p> <p>2.4% of our workforce identify their sexual orientation as LGBT+</p>
Pregnancy and Maternity	<p>100% of our workforce who went on maternity leave returned to the organisation</p>

Source: Electronic Staff Records

## Staff survey

We are grateful to all our staff that completed the annual staff survey sharing their individual experiences of working in First Community.

We use the results to understand what we are doing well and where we need to make improvements. We are encouraged by the results of the 2019 survey. Our overall staff engagement has remained the same as last year at **7.5 out of 10**. Our response rate to the survey increased from with **71% in 2018 to 79% in 2019**.

The responses show that we have made a significant improvement from last year in relation to:

- Not working any additional unpaid hours per week for the organisation, over and above contracted hours
- The ability to meeting conflicting demands on their time at work
- The ability to do their job to a standard they are pleased with.

This indicates that we are listening and responding to the needs of our workforce.

The survey shows that our BAME staff and those staff with a disability have a less positive experience than the rest of our workforce in a number of areas and we know there is still much work to do. For both groups, however, we saw an improvement compared to 2018 and we will look to build on this going forward.

### BAME staff

- The average score, across all questions in the staff survey, improved by 5% compared to 2018 (from 63% to 68%)
- The Number of BAME staff completing the survey increased by 75% (from 16 to 28)

### Staff living with a disability

- The average score, across all questions in the staff survey, improved by 1% compared to 2018
- Responses by staff living with a disability in First Community were significantly better than the NHS wide comparison for the disability equality indicator questions: 75% (First community) compared to 69% (NHS wide).

A full breakdown of the staff survey results for 2019 is available at:

<http://www.nhsstaffsurveyresults.com/local-benchmarking-questions/>

The inclusion agenda is also very important to us, as is the satisfaction of all our staff, and we are working to address the issues raised through the staff survey as part of our programme of work for the Workforce Race Equality Standard and the Workforce Disability Equality Standard. This includes developing leaders to take forward our inclusion agenda.

## Workforce race equality standard

Our Workforce Race Equality Standard Report completed in August 2019 suggests variations in experiences between BAME staff and white staff in a number of indicators.

A number of resulting actions have been undertaken which aim to have a positive impact on the experience of BAME staff and consequently the workforce indicators for this staff group:

- The delivery of First Leadership, a six-day programme which includes coaching techniques, the impact of unconscious bias, 360 degree feedback and inclusive practices.
- A change to the leadership of equality, diversity and inclusion by bringing this role in-house rather than using an external advisor. This has enabled more staff to get directly involved in our work in this area.
- Development and embedding of our BAME Network across the organisation
- Wider promotion of events that promote equality, diversity and inclusion, such as the NHS Equality, Diversity and Human Rights Week and Black History Month via internal and external organisational communications.
- We changed the organisation's public facing side website and social media campaigns to ensure they are inclusive of all staff.
- We had BAME representation on our selection panels for our senior roles that we recruited to in 2019-2020.

Our full [Workforce Race Equality Standard submission](#) is available to download from our website.

## Gender pay reporting

In line with other organisations providing public sector services, at First Community we are required to report on our gender pay and any gaps each year.

The most recent gender pay gap report prepared by First Community was as at 31 March 2019. At that date First Community had a mean gender pay gap of -1.6% (compared to 3.2% at 31 March 2018) and a median gender pay gap of -10.2% (compared to -1.7% at 31 March 2018), based on hourly rates of pay. A negative figure means that the average pay for women was higher than for men. The Office of National Statistics reported in April 2019 a median gender pay gap for all organisations of 17.8%. The Nuffield Trust reported a gender pay gap within the NHS of 8.6%.

All staff with the exception of the Chief Executive and the Director of Finance and Resources are paid in accordance with the National Agenda for Change pay, terms and conditions. These set out band structures and pay for all employees to ensure transparency, fairness and equal treatment. However when staff move up through the increments due to length of service, this can appear to affect the gender

pay balance with currently more females are at the higher points on the pay bands.

## Section 3

### Our patients and service users

#### Protected characteristic highlights at a glance

First Community supported **36,864 patients** and service users between 1 April 2019 and 31 March 2020. Below are highlights for each protected characteristic drawn from the full data provided in Appendix 3.

Protected characteristic	Diversity analysis for 2018/19
<b>Age</b>	<ul style="list-style-type: none"> <li>The largest age group of patients seen during 2019/20 were under 10 years old (27.36%). This was an increase of 2% compared to 2018/19</li> <li>25.52% of patients were over 70 years of age. This was an increase of 2.5% compared to 2018/19. The 2011 census reported that 17.8% of the east Surrey population was over the age of 65.</li> </ul>
<b>Marriage and civil partnership</b>	<ul style="list-style-type: none"> <li>Of the 47% of patients who have reported their marital status, the largest proportion are single (21.65%), which reflects the largest proportion of patients seen as being under 10 years old</li> </ul>
<b>Race</b>	<ul style="list-style-type: none"> <li>72% of patients reported their ethnicity, an increase of 3.5% since last year</li> <li>61.5% reported being from a white background with the remaining 11.5% being from a BAME background. The largest proportion being from an Asian background (3.2%)</li> </ul>
<b>Religion or belief</b>	<ul style="list-style-type: none"> <li>29.4% of patients disclosed their religion or belief, with 89.5% of these patients being of a Christian denomination</li> <li>Of those who disclosed their religion or belief, the second largest proportion of patients were Hindu at 3.5%, followed by of Islamic faith at 1.7%</li> </ul>
<b>Sex</b>	<ul style="list-style-type: none"> <li>56.9% of our patients were female</li> <li>43.1% of our patients were male</li> </ul>

Source: EMIS, electronic patient records

# What people say about our services

## Friends and Family Test

The Friends and Family Test is one way of measuring how satisfied people are with the services that we provide at First Community. The table below shows our Friends and Family Test results overall from 2019/20:

Month	Number of responses	% likely to recommend
April 2019	626	97%
May 2019	368	95.7%
June 2019	284	97.5%
July 2019	281	97.9%
August 2019	282	97.9%
September 2019	203	98%
October 2019	569	96.8%
November 2019	330	95.8%
December 2019	464	97.4%
January 2020	513	95.5%
February 2020	242	98.3%
March 2020	334	95.5%

Source: iWantGreatcare

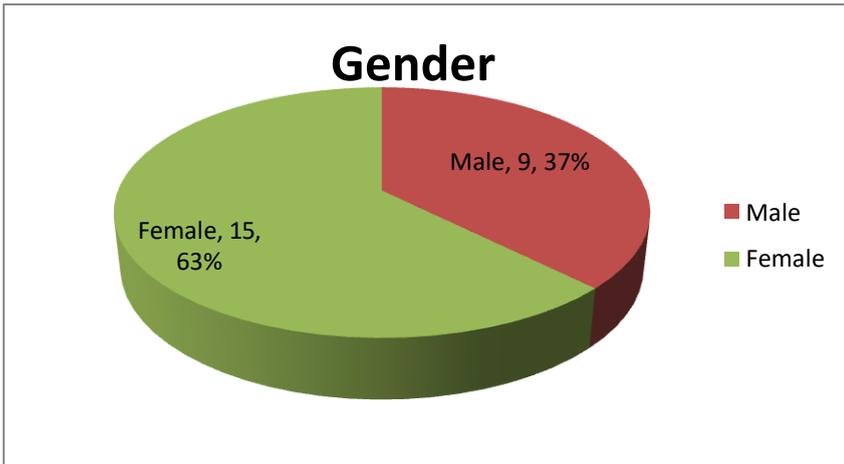
## Complaints

There have been a total of 24 formal complaints during 2019/20, increasing from 19 for 2018/19; we have experienced a decrease in informal complaints from 41 in 2018/19 to 34 in the reporting year.

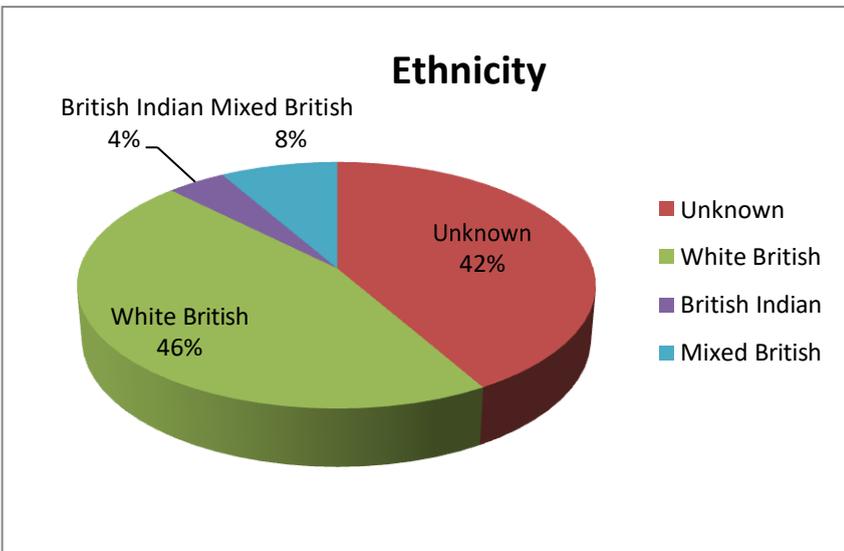
Of the formal complaints 16 were upheld or partially upheld, which means our investigation agreed that the service received did not meet the standard that should have been expected, 8 were not upheld.

Below is a breakdown of the protected characteristics data for people making complaints during the year. The unknown category in ethnicity data has increased from 32% to 42%.

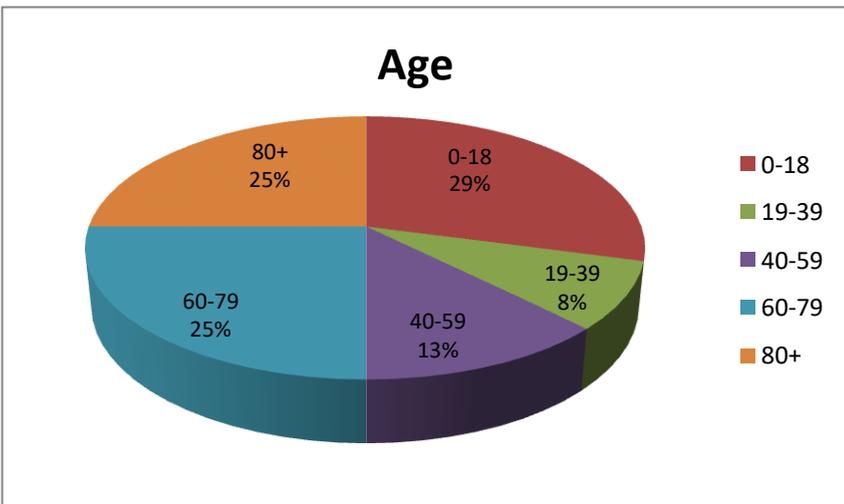
There has been a small decrease in the number of patients aged 0-18 who have complained from 32% of complaints in 2018/19 to 29% in 2019/20 however this is the highest category.



Source: First Community clinical governance data base 19/20



Source: First Community clinical governance data base



Source: First Community Clinical Governance data base

## Patient and public involvement

First Community has continued during 2019/20 to carry out work involving our service users.

We have refreshed our commitments and information on how we seek patient experience and involve them in their care and our organisation.

We asked patients how they would like to access their appointments using virtual means

We have asked our Audiology patients to review documents that the service produces

We bid for funding for a Public Engagement grant, using the learning that we made developing patient-led support groups

Our ambitions for 2020/21 are for:

- Wider engagement with more clinical teams to further embed public involvement
- Wider engagement with external partners to develop links for our public involvement work.
- Development of a Patient Panel to strengthen how we embed patient and public involvement within all aspects of our organisation

## Accessible information standard

At First Community we are committed to providing fair access to our services for everyone and ensuring each individual's communication support needs are met.

This includes particular focus on people with a disability, impairment or sensory loss in response to the Accessible Information Standard developed by NHS England and introduced in 2016. This ensures that we identify the communication needs for each individual and find out the best way to support these needs by taking the following steps:

- **Identify** communication needs and find out the best way to support these needs. This allows us to communicate with people in the way that suits their needs
- **Record** these needs on our patient records
- **Flag** these needs within the person's records so that prompt action can be taken to address them
- **Share** these needs with relevant health and social care providers to create a consistency of care
- **Act** on these needs with a wide range of communication tools that cater for all disability, impairment and sensory loss.

In the past year we have assessed **47.55%** of all new patients for their communication requirements and need to support our staff to identify and record this information for all new patients to ensure we are meeting everyone's needs.

	2019/20	2018/19	2017/18
% of patients assessed for communication need	47.55%	44.75%	43.70%

Source: First Community data base

People have identified many different ways of receiving communication about their care and treatment and the most popular are listed below. The area of most growth since 2017/18 is people who require contact through their carer, which could be reflective of our additional emphasis on ensuring carers' are recognised and involved in people's care.

Type of need	2019/20	2018/19	2017/18
Hearing aid	103	95	97
Needs an advocate	163	151	95
Large text	83	73	95
Contact via carer	279	259	120
Verbal information	43	34	22
Another person reads out written information	32	22	12

Source: First Community data base

During 2017/18 we spent over **£9,300** on translation and interpretation services for those who do not have English as their first language including sign language. This is over double the amount spent in 2017/18 (£4,200) reflecting the growing diversity in our communities and the importance we place on ensuring we are able to communicate with people in their primary language .

## Next steps

We have made some positive progress in our equality, diversity and inclusion activities over the last year. We recognise that there is still much to do and that improvement requires commitment and collective effort and that achieving positive outcomes takes time.

For the year ahead we will continue to focus on our objectives, and the five priority areas as identified in Section 1 of this report, with work plans to address each area. A key priority is to improve our Workforce Race Equality Standard indicators and this is supported by a detailed action plan for 2019/20. At the same time, we will carry on with the work that helps create a culture of inclusion.



First Community staff at Caterham Dene Hospital

# Appendix 1

## Population data for each protected characteristic

### 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 are aged 75-84
- 2.0% of the population are aged 85+

### Disability

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 reported having a disability that limited their daily activities in the 2011 census (Reigate & Banstead: 5.5%, Tandridge: 5.3%, and Crawley: 7.2%). 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.

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. 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

Learning disability prevalence in east Surrey is estimated at 2.4% (3,545) of the population in 2017. This is projected to increase by 4.9% to 3,718 over the next 5 years. The number of adults aged 65 and over with a learning disability is predicted to increase from 670 to 843 from 2015 to 2025, an increase of approximately 26%.

### Race

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
<b>Crawley</b>	72.1%	7.8%	20.1%	109,000
<b>Reigate and Banstead</b>	85.0%	5.7%	9.4%	143,000
<b>Tandridge</b>	89.3%	4.6%	6.2%	85,000

Source: Census data 2011

In east Surrey 8.3% of the population are of non-white ethnic backgrounds compared to 14.6% for England. 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.

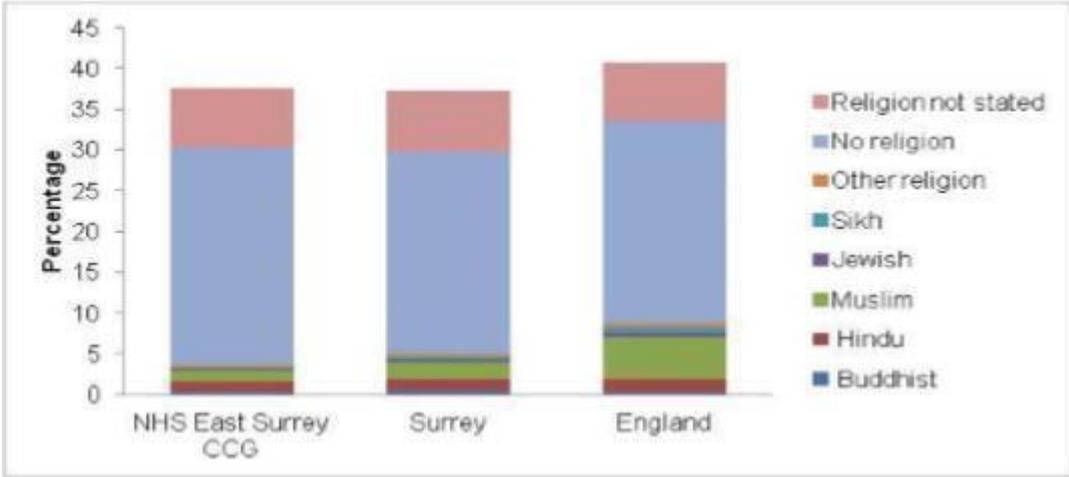
Crawley’s biggest white non-British group is Polish whilst the largest non-white British populations are Indian, Sri Lankan and Pakistani.

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 400 Gypsy Roma Travellers in east Surrey. Many Gypsies are now settled but still consider themselves to be part of the traveller community. There are around 300 Gypsy, Roma, and Travellers residing in 72 pitches across seven sites in east Surrey.

### Religion and belief

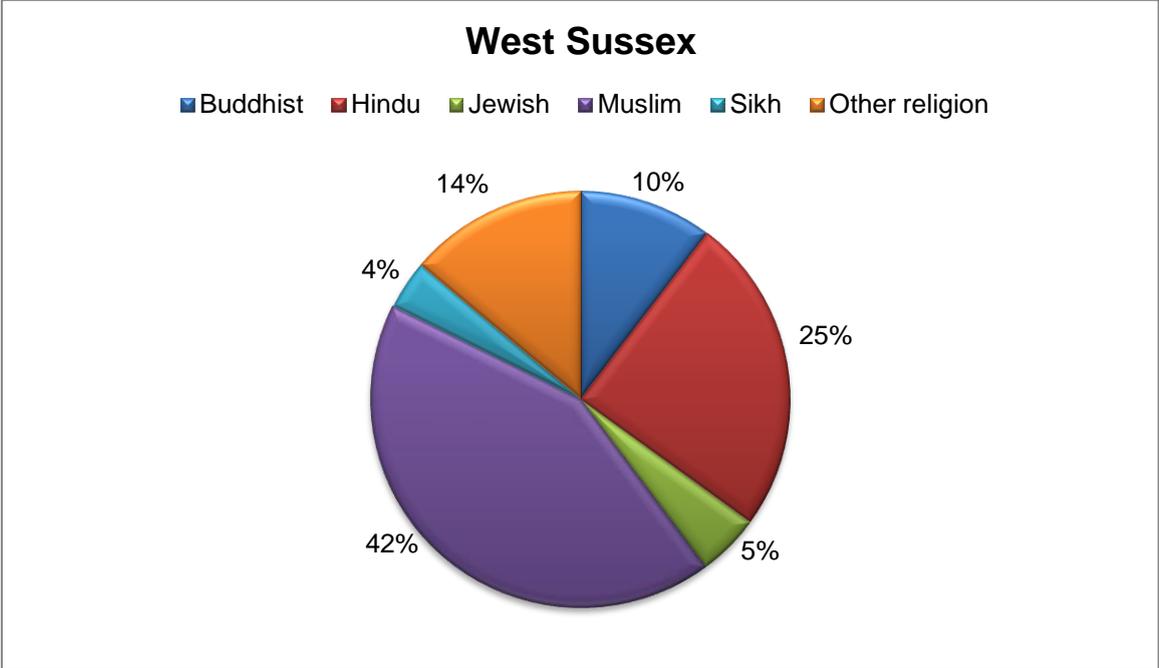
The main source of information about different religions practiced by the local population is the 2011 Census. There was a significant increase in the number of people stating they had no religion in the 10 years between the last Census and the 2011 Census. About two-thirds of east Surrey’s population said that their religion was Christian in the 2011 Census, while a substantial proportion said they had no religion or did not state their religion.

East Surrey data for non-Christian religions



Source: Census 2011

West Sussex data for non-Christian religions



Source: Census 2011

## Sex

Local authority	Total males	%	Total females	%
<b>Reigate and Banstead</b>	71,000	49%	73,000	51%
<b>Tandridge</b>	42,000	48%	44,000	52%
<b>Crawley</b>	55,000	49%	56,000	51%

Source: Public health profile 2017

## 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. 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. It is estimated that there are over 23,000 people who identify as LGBT in the area served by First Community. We know from recent studies by Stonewall that in general LGBT people experience higher instances of negative experience when accessing health care.

## 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.

Local authority	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
<b>Surrey</b>	1,105,800	107,829	29,364	18,397
<b>Reigate and Banstead</b>	134,346	12,980	3,656	2,257
<b>Tandridge</b>	80,916	8,518	2,290	1,442
<b>Crawley</b>	106,597	9,902	1,418	2,106

Source: Census 2011

## Appendix 2

### Workforce data for each protected characteristic

#### Age

Workforce by Age		
Age Band	Headcount	% of staff by Headcount
<=20 Years	1	0.2%
21-25	26	5.3%
26-30	34	6.9%
31-35	53	10.8%
36-40	56	11.4%
41-45	68	13.8%
46-50	64	13.0%
51-55	86	17.5%
56-60	62	12.6%
61-65	34	6.9%
66-70	5	1.0%
>=71 Years	2	0.4%

Recruitment and Selection by Age			
Age band	Shortlisted	Appointed	% of candidates recruited
Under 18	0	0	0.0%
18 to 19	6	2	1.0%
20 to 24	68	15	7.5%
25 to 29	111	22	10.9%
30 to 34	104	26	12.9%
35 to 39	98	17	8.5%
40 to 44	86	26	12.9%
45 to 49	95	22	10.9%
50 to 54	99	26	12.9%
55 to 59	69	20	10.0%
60 to 64	24	4	2.0%
65 to 69	3	1	0.5%
>=71 Years	1	0	0.0%

Leavers by Age		
Age Band	Headcount	% of leavers
<=20 Years	0	0.0%
21-25	16	16.7%
26-30	10	10.4%
31-35	7	7.3%
36-40	9	9.4%
41-45	12	12.5%
46-50	11	11.5%
51-55	12	12.5%
56-60	10	10.4%
61-65	7	7.3%
66-70	2	2.1%
>=71 Years	0	0.0%

## Disability

Workforce by Disability		
Disability	Headcount	% of staff by Headcount
Yes	19	3.9%
No	430	87.6%
Not declared	42	8.6%

Recruitment and Selection by Disability			
Disability	Shortlisted	Appointed	% of candidates appointed
Yes	41	6	14.6%
No	711	169	23.8%
Unspecified	12	6	50.0%

Leavers by Disability		
Disability	Headcount	% of leavers
Yes	3	3.1%
No	85	88.5%
Not Declared	7	7.3%
Unspecified	1	1.0%

## Marriage and civil partnership

Workforce by Marital Status		
Marital Status	Headcount	% of staff by Headcount
Civil Partnership	6	1%
Divorced	37	8%
Legally Separated	8	2%
Married	269	55%
Single	154	31%
Unknown	11	2%
Widowed	5	1%

Recruitment and Selection by Marital Status			
Marital Status	Shortlisted	Appointed	% of candidates
Married	343	82	24%
Single	312	67	21%
Civil partnership	19	3	16%
Legally separated	14	5	36%
Divorced	50	17	34%
Widowed	5	1	20%
Undisclosed	21	6	29%

## Ethnicity

Workforce by Ethnic Origin		
Ethnic Origin	Headcount	% of staff by Headcount
White - British	379	77.2%
White - Irish	9	1.8%
White - Any other White background	20	4.1%
Mixed - White & Black Caribbean	2	0.4%
Mixed - White & Black African	2	0.4%
Mixed - White & Asian	3	0.6%
Mixed - Any other mixed background	4	0.8%
Asian or Asian British - Indian	9	1.8%
Asian or Asian British - Pakistani	1	0.2%
Asian or Asian British - Any other Asian background	2	0.4%
Black or Black British - Caribbean	9	1.8%
Black or Black British - African	10	2.0%
Black or Black British - Any other Black background	2	0.4%
Chinese	0	0.0%
Any Other Ethnic Group	1	0.2%
Other Specified	0	0.0%
Not Stated	38	7.7%

Recruitment and Selection by Ethnic Origin			
Ethnic Origin	Shortlisted	Appointed	% of candidates recruited
WHITE - British	486	142	70.6%
WHITE - Irish	9	3	1.5%
WHITE - Any other white background	49	4	2.0%
ASIAN or ASIAN BRITISH - Indian	48	5	2.5%
ASIAN or ASIAN BRITISH - Pakistani	6	0	0.0%
ASIAN or ASIAN BRITISH - Bangladeshi	4	0	0.0%
ASIAN or ASIAN BRITISH - Any other Asian background	17	1	0.5%
MIXED - White & Black Caribbean	9	3	1.5%
MIXED - White & Black African	5	1	0.5%
MIXED - White & Asian	4	1	0.5%
MIXED - any other mixed background	13	1	0.5%
BLACK or BLACK BRITISH - Caribbean	21	5	2.5%
BLACK or BLACK BRITISH - African	54	8	4.0%
BLACK or BLACK BRITISH - Any other black background	9	0	0.0%
OTHER ETHNIC GROUP - Chinese	6	0	0.0%
OTHER ETHNIC GROUP - Any other ethnic group	9	2	1.0%
Undisclosed	15	5	2.5%

Leavers by Ethnic Origin		
Ethnic Origin	Headcount	% of leavers
White - British	69	71.9%
White - Irish	2	2.1%
White - Any other White background	1	1.0%
Mixed - White & Black Caribbean	3	3.1%
Mixed - White & Black African	0	0.0%
Mixed - White & Asian	2	2.1%
Mixed - Any other mixed background	1	1.0%
Asian or Asian British - Indian	5	5.2%
Asian or Asian British - Pakistani	0	0.0%
Asian or Asian British - Any other Asian background	0	0.0%
Black or Black British - Caribbean	0	0.0%
Black or Black British - African	8	8.3%
Black or Black British - Any other Black background	0	0.0%
Chinese	1	1.0%
Any Other Ethnic Group	2	2.1%
Other Specified	1	1.0%
Not Stated	1	1.0%
Unspecified	0	0.0%

## Religion or belief

Workforce by Religion or Belief		
Religion or Belief	Headcount	% of staff by Headcount
Atheism	60	12.2%
Buddhism	3	0.6%
Christianity	264	53.8%
Hinduism	6	1.2%
I do not wish to disclose	118	24.0%
Islam	4	0.8%
Judaism	2	0.4%
Other	34	6.9%

Recruitment and Selection by Religion or Belief			
Religion or Belief	Shortlisted	Appointed	% of candidates recruited
Atheism	139	36	26%
Buddhism	2	1	50%
Christianity	428	106	25%
Hinduism	34	3	9%
Islam	24	2	8%
Jainism	1	0	0.0%
Judaism	1	1	100%
Sikhism	3	0	0.0%
Other	59	16	27%
Undisclosed	73	16	22%

Leavers by Religion or Belief		
Religion or Belief	Headcount	% of leavers
Atheism	17	17.7%
Buddhism	1	1.0%
Christianity	51	53.1%
Hinduism	3	3.1%
I do not wish to disclose	15	15.6%
Islam	2	2.1%
Judaism	0	0.0%
Other	7	7.3%
Unspecified	0	0.0%

## Gender

Workforce by Gender		
Gender	Headcount	% of staff by Headcount
Female	449	91.4%
Male	42	8.6%

Recruitment and Selection by Gender			
Gender	Shortlisted	Appointed	% of candidates
Male	127	16	13%
Female	635	164	26%
Undisclosed	2	1	50%

Leavers by Gender		
Gender	Headcount	% of leavers
Female	89	93%
Male	7	7%

## Sexual orientation

Workforce by Sexual Orientation		
Sexual Orientation	Headcount	% of staff by Headcount
Bisexual	2	0.4%
Gay or Lesbian	9	1.8%
Heterosexual or Straight	385	78.4%
Not disclosed	94	19.1%
Undecided	1	0.2%

Recruitment and Selection by Sexual Orientation			
Sexual Orientation	Shortlisted	Appointed	% of candidates
Heterosexual	810	171	21%
Gay/Lesbian	14	2	14%
Bisexual	8	0	0%
Undisclosed	26	7	27%
Undecided	4	1	0%
Other	0	0	0%

Leavers by Sexual Orientation		
Sexual Orientation	Headcount	% of leavers
Bisexual	1	1.0%
Gay or Lesbian	0	0.0%
Heterosexual or Straight	79	82.3%
Not disclosed	16	16.7%
Undecided	0	0.0%
Unspecified	0	0.0%

Source for all data: Electronic Staff Records (ESR) and NHS Jobs data

## Appendix 3

### Patient data for each protected characteristic

#### Age

Patients by age		
Age group	Number	% of total
1 and below	494	1.34%
1-10	9593	26.02%
11-20	2121	5.75%
21-30	2382	6.46%
31-40	3964	10.75%
41-50	2415	6.55%
51-60	3180	8.63%
61-70	3307	8.97%
71-80	3868	10.49%
81-90	3814	10.35%
91-100	1658	4.50%
101 and above	68	0.18%
<b>Total</b>	<b>36864</b>	<b>100.00%</b>

#### Ethnicity

Breakdown of patient by ethnicity		
Ethnicity	Number	% of total
Asian or Asian British - Any other Asian background	290	0.8%
Asian or Asian British - Bangladeshi	104	0.3%
Asian or Asian British - Indian	497	1.4%
Asian or Asian British - Pakistani	227	0.6%
Black or Black British - African	277	0.75%
Black or Black British - Any other Black background	108	0.3%
Black or Black British - Caribbean	72	0.2%
Mixed - Any other mixed background	449	1.2%
Mixed - White & Asian	50	0.1%
Mixed - White & Black	74	0.2%
Any Other Ethnic Group	807	2.2%
White - Any other background	1549	4.2%
White - British	20952	56.8%
White - Irish	175	0.5%
Unknown	11233	30.5%
<b>Total</b>	<b>36864</b>	<b>100%</b>

## Marriage and civil partnerships

Breakdown by marital status		
Marital status	Number	% of total
Cohabiting	1056	2.86%
Common law partnership	65	0.18%
Divorced	574	1.56%
Married/Civil Partner	6127	16.62%
Separated	117	0.32%
Single	9243	25.07%
Widowed	1934	5.25%
Unknown	23068	48.14%
<b>Total</b>	<b>43613</b>	<b>100.00%</b>

## Religion

Breakdown by religion		
Religion	Number	% of total
Agnostic	534	1.45%
Atheist	2507	6.80%
Buddhist	27	0.07%
Christian	6841	18.86%
Hindu	372	1.01%
Islam	131	0.36%
Jewish	24	0.07%
Sikh	15	0.04%
Other	34	0.09%
Unknown	26379	71.56%
<b>Total</b>	<b>36864</b>	<b>100.00%</b>

## Sex

Breakdown by sex		
Gender	Number	% of total
Female	21434	58.14%
Male	15430	41.86%
Undisclosed	0	0.00%
<b>Total</b>	<b>43613</b>	<b>100.00%</b>

Source for all data: patient records

If you would like this information in another format, for example large print or easy read, or if you need help communicating with us:

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