

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

# **Equality, Diversity and Inclusion Report**

**1 April 2021 – 31 March 2022**



# Executive summary



I am delighted to present our equality, diversity and inclusion report for 2021/22 and to set out our priorities for the next three years and priorities for 2022/3.

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, that it's always been important and the 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 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 the provider of NHS services. To this end, in 2021 we undertook a detailed assessment of our equality issues using the NHS Equality Delivery System (EDS2) and used this to set our equality objectives for 2022-2025. This report aims to summarise what we learnt and how we plan to respond.

Thank you to all our staff, partners and stakeholders who have helped us to better understand where we are and what we need to focus on.

A handwritten signature in black ink, appearing to read 'Jon Ota'.

Jon Ota  
Director of Quality & People (Chief Nurse)

## 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 from the internal equality review undertaken in 2021 and the objectives we have set ourselves for the next two years.

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

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

**Appendices** provide more detailed data about our workforce and patients

# 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 was rated good by the CQC in 2022.

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 2022 76% 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 2022 - 2025

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

Key findings:

### The population we serve:

1. We wanted to compare the people that use our services with the wider population. This is important because it might shine a light on barriers that may exist for some people who use our services. Overall, the data suggested no obvious barriers for particular groups accessing our services.

This is what we found:

- a. Ethnicity - comparable (13.7% BAME patients compared to 9% in Reigate and

Banstead and 7% in Tandridge, however borough data is from 2011 census which is expected to increase in the 2021 census in the region of 12%)

- b. Age – reflected the focus of our services on older adults and children
  - c. Sex - more women (58%) access our services compared to the wider population. This reflects a higher proportion of women over 65 years old
  - d. Disability – comparison with local population is not helpful as population disability data are broad estimates and the nature of our service would mean that higher proportion would be living with a disability
  - e. For religion, sexual orientation, gender identity and marital status our patient data quality does not enable a comparison to be made.
2. When we looked at complaints, adverse incidents and family & friends test results, there was no significant difference in **experience and outcomes** of people with the protected characteristics (gender, age, ethnicity and disability, while for the other characteristics we were not able to reliably assess).
  3. As an organisation our workforce broadly reflects the **ethnic diversity** of the population we serve, with 12% of our staff being of BAME heritage compared to estimated 10-12% in east Surrey and 13% of our patients. The internal review however, highlighted that younger people in east Surrey were more likely to be of BAME heritage (15-20% for under 20's) and that our BAME staff in our children and families workforce was under represented (1% of workforce).
  4. Whilst major decisions about services to the public had undergone an **equality impact assessment** by statutory bodies, the review found that there were additional benefits for undertaking impact assessments for decisions made by First Community.
  5. The services delivered by First Community are diverse in nature and often deliver support and care to targeted sections of the population e.g. Health visiting and school nursing is for families with children aged 0-19 whilst the majority of patients who access our community nursing services tend to be over 70 years old. The review identified that service level equality objectives would be beneficial to address the specific needs of the people they serve.

### **Our Staff:**

6. Our annual staff survey and workforce race equality standard (WRES) over the last three years indicated an improvement in the experience and engagement of BAME staff notwithstanding that still more improvement was required to achieve the desired outcome of no disparity.
7. Whilst data collected for WRES suggest white and BAME staff were equally likely to be accepted for professional development opportunities, the actual numbers were not representative of our workforce i.e. fewer BAME colleagues were applying for development opportunities. Furthermore, in the listening events held as part of the review, our BAME colleagues told us that development opportunities were not equally available to them, describing barriers and discouragement to putting themselves forward for such opportunities.
8. Our workforce policies all had equality impact assessments, however the review

indicated that this process often did not get to the heart of issues and did not involve the right people.

9. During listening events both disabled and BAME colleagues were not aware of the equality of all the initiatives and thought that the board needed to be more visible on equality issues.
10. Members of the REACH (race, equality and cultural heritage) staff network spoke more highly about the work of the organisation and the benefits of being part of the network.

Based on what we learnt during the review we have set ourselves the following objectives for 2022-2025:

## Objective 1

All changes and improvements made to our services are taken with the needs of our population (using population health management insights) with meaningful consideration given to improve or address health inequalities.

### Measures of success:

- i. Patient family and friends test results
- ii. Improvement in patient demographic data quality
- iii. Equality impact assessments.

### Priorities for 2022/23

- a. Introduction of equality impact assessments for decisions made by the Board
- b. Improve the quality and completeness of data we collect about protected characteristics of patients and service users
- c. Introduction of service level equality actions to address the specific needs of patients and service users.

## Objective 2

To work collaboratively with health, education and social care partners in Surrey to reduce inequalities experienced by people (patients, staff and communities).

### Measures of success:

- i. Active participation in five equality focused initiatives delivered in partnership with health and social care partners in Surrey.

### Priorities for 2022/23

- a. Development of population health management insights at east Surrey level to enable neighbourhood interventions
- b. Engagement in the Surrey Heartland Health Inequalities Group, BAME Alliance, and workforce equalities steering group.

## Objective 3

To make First Community a great place to work where everyone is free from violence, discrimination, bullying or abuse and has equitable access to opportunities to develop, progress and achieve their full potential.

### Measures of success:

- i. Improvement in WRES/ WDES indicators
- ii. Staff Survey “staff family and friends test” question
- iii. Representative staff survey response across protected characteristics.

### Priorities for 2022/23

- a. Staff networks – continue to support the REACH network, establish a disability network and explore options for a LGBTQ+ network
- b. Redesign Equality Impact Assessment Process to include involvement of our staff networks
- c. Improve access to learning and development opportunities for BAME colleagues including leadership development and programmes for entry level colleagues.

## Objective 4

To develop inclusive and compassionate leaders to support a diverse and representative workforce to continue to deliver outstanding care to meet the individual needs of our patients and communities.

### **Measures of success:**

- i. Improvement in WRES/ WDES indicators
- ii. Staff Survey “staff family and friends test” question
- iii. Representative staff survey response across protected characteristic

### **Priorities for 2022/23**

- a. Developing our leaders: enhanced EDI session in our management programme, explore reciprocal mentoring and review mandatory EDI training for all staff
- b. Review mandatory equality training for all staff.



# Our population

## Protected characteristic highlights at a glance

First Community predominately delivers services in east Surrey covered by Reigate and Banstead and Tandridge District Council areas, a population of 238,800. We also deliver some services into West Sussex and across the rest of Surrey.

Reigate and Banstead	Tandridge
<ul style="list-style-type: none"> <li>• 150,900 people live in Reigate and Banstead (up 9.5% since 2011)</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>• 87,900 live in Tandridge (up 5.9% since 2011)</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>
East Surrey	
<ul style="list-style-type: none"> <li>• <b>Population is growing &amp; changing:</b> More people are moving into the area than leaving. In particular This means that our population is changing over time and makes it more important to keep refreshing our understanding of the needs.</li> <li>• <b>Race:</b> the population is very ethnically diverse without there being a particularly large communities of any one ethnic minority. This means our services need to be able to respond to diversity rather the gain a deeper understanding of particular communities. The number of people who identify as Gypsy Travellers in is significantly higher in east Surrey significantly higher than the national average – we are proud to have services that aims to better meet the needs of this community</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.</li> <li>• <b>Sexual orientation:</b> 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. We know that the proportion of people identifying as LGBT is increasing, particularly in 15-25 year olds</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. There are also more children 0-15</li> </ul>	

- **Disability:** 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

Source: Public Health England Health Profiles 2021 & 2017, Census 2021 and Census 2011(as not all 2021 data had been published at time of writing)

## Section 2

### Our workforce

#### Protected characteristics highlights at a glance

First Community employed **526 staff** on 31 March 2022. Below are highlights for each protected characteristic drawn from the full data provided in Appendix 2.

Protected characteristic	Diversity Scorecard Analysis 2021 - 2022
Age	<p>The largest age group employed at First Community is the 41-45 age group (15.7%). In 2020 the largest age group was 51-55.</p> <p>36% of our workforce are over the age of 51 (compared to 40% in 2020)</p> <p>The majority of our leavers were between the ages of 51-55 (17.6%)</p>
Disability	<p>95.4% of our workforce report if they have a disability (up from 91.6% in 2020)</p> <p>4.6% of the workforce have declared 'yes' to a disability (up from 3.9% in 2020)</p> <p>4.2% of leavers were disabled</p>
Marriage and Civil Partnership	<p>57% of our workforce are married or in civil partnership</p> <p>29% single</p> <p>10% divorced or separated</p>
Ethnic Origin	<p>94.8% of our workforce report their ethnicity (up from 92.3% in 2020)</p> <p>75.8% of the workforce is White British (down from 75.8% in 2020)</p> <p>12.4% of the workforce is BAME (up from 9% in 2020)</p> <p>17.6% of leavers during the period identified as BAME.</p> <p>15% of the Board identified as BAME</p>
Religion or Belief	<p>81.5 % of our workforce choose to disclose their religion or belief (up from 78% in 2020)</p>
Gender	<p>91.7% of our workforce identified as female</p> <p>8.3% identified as male</p>
Sexual Orientation	<p>86.3% of our workforce report their sexual orientation (up from 80.9% in 2020)</p> <p>83.4% of our workforce identify their sexual orientation as Heterosexual</p>

	3% identified as gay, lesbian or bisexual (up from 2.4% in 2020)
Pregnancy and Maternity	100% of our workforce who went on maternity leave returned to the organisation

Source: Electronic Staff Records

# Staff survey

We are grateful to all our staff who complete 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. In 2021 80% of our staff took part in the staff survey compared to 61% in the wider NHS.

Highlights from our staff survey:

Domain	Compared to wider NHS
Compassionate and inclusive	Above average
Recognised and rewarded	Average
Have a voice that counts	Best
Safe & healthy	Above average
Always learning	Average
Work flexibly	Above average
Staff engagement	Best
Morale	Average

A full breakdown of the staff survey results for 2021 is available at: [NHS Staff Survey 2021 Benchmark Reports \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com)

Further internal analysis of our staff survey data showed differences between groups with protected characteristics with regards to overall satisfaction (we use the ‘staff family and friends’ question as a proxy for this).

	Internal difference	Improving (compared to 2020)
Race	BAME colleagues scored lower but similar to the national benchmark	Yes
Disability	Colleagues with long standing health conditions scored lower and lower than the national benchmark	No
Gender	male colleagues scored lower and lower than the national benchmark	
Sexuality	LGBT colleagues scored similar and higher than	

	the national benchmark	
Age	Colleagues under 30 scored lower and lower than the national benchmark	

## Workforce race equality standard (WRES)

The Workforce Race Equality Standard allows us to track progress over time and compare ourselves with the wider NHS. It looks at key areas to highlight any variation in experiences between BAME staff and white staff in a number of indicators. First Community undertakes WRES each year and we used this data to inform our equality review (EDS2 in 2021)

- There are still differences that means there still much to do
- Over the last three years we have seen a significant improvement in most of the areas cover by the WRES
- There has been an increase in BAME colleagues holding senior roles
- The gap between likelihood of BAME and white candidates being appointed and closed
- BAME staff are still more likely to experience bullying harassment and abuse in the workplace 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. `

In 2021 organisation were not required to publish this data due to the COVID 19 pandemic. In 2022 reporting will recommence

## 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 2021/22 were under 10 years old (27.36%)</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>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.

When people are asked to complete this they are asked to provide demographic so we can look at differences. We are not able to look at all of the protected characteristics but for those we can no significant or worrying differences were noted.

The table below shows our Friends and Family Test results from 2021/22 and splits it into some of the protected characteristics:

Month	% likely to recommend (High score is good)
<b>Overall</b>	96.4%
<b>Male</b>	96.4%
<b>female</b>	96.4%
<b>BAME</b>	97.9%
<b>Disabled</b>	96.9%

Source: iWantGreatcare

## Complaints

We do not receive enough complaints each year to assess equality differences but during the EDS2 review we looked back over three years and found:

- No complaints citing discrimination
- No difference between complaints upheld based on protected characteristics
- More complaints received by women which broadly reflected our patients
- More complaints received by or about patients over 65 and under 15 which broadly reflect our patients.

Source: First Community Clinical Governance data b



## Appendix 1

### Workforce data for each protected characteristic

#### Age

Workforce by Age		
Age Band	Headcount	% of staff by Headcount
<=20 Years	1	0.2%
21-25	28	5.2%
26-30	41	7.6%
31-35	53	9.8%
36-40	66	12.2%
41-45	85	15.7%
46-50	72	13.3%
51-55	83	15.3%
56-60	69	12.8%
61-65	34	6.3%
66-70	7	1.3%
>=71 Years	2	0.4%
Grand total	541	100.0%

Leavers by Age		
Age Band	Headcount	% of leavers
<=20 Years	1	0.8%
21-25	8	6.7%
26-30	12	10.1%
31-35	6	5.0%
36-40	14	11.8%
41-45	11	9.2%
46-50	16	13.4%
51-55	21	17.6%
56-60	13	10.9%
61-65	12	10.1%
66-70	3	2.5%
>=71 Years	2	1.7%
Grand Total	119	100.0%

## Disability

Workforce by Disability		
Disability	Headcount	% of staff by Headcount
No	476	88.0%
Not Declared	35	6.5%
Prefer Not To Answer	1	0.2%
Unspecified	4	0.7%
Yes	25	4.6%
Grand Total	541	100.0%

## Marriage and civil partnership

Workforce by Marital Status		
Marital Status	Headcount	% of staff by Headcount
Civil Partnership	6	1%
Divorced	49	9%
Legally Separated	8	1%
Married	303	56%
Single	158	29%
Unknown	10	2%
Widowed	7	1%
Grand Total	541	100%

## Ethnicity

Workforce by Ethnic Origin		
Ethnic Origin	Headcount	% of staff by Headcount
A White - British	410	75.8%
B White - Irish	10	1.8%
C White - Any other White background	24	4.4%
D Mixed - White & Black Caribbean	3	0.6%
E Mixed - White & Black African	3	0.6%
F Mixed - White & Asian	5	0.9%
G Mixed - Any other mixed background	5	0.9%
H Asian or Asian British - Indian	17	3.1%
J Asian or Asian British - Pakistani	2	0.4%
L Asian or Asian British - Any other Asian background	5	0.9%
M Black or Black British - Caribbean	10	1.8%
N Black or Black British - African	13	2.4%
P Black or Black British - Any other Black background	2	0.4%
PD Black British	1	0.2%
S Any Other Ethnic Group	1	0.2%
Unspecified	2	0.4%
Z Not Stated	28	5.2%
Grand Total	541	100.0%

Leavers by Ethnic Origin		
Ethnic Origin	Headcount	% of leavers
A White - British	85	71.4%
B White - Irish	4	3.4%
C White - Any other White background	2	1.7%
D Mixed - White & Black Caribbean	0	0.0%
E Mixed - White & Black African	0	0.0%
F Mixed - White & Asian	1	0.8%
G Mixed - Any other mixed background	0	0.0%
H Asian or Asian British - Indian	3	2.5%
J Asian or Asian British - Pakistani	1	0.8%
L Asian or Asian British - Any other Asian background	3	2.5%
M Black or Black British - Caribbean	4	3.4%
N Black or Black British - African	8	6.7%
P Black or Black British - Any other Black background	0	0.0%
PD Black British	0	0.0%
S Any Other Ethnic Group	1	0.8%
Z Not Stated	5	4.2%
Unspecified	2	1.7%
Grand Total	119	100.0%

## Religion or belief

Workforce by Religion or Belief		
Religion or Belief	Headcount	% of staff by Headcount
Atheism	85	15.7%
Buddhism	1	0.2%
Christianity	297	54.9%
Hinduism	9	1.7%
Islam	7	1.3%
Judaism	2	0.4%
Not Disclosed	100	18.5%
Other	40	7.4%
Grand Total	541	100.0%

Leavers by Religion or Belief		
Religion or Belief	Headcount	% of leavers
Atheism	11	9.2%
Buddhism	2	1.7%
Christianity	62	52.1%
Hinduism	3	2.5%
I do not wish to disclose my religion/belief	21	17.6%
Islam	3	2.5%
Judaism	1	0.8%
Other	14	11.8%
Sikhism	1	0.8%
Unspecified	1	0.8%
Grand Total	119	100.0%

## Gender

Employment banding by Gender				
Band	Female		Male	
	Headcount	% of staff	Headcount	% of staff
Band 1	0	0.00%	0	0.00%
Band 2	23	4.64%	6	13.33%
Band 3	101	20.36%	9	20.00%
Band 4	36	7.26%	4	8.89%
Band 5	64	12.90%	1	2.22%
and 6	103	20.77%	8	17.78%
Band 7	117	23.59%	4	8.89%
Band 8 - Range A	31	6.25%	8	17.78%
Band 8 - Range B	13	2.62%		0.00%
Band 8 - Range D	2	0.40%	1	2.22%
Band 9	1	0.20%	1	2.22%
Other	5	1.01%	3	6.67%
Total	496	100.00%	45	100.00%

Workforce by Gender		
Gender	Headcount	% of staff by Headcount
Female	496	91.7%
Male	45	8.3%
Grand Total	541	100.0%

Leavers by Gender		
Gender	Headcount	% of leavers
Female	105	88%
Male	14	12%
Grand Total	119	100.0%

## Sexual orientation

Workforce by Sexual Orientation		
Sexual Orientation	Headcount	% of staff by Headcount
Bisexual	7	1.3%
Gay or Lesbian	8	1.5%
Heterosexual or Straight	451	83.4%
Not Disclosed	74	13.7%
Undecided	1	0.2%
Grand Total	541	100.0%

Leavers by Sexual Orientation		
Sexual Orientation	Headcount	% of leavers
Bisexual	1	0.8%
Gay or Lesbian	3	2.5%
Heterosexual or Straight	99	83.2%
Not stated (person asked but declined to provide a response)	15	12.6%
Undecided	1	0.8%
Grand Total	119	100.0%

## Pregnancy and maternity

100% return rate for staff who went on maternity leave and returned to work.

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

## Appendix 2

### Patient data for each protected characteristic

#### Age

Patient By Age		
Age group	Number	% of total
below 1	428	1.10%
1-10	11209	28.76%
11-20	2957	7.59%
21-30	2252	5.78%
31-40	4214	10.81%
41-50	2444	6.27%
51-60	3109	7.98%
61-70	3133	8.04%
71-80	3826	9.82%
81-90	3667	9.41%
91-100	1657	4.25%
101-110	77	0.20%
<b>Total</b>	<b>38973</b>	<b>100.00%</b>

#### Ethnicity

Breakdown of patient by ethnicity		
Ethnicity	Number	% of total
Asian or Asian British - Any other Asian background	290	0.75%
Asian or Asian British - Bangladeshi	86	0.22%
Asian or Asian British - Indian	618	1.59%
Asian or Asian British - Pakistani	274	0.70%
Black or Black British - African	360	0.93%
Black or Black British - Any other Black background	98	0.25%
Black or Black British - Caribbean	114	0.29%
Mixed - Any other mixed background	558	1.43%
Mixed - White & Asian	40	0.10%
Mixed - White & Black	48	0.12%
Any Other Ethnic Group	1269	3.26%
White - Any other background	1780	4.58%
White - British	21741	55.90%
White - Irish	184	0.47%
Unknown	11434	29.40%
<b>Total</b>	<b>38894</b>	<b>100%</b>



## Marriage and civil partnerships

Breakdown by marital status		
Marital status	Number	% of total
Cohabiting	1269	3.26%
Common law partnership	56	0.14%
Divorced	634	1.63%
Divorced/Person whose Civil Partnership has been dissolved	0	0.00%
Homosexual marriage, female	1	0.00%
Homosexual marriage, male	1	0.00%
Marital state unknown	104	0.27%
Married	6064	15.56%
Married/Civil Partner	9	0.02%
Not Disclosed	5	0.01%
Separated	132	0.34%
Single	11122	28.54%
Single - unmarried	0	0.00%
Unknown	17331	44.47%
Widowed	2233	5.73%
Widowed/Surviving Civil Partner	2	0.01%
Widower	5	0.01%
<b>Total</b>	<b>38968</b>	<b>100.00%</b>

## Religion

Breakdown by religion		
Religion	Number	% of total
Agnostic	349	0.93%
Atheist	338	0.90%
Baptist	2	0.01%
Buddhist	28	0.07%
Christian	1929	5.13%
Church of England	4025	10.70%
Church of Ireland	7	0.02%
Church of Scotland	22	0.06%
Greek orthodox, follower of religion	0	0.00%
Hindu	213	0.57%
Islam	149	0.40%
Jehovah's Witness	23	0.06%
Jewish	23	0.06%
Methodist	72	0.19%
Mormon	5	0.01%
Mormon religion	5	0.01%
Muslim	253	0.67%
Nonconformist	12	0.03%
Orthodox Christian	3	0.01%
Orthodox Christian religion	0	0.00%
Pentecostal	5	0.01%
Protestant religion	1	0.00%
Quaker religion	7	0.02%
Religion NOS	5	0.01%
Religion not given - patient refused	147	0.39%
Religion not recorded	3	0.01%
Religion, none	2250	5.98%
Roman Catholic	1051	2.79%
Sikh	12	0.03%
Unknown	26674	70.92%
<b>Total</b>	<b>37613</b>	<b>100.00%</b>

## Sex

Breakdown by sex		
Gender	Number	% of total
F	22648	58.11%
M	16325	41.89%
<b>Total</b>	<b>38973</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:

Call: 01737 775 450

Email: [fchc.enquiries@nhs.net](mailto:fchc.enquiries@nhs.net)

Text: 07841 639 034

**First Community Health and Care  
Unit 8A, Orchard House,  
Orchard Business Centre,  
Bonehurst Rd,  
Salfords, Redhill  
RH1 5EL**

Publication date: December 2022

