



Lewisham Clinical Commissioning Group

Public Sector Equality Duty

Annual Report

January 2017– January 2018

Version 10

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This report was commissioned by NHS Lewisham Clinical Commissioning Group and produced by the Equality, Diversity & Inclusion Manager for the NEL Commissioning Support Unit. If you would like more details on any of the contents, or extra copies of this document, please contact the CCG Lead or CSU Lead.

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1. Foreword

During 2017 Lewisham CCG has continued to work in and across the borough and South East London with our partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

Throughout the year we have monitored our performance against the NHS Constitutional Standards and the areas covered in the Improvement and Assessment Framework for CCGs. Disappointingly, like many other CCGs, we have continued to experience particular challenges to meet the recovery plans for the national standards for accident and emergency 4 hour target and cancer waiting times.

We recognise that these areas must be our highest priorities for improvement for 2018, particularly for urgent and emergency care. Compared with these challenges, there have been successes in a number of key health areas including improvements in the care of diabetes related leg ulcers; improvements to the District Nursing service; and the opening of a new Ambulatory Care Centre at University Hospital Lewisham.

It has been necessary for the CCG to change the way in which some health services have been available or delivered in Lewisham. Before any decisions are made about changes to services the CCG has ensured that Lewisham's population has had an opportunity to give their views to inform the planning and redesign. In this report we set out how consultations have taken place ensuring Lewisham's communities have taken part, as we continue to value comments from and debates with local people to help shape and improve local services as we take steps to make them more personalised.

We are fortunate to have a history of strong partnerships with Lewisham Council, NHS providers, the voluntary and community sector and others and we will continue to work together to deliver the changes and improvements that are required.

This report brings together evidence, activities and recommendations that demonstrate how Lewisham CCG has continued to maintain its equality performance in 2017.

Highlights of achievements in 2017 include:

- Ambulatory Care Service, Lewisham MindCare – Dementia and Information Service and the Hospital at Home for Children all were assessed using Goals 1 and 2 of the NHS Equality Delivery System (EDS), an equality assessment tool-kit that helps NHS organisations to identify good practice and identify gaps or areas that require improvement.
- Equality Analyses have been completed to improve decision making in changing the prescribing of over the counter medicines, the future of the NHS New Cross Walk-in Centre and the provision of South East London Integrated Urgent Care Service (111).
- The CCG has continued to widen its engagement reaching more communities in the Borough facilitating many diverse groups to have their say on Lewisham and south-east London developments.

Many thanks to our member practices and all of Lewisham's NHS and care staff, for the excellent work they do to treat, care for and support local people and to all the clinicians and staff who continue to be at the heart of clinical commissioning in Lewisham and who are committed to getting it right for our diverse population.

2. Introduction

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act consists of general and specific duties:

The general duty requires public bodies to show due regard to:

- Eliminating unlawful discrimination or any other conduct prohibited by or under the Act
- Advancing equality of opportunity between persons who share a protected characteristic and persons who do not share it.
- Fostering good relations between people who share a relevant protected characteristic and people who do not share it.

There are nine 'protected characteristics' covered by the Equality Act: Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race including nationality and ethnic origin, Religion or belief, Sex (male/female), Sexual orientation.

The specific duties require public bodies to publish relevant, proportionate information showing how they meet the Equality Duty by 31 January each year, and to set specific measurable equality objectives by 6 April every four years starting in 2012.

Both general and specific duties are known as the Public Sector Equality Duties (PSED). As a statutory public body, the NHS Lewisham Clinical Commissioning Group must ensure it meets these legal obligations and intends to do so by publishing information demonstrating how the organisation has used the Equality Duty as part of the process of decision making.

3. Organisational Context

NHS Lewisham Clinical Commissioning Group (LCCG) assumed statutory responsibilities from 1 April 2013.

The CCG is a membership organisation made up of all the GP practices in Lewisham. Our aim is to secure the best possible health and care services for everybody in Lewisham, to reduce health inequalities and improve health outcomes in a cost effective way that provides good value for money.

We use what we know about the health needs of our residents to plan how and where to provide care and support which we commission from hospitals, community services and other providers of care.

The CCG purchases a range of services from the NEL Commissioning Support Unit (NELCSU), which supports the CCG to discharge its statutory responsibilities, including those within the Equality Act 2010.

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.

A **Lay Member** has been appointed to the CCG's Governing Body to lead on patient and public involvement. The Lay Member has oversight responsibility for ensuring that:

- the governance arrangements for promoting equality are effective
- opportunities are created and protected for patient and public involvement and engagement.

The Lay Member chairs the CCG's Public Engagement and Equalities Forum. This is a committee of the Governing Body and was established in 2016 following a CCG governance review. Its role includes providing feedback and assurance to the CCG Governing Body that equalities responsibilities are being carried out in the best way and meet the legal duties placed on the CCG.

All Governing Body members share the responsibility in seeking assurance that the voice of the local population is heard in all aspects of the CCG's business. The Governing Body took the lead in defining the organisational values for the CCG that are:

- Everyone Counts – we will work and behave in a way that ensures that everyone counts and feels valued.
- Openness & Transparency - we will strive to be open and transparent in the way we work and make decisions
- Learn & Improve - we are a learning organisation that is self-aware of the impact that we can make to improve health for the people of Lewisham.

At its strategy and development workshop in December 2017, members of the Governing Body reviewed their understanding and implementation of the Public Sector Equality Duty, including progress with the Equality Delivery System and draft revisions to the CCG Equality & Diversity Strategy and equalities objectives.,

The **Chief Officer** has responsibility for ensuring that the necessary resources are available to progress the equality and diversity agenda within the organisation and for ensuring that the requirements of this framework are consistently applied, co-ordinated and monitored.

The **Deputy Director (Strategy & Organisational Development)** has operational responsibility for:

- Developing and monitoring the implementation of robust working practices that ensure that equality and diversity requirements form an integral part of the commissioning cycle
- Working with the (NELCSU to ensure that equality and diversity considerations are embedded within the CCG's working practices
- Ensuring that the Governing Body, staff and member practices remain up to date with the latest thinking around diversity management and have access to appropriate resources, advice, and informal and formal training opportunities

All **line managers** have responsibility for:

- Ensuring that employees have equal access to relevant and appropriate promotion and training opportunities.
- Highlighting any staff training needs arising from the requirements of this framework and associated policies and procedures.
- Supporting their staff to work in culturally competent ways within a work environment free from discrimination

Lewisham CCG Equality and Diversity Steering Group

The CCG convened an Equality and Diversity Steering Group in April 2015 that has a remit to enhance the focus, support and monitor the implementation of the Equality Delivery System to ensure compliance with Equality Duties under the Equality Act 2010. The Group is a management group, chaired by the Chief Officer with membership including representatives from the directorates and teams in the CCG.

4. Our Communities

Health Needs of Lewisham Population

The information we use to understand the health and wellbeing and the diverse characteristics and needs of the people of Lewisham, is obtained from the Lewisham's Joint Strategic Needs Assessment (JSNA).

Source - <http://www.lewishamsna.org.uk/>

4.1 Population Growth

Lewisham has a growing population, projected to increase from 292,000 (Mid-year estimate, ONS, 2014) to 318,000 by 2021. Also Lewisham has a young population with 25% of the population being under the age of twenty.

There has been a sustained rise in the birth rate in Lewisham for several years, reflecting a similar rise in London and the country as a whole, although the trend in birth rate in Lewisham is expected to level off in future years.

Around 27,600 residents are above 65 years of age and over 3,700 are aged over 85 years. This latter group is often the most complex and therefore bears a very high proportion of care costs.

4.2 Deprivation

The Index of Multiple Deprivation 2015 ranks Lewisham 48th of 326 districts in England and 10th out of 33 London boroughs. People living in the most deprived areas have poorer health outcomes and lower life expectancy compared to the England average.

4.3 Disability

According to the Census 2011, the prevalence of disability in Lewisham is as follows:

- Day-to-day activities limited a lot – 7.1%
- Day-to-day activities limited a little – 7.3%

Source: 2011 Census: Long-term health problem or disability, local authorities in England and Wales

4.4 Ethnicity

Lewisham is the 14th most ethnically diverse local authority in England - 46.5 % of the population are from Black and Minority Groups (BME) compared to 40.2% London and 12.5% in England. In 2011 the two largest BME groups were Black African (12%) and Black Caribbean (11%). In the school population the proportion from BME groups is 77% and over 170 different languages are spoken.

4.5 Gender

Males comprise 49% of Lewisham's population, females 51%. Life expectancy is 6.1 years lower for men and 5.1 years lower for women in the most deprived areas of Lewisham than in the least deprived areas.

Source: Lewisham Health Profile, Public Health England, July 2017

4.6 Significant health inequalities in Lewisham

- People living in the most deprived wards in Lewisham have poorer health outcomes and lower life expectancy compared to England's average. Life expectancy for men is five years longer in Crofton Park, than in New Cross. For women the gap is even bigger between both Perry Vale and Crofton Park wards (joint highest life expectancy) and New Cross (the lowest), the difference is 8.5 years.
- Health inequalities are considered by ethnic group too. Lewisham is one of the most ethnically diverse areas of the country. Mental ill health is more prevalent in some black and minority ethnic groups. Black residents are disproportionately over-represented in mental health admissions.
- Lesbian, gay, bisexual, transgender or transsexual people and those who are divorced/widowed/separated also have poorer health outcomes than the general population.

Source: <http://www.lewishamsna.org.uk/>

4.7 Lesbian, Gay, Bisexual

Of the total Lewisham population, 3.2% or 9,344 people are estimated to be lesbian, gay or bisexual.

Source: Office of National Statistics 2013 (percentage in London)

4.8 Mortality

The main causes of death in Lewisham are cancer, circulatory disease and respiratory diseases. Over the last couple of years cancer has overtaken cardiovascular disease as the main cause of death, and cancer deaths are now 28% of all deaths.

Overall the death rates have been falling in Lewisham, and although Lewisham Central does have higher death rates than the average, it is New Cross that has consistently had the highest death rates.

4.9 Religion

According to the Census 2011, religion in Lewisham is categorised as follows:

Christians	83% (145,588 people)	Buddhist	2% (3,664 people)
Muslim (Islam)	10% (17,759 people)	Jewish	0.1% (643 people)
Hindu	4% (6,562 people)	Sikh	0.1% (531 people)
Other religions total	1% (1,478 people)		

Source: 2011 Census: Religion (Detailed), local authorities in England and Wales

4.10 Voluntary and Community Sector

Lewisham has over 800 active voluntary and community sector organisations and more than 200 individual faith groups. All these groups and many others help to strengthen our communities by galvanising our citizens, addressing local concerns and advocating on behalf of some of the most vulnerable in society.

More information is available about Lewisham's population at www.lewishamsna.org.uk

4.11 Child health

In Year 6, 24.8% (730) of children are classified as obese, worse than the average for England.

Source: Lewisham Health Profile, Public Health England, July 2017

4.12 Adult health

The rate of alcohol-related harm hospital stays is 601*, better than the average for England. This represents 1,418 stays per year. The rate of self-harm hospital stays is 91*, better than the average for England. This represents 283 stays per year. The rate of smoking related deaths is 338*, worse than the average for England. This represents 310 deaths per year. Estimated levels of adult smoking are worse than the England average. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average.

* rate per 100,000 population

Source: Lewisham Health Profile, Public Health England, July 2017

Adult Mental Health

Rates of mental illness are higher in Lewisham than England and London.

Within Lewisham there is variable need, with the southern wards of the borough (Downham, Bellingham and Whitefoot) estimated to have a 25 – 40% higher need for services, in contrast to more affluent wards such as Forest Hill and Catford South that have lower need than the national average.

Mental ill health is more prevalent in some black and minority ethnic groups. Black residents are disproportionately over-represented in mental health admissions.

There is considerable evidence that incidence of schizophrenia and other psychoses varies across ethnic groups in the UK, with particularly high rates for people of African-Caribbean origin.

Sources: *Mental ill health overview*, <http://lewishamjsna.org.uk/adults/mental-health/what-do-we-know/facts-and-figures/serage>; *Psychotic symptoms in the general population of England, A comparison of ethnic groups* https://www.researchgate.net/profile/Michael_King10/publication/7839989_Psychotic_symptoms_in_the_general_population_of_England_A_comparison_of_ethnic_groups/The_EMPIRIC_study/links/0a85e52d506cb725b0000000.pdf; *Lewisham Pharmaceutical Needs Assessment March 2015*; *Lewisham Joint Commissioning Intentions for 2017/19*

5. Embedding Equality within the Commissioning Cycle

Lewisham CCG is committed in ensuring that the Public Sector Equality Duty is embedded in all aspects of commissioning activities throughout the commissioning cycle:



5.1 Strategic Planning

Strategic Planning
Assessing needs Reviewing service provisions Deciding priorities

5.1.1 Strategic Outcomes Framework

Good commissioning starts with a thorough understanding of local needs, based on the Joint Strategic Needs Assessment (JSNA). The purpose of JSNAs is to help commissioners to determine the priorities and actions to improve the health and wellbeing of the local community and reduce inequalities for all ages.

The CCG's strategic priorities are based on an analysis of Lewisham's JSNA's identified health needs of the local population. This includes disease prevalence amongst different ethnic groups, the health needs of different age groups, and the impact of deprivation and other factors which affect health equality and inequalities.

The CCG's ambitions include improving life expectancy, reducing premature mortality from the main causes of death, decreasing infant mortality, and a number of measures of high quality care including emergency admissions, end of life care, and patient experience; further development is being undertaken of equalities considerations for cancer rates, mental health, and diabetes.

5.1.2 South East London's Suitability and Transformation Plan Partnership

The organisations and agencies within the south east London health and care system, including NHS commissioners and providers and local authorities, have developed a strategy for implementing the Five year Forward View, for the period up to March 2021, known as Sustainability and Transformation Plans. Lewisham CCG has been working as part of the Sustainability and Transformation Partnership to develop plans that meet the needs of Lewisham's diverse population, whilst ensuring that we engage and listen to our local communities. Integral to the programme is an equalities steering group that ensures that the programme meets the requirements of the Equality Act 2010 and the Public Sector Equality Duty, including overseeing independent equalities analyses of the strategy and plans and which informed the approach to pre-consultation on proposals for changes to elective orthopaedic services. (more details on the south east London STP can be found under Section 10. Our Partnerships).

5.1.3 Community Based Care Vision

Lewisham's vision and expectations for the future development and delivery of community based care is that we want community based care to be:

Proactive and Preventative – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need on the support, activities, opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively;

Accessible – By improving delivery and timely access when needed to planned and urgent health and care services in the right setting in the community, which meet the needs of our diverse population and address inequalities. This includes raising awareness of the range of health and care services available and increasing children's access to community health services and early intervention support.

Co-ordinated – So that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

As commissioners and providers, we will ensure that our vision for the transformation of community based care is shared with the public, patients and staff. We will engage, involve and collaborate with them to shape and deliver the care and support that is provided in the community.

Achievement of our vision will require people to take responsibility when appropriate for their own health and care, and will require changes to how, when and where services are currently delivered. As we seek to deliver our vision, some services will need to change and some services will move out of hospital settings into more appropriate community settings. Where changes are needed we will work with the public and other stakeholders to develop more detailed proposals and plans, welcoming challenge and debate, whilst remaining focused on improving health and care outcomes within a sustainable and accessible health and care system.

5.1.4 Lewisham’s Partnership Commissioning Intentions 2017-2019

In Lewisham we have developed the Partnership Commissioning Intentions to cover all local health and care services which are commissioned by the CCG, Adult Social Care, Public Health and Children’s’ and Young People. It is a single plan for the two year period 2017/18 and 2018/19, with one set of priorities for all commissioned services.

The Partnership Commissioning Intentions is in two parts - for Adults and for Children and Young People. The Children and Young People Plan 2015-18 – ‘It’s Everybody’s Business’ - was considered by the Health and Wellbeing Board in September 2015 and approved by the Council in November 2015. The Adults Partnership Commissioning Intentions was approved by the CCG’s Governing Body in November 2016.

The Partnership Commissioning Intentions has been informed by the feedback received from the public during 2015/16, the work of the Health and Care Partners, the Children and Young People’s Strategic Partnership Board and the South East London work on Sustainability and Transformation Plan.

The titled of our Commissioning Intentions is ‘Partnership Commissioning Intentions’ to emphasise our on-going commitment to strengthen local partnership work with the public and our partners. The commissioning focus will continue to be on how we will work differently and more effectively with the public and our providers to implement a stepped change in the way health and care is provided in Lewisham.

The key commissioning aim is to deliver community case that is preventable, high quality and efficient where:

- the majority of health and care services is accessed outside the hospital at a neighbourhood level
- health and care services is coordinated around the person and there is a parity of esteem between physical and mental health

- individuals, their family and carers have a stronger network of support within their local communities to help them proactively maintain their health, wellbeing and independence

From a commissioning and provider perspective, we are working to deliver services in four neighbourhood areas in Lewisham - North Lewisham, Central Lewisham, south east Lewisham and south west Lewisham. In these neighbourhood areas Neighbourhood Care Networks are being created which will support connections and links being made and strengthen the relationships between those providing community based care, particularly between statutory and voluntary providers.

For 2018/19 the commissioning priority areas are ‘Frail and Vulnerable people and ‘Transition from children’s to adults’ services for young people’, where we will be modelling, in practice, different ways of partnership working to deliver proactive upstream interventions in community care and to improve health and care outcomes., to transform the delivery of Community Based care, to address the above challenges.

An Equality Analysis has been undertaken of the Partnership Commissioning Intentions and has identified any potential or actual impact these Commissioning Intentions may have on differing groups of people. The impact could be positive, neutral or negative, has informed the service redesign and planning as outlined in section 5.2.

The Adults Partnership Commissioning Intentions can be found at:

<http://www.lewishamccg.nhs.uk/about-us/our-plans/our%20plans%20site%20docs/Partnership%20Commissioning%20Intentions%202017-19%20%20FINAL%20Version.pdf>

The Executive Summary of the Equality Analysis of Adults Partnership Commissioning

Intentions can be found at: <http://www.lewishamccg.nhs.uk/news-publications/publications/Publications%20documents/Lewisham%20CCG%20Partnership%20Commissioning%20Intentions%20for%20Adults%202017-18%20and%202018-19.pdf>

5.2 Procurement



The key local commissioning priorities are Prevention and Early Action, Planned Care and Urgent and Emergency Care. In these commissioning areas the CCG has been working with service users to co-design and co-produce services which are more responsive to individual needs. Equality Analyses have been undertaken in many commissioning areas to

demonstrate that due regard has been taken of the general duty under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations between people from different groups, as summarised in section 'Meeting the Public Sector Equality Duties in 2017'.

An Example of this is the procurement of Community Specialist Palliative Care service (see Section 9). The objectives of the new service include:

- Ensure coordinated care for patients with a single point of contact;
- Address inequalities;
- Find unidentified patients needing Community Specialist Palliative Care;
- Ensure seamless care as patients are discharged from hospital into the community;

Expected outcomes of the service include:

- Increase in patients achieving their preferred place of care and preferred place of death;
- Reduced emergency admissions from patients in the last weeks and days of life as a result of greater access to specialist care in the community on evenings and weekends;
- Improved equity of access to Community Specialist Palliative Care;
- Increase access to 24/7 Community Specialist Palliative Care;
- Reduction in LAS conveyance rates;
- Increase in delivery of EOLC education;
- Reduction in gaps between the prevalence and the predicted prevalence of people requiring Specialist palliative care by finding unidentified need;

5.2.1 Prevention and Early Action

Our strategic aim is to promote and facilitate health and wellbeing and prevent illness and dependence. This will require changes in the way prevention is commissioned and delivered, given the level of public sector resources available. It will require also whole system transformation across all sectors, not just health and care. The CCG aims to embed prevention in all our commissioned services to promote health and wellbeing (primary prevention) and to prevent the need for treatment and care (secondary prevention), that is evidence based or based on best practice, cost effective and sustainable

Our local focus for our commissioning work in 'Prevention and Early Action' is:

- making it easier to access the right information and services to live a healthier lifestyle by commissioning; an example is the online Wellbeing Questionnaire was developed to help improve the triage of cases and to provide an opportunity to personalise advice, signposting, activities and promote healthy lifestyles by providing information on the website. An example is Lewisham's Sugar Smart campaign (see Section 6.1). The public can use the forms to help gather information to help resolve problems for themselves without the need for help from others.
- commissioning and supporting a range of holistic and whole system actions to make it easier to choose to live a healthier lifestyle, an example is the consultation **on Over the Counter Medicines** (see Section 6.2)
- supporting people to live in their own homes safely and independently working with a range of voluntary and community sector organisations, for examples **Lewisham Sail**

Connections (see Section 6.1), the **Community Falls Team** (see Section 9) and the **Children’s Hospital at home** (see Section 9)

- commissioning a range of information, advice and care to support people with long term conditions to make it easier to self-manage their health, including self-management for diabetes, better psychological therapies and **Dementia and Information Service** (see Section 9).

5.2.2 Planned Care

Our aim is to commission services so that all people who need planned care have appropriate, timely access to high quality of care and excellent patient outcomes. Our local focus for our commissioning work in ‘Planned Care’ is:

- improving the quality of hospital referrals and also patient experience of the appointment booking process through the Referral Support Service.
- Cancer, with a specific focus on Bowel cancer, Lung cancer, the 2 Week Wait pathway, living with and beyond cancer and inequalities
- Through the Lewisham, Greenwich and Bexley “Clinical Cabinet”, developing and implementing new clinical pathways including gastroenterology, cardiology, neurology & clinical haematology
- developing services closer to home, supported by specialists, to enable the management of people with more complex health and care needs out of hospital for example HIV Care and Support. Our case study in Section 6.1 explains how this programme focuses on groups with a higher prevalence of HIV.
- Testing a model of care (“caseloading”), which combines pre-term birth surveillance with a continuity of care pathway from pregnancy through to postpartum period; this will particularly benefit women with risk factors for preterm birth from BME groups. The **POPPIE** (Pilot study of midwifery practice and preterm birth including women’s experiences) is a joint research conducted by Lewisham & Greenwich NHS Trust (LGT), Lewisham CCG and other partners. (see Section 6.1)

5.2.3 Urgent and Emergency Care

Our aim is to commission urgent and emergency services across the whole system which are coordinated, consistent, clear and affordable, helping people to get the right advice and care in the right place first time, particularly for those with urgent or emergency physical and/or mental health needs.

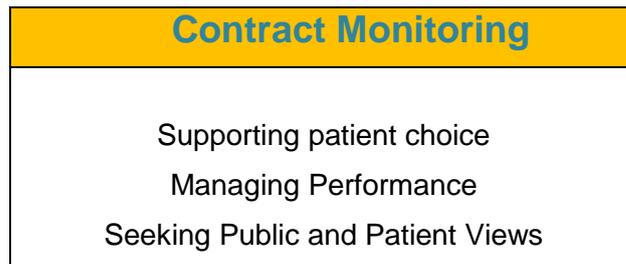
Our local focus for our commissioning work in ‘Urgent and Emergency Care’ is :

- Implementing a range of community based services which may help to avoid or reduce the need for emergency admissions including the **Ambulatory Care Service** (see Section 9 for the impact of the service and the equality data on the service), Integrated Primary and Urgent Care service, the Rapid response teams and a GP Extended Access Pilot.
- The work on Primary Care access for homeless people as part of the consideration of the review of the NHS Walk in Centre and improving the provision and access to primary care.(see Section 6.1)
- working with partners to improve the Emergency Care provided in Lewisham, including improving the emergency care pathway and the interface with mental health services,

developing further Supported Discharge Services so that discharge planning is consistent and begins as early as possible to facilitate early discharge from hospital and reduce avoidable admissions into hospital.

- On a south east London basis, a service which is being re-procured jointly by commissioning is the **South East London Integrated Urgent Care Services NHS 111** (formerly known as NHS 111), as summarised in a case study that describes how the equality impact analysis was used to identify those group for further engagement (see Section 9).

5.3 Contract Monitoring



A key aspect of commissioning is to monitor the contract and services the CCG has commissioned to ensure that these services deliver high quality care for all. One of the key challenges Commissioners are addressing is the availability of robust data to monitor and evaluate whether commissioned services are being accessed and provided appropriately for the nine specific areas (or protected characteristics) which are covered by equality and diversity guidelines and legislation. Generally monitoring data is available for age, sex and partially race. The CCG is working with the local Public Health department to identify the priority areas where more comprehensive JSNA data is required to find out the actual impact of current services on differing groups of people.

In Lewisham CCG, the Integrated Governance Committee, a subcommittee of the Governing Body, is responsible to provide assurances that current contracted services are monitored appropriately and to ensure that the Equality Act 2010 general duties are being met:

Recent examples of where information has been provided to the Integrated Governance Committee to assess whether the Equality Act 2010 general duties are being met include **safeguarding in commissioning** (see Section 12), complaints (see Section 13) and the development and implementation of QIPP schemes (see Section 6)

6. Meeting the Public Sector Equality Duties in 2017

The Equality Act 2010 requires the CCG to pay due regard to the three aims of the general duty of the Act. The three aims are to:

- Eliminate unlawful discrimination or any other conduct prohibited by or under the Act
- Advance equality of opportunity between persons who share a protected characteristic and persons who do not share it.
- Foster good relations between people who share a relevant protected characteristic and people who do not share it.

The CCG carries out Equality Analysis to highlight positive and negative impacts on protected characteristics and other local disadvantaged groups, giving an opportunity to mitigate any negative impacts. Also Equality Analyses are used to inform decision making.

Below are examples of full Equality Analyses carried out in 2017:

- Proposal to no longer support the availability on prescription of medicines for the chemoprophylaxis of malaria and selected travel vaccines
- Discontinuation of the NHS prescribing of over the counter medicines
- The future of the NHS New Cross Walk-in Centre and improving provision and access to primary care.
- South East London Integrated Urgent Care Service - Revised service (building on the 111 pilot)

Equality Analysis of QIPP Schemes

The following schemes have carried out Equality Analysis Screening to assess if any negative impacts of proposals. No negative impacts were identified.

- **Discharge to assess (D2A)**

D2A model through 2018/19 is planned to deliver pathways 0-3 and ensure that people in an acute setting who are agreed by a Multi – Disciplinary Team (MDT) as medically fit (optimised for discharge (MFFD)), leave that setting with support home on the day of discharge.

- **Clinical Streaming and Redirection Pilot**

The Clinical Streaming and Redirection Pilot aims to assist in managing the flow of patients into the UCC and ED by assessing patients prior to triage to determine if they have a urgent medical need. The service will be delivered by a team of GP assessors and Health Care Assistants at the front end of University Hospital Lewisham UCC. The pilot will operate from 10:00am – 10:00pm, seven days a week and will see adults and paediatric patients.

Equality Analysis of small changes

A ranges of smaller changes have taken place in 2017 regarding GP practices/services and Urgent Care Services. All the changes were developed to improve services, delivery of and access to the services. Equality Analysis screening was carried out for each proposal to identify both positive and negative impacts, the table below highlights some of them:

Summary of proposed change	Identified impacts
<p>UCC Primary Care Assessment Pilot Lewisham CCG proposed to extend the Primary Care Assessment pilot for a further 12 months commencing the 1st April 2017.</p>	<ul style="list-style-type: none"> Positive impacts included: The service is delivered by a team of GP assessors and Health Care Assistants at the front end of Lewisham UCC. The pilot is an adult only service that operates 10am – 10pm 7 days a week.
<p>GP Practice mergers To seek to reduce any variation in current outcomes between two practices.</p> <p>GP Practice relocation Many other community services provided at the new location which should improve convenience for patients and support integrated working.</p>	<ul style="list-style-type: none"> Some patients may have to travel further, but in each case the change would lead to a location fully fit for purpose and easily accessible for patients. There are car parking facilities and bus stops in close proximity to the merged GP Practice site.
<p>GP Practice estate consolidation Consolidation of ICO Health Group practice sites from 4 to 2.</p>	<ul style="list-style-type: none"> A larger number of services will be provided at the consolidated practice sites which should improve convenience for patients.
<p>Alternative Provider Medical Services (APMS) Contract – Strategic Review: Hurley Group, GP Registered List (Waldron Centre)</p> <p>On the 20th October 2016, the NHS England and Lewisham Primary Care Joint Committee approved the recommendation to disperse the list of the Hurley Group APMS contract, located at the Waldron Health Centre.</p>	<ul style="list-style-type: none"> Patients would have the choice of registering with one of the 3 existing GP practices located in the same premises There was confirmed capacity for 20,500 patients to be registered with 14 local practices located within 1 mile of the Centre. A full engagement programme would take place with the registered patients to ascertain what they would like from their new practice and support them in the registration process.
<p>Clinical Streaming and Redirection Pilot Lewisham CCG proposes to operate a Clinical Streaming and Redirection Pilot for 12 months commencing on the 1st of October 2017. The service will be delivered by a team of GP assessors and Health Care Assistants at the front end of University Hospital Lewisham UCC. The pilot will operate from 10:00am – 10:00pm, seven days a week and will see adults and paediatric patients.</p>	<ul style="list-style-type: none"> The new Clinical Streaming and Redirection model will be very similar to the Primary Care Assessment Pilot, with the added benefit of having a GP at the front door of the UCC. Equalities data has been collected for the Primary Care Assessment Pilot over the last 10-months and shows that a diverse population is accessing and using the s

6.1 Eliminating Discrimination and Advancing Equality of Opportunity

6.1.1 Ambulatory Care Service (read the full Case Study in section 9)

In line with national best practice and the outcomes of 2016 Emergency Review an Ambulatory Care Service was commissioned from Lewisham & Greenwich Trust to provide assessment and same day discharges for adult patients. The Ambulatory Care Centre opened in November 2016.

The service also provides early testing (such as X-Ray and ultrasound) for local people with results reviewed by specialist consultants.

The aim of the centre is to help patients get the right care sooner, avoid unnecessary hospital admissions and reduce pressures on the hospital's emergency department.

The centre takes referrals from GPs, the UCC and A&E so that patients can come to the unit for a scheduled test – rather than attending the Emergency Department.

6.1.2 Lewisham MindCare – Dementia and Information Service (read the full Case Study in section 9)

Lewisham MindCare is a dementia information and support service for anyone in the borough / with a GP in the borough living with dementia.

The service, in line with NICE-guidelines and the Prime Minister's Challenge on Dementia, establishes an infrastructure that provides opportunities for people living with dementia to lead fulfilling and rewarding lives for as long as possible. The service supports people living with dementia and their carers to 'live well' with the condition regardless of the level of need, severity of the disorder.

Lewisham's goal is for people with dementia and their family and carers to be helped to live well with dementia, no matter what the stage of their illness or where they are in the health and social care system.

6.1.3 Hospital at Home for Children (read the full Case Study in section 9)

The Hospital at Home Service has been running as a pilot in 16/17 and 17/18, with a view to embed the service in an enhanced Children's Community Service.

The service provides ambulatory care or rapid response in the form of in/outreach into acute adding to the capacity of the Children's Community Nursing Team (CCNT) responsible for the provision of on-going care at home.

The service is run by specialist paediatric community nurses who visit children in their homes and provide treatment which was traditionally only available within a hospital.

Before the development of this programme, patients would have to stay in hospital to receive treatment that will be delivered at home or in the community.

6.1.4 Lewisham Sail (Safe and Independent Living) Connections

Age UK Lewisham and Southwark have been hosting SAIL in Southwark for the past 4 years where it has proven to be a highly efficient and effective tool for professionals as well as protecting the older community and providing a source of information and support. The model came to Lewisham in July 2016 for an 18 month pilot. After the development of the Lewisham SAIL Connections Partnership the service was officially launched in February 2017. To date Lewisham SAIL Connections has supported older people and made over 800 referrals to partner organisations.

SAIL (Safe and Independent Living) Connections is a quick and easy way for vulnerable older people (60 plus) and those supporting them to access a wide range of services to support safe and independent living in the form of a simple checklist. Sail is a targeted intervention aimed at people over 60 so this is was defined from the beginning of the project.

Lewisham Sail Connections

When referrals are received by the Sail coordinator, the following data is collected: Name, DOB, ethnicity, housing status, address, gender, GP surgery and disability. The data is analysed on a regular basis and is used to ensure that we reach target populations in the borough, for example in promotional campaigns where specific focus has been on reaching older people who live in the south of the borough. We also compare data collected with local census data and with the equivalent data for the SAIL project in Southwark to ensure that we are reaching all groups.

At present the demographic data for SAIL Connections is not significantly different from the population data for Lewisham. Compared with SAIL Southwark however we are seeing significantly more home owners. This aligns with the greater number of older people who own their own home in Lewisham affects the challenges for older people and influences our approach. For example, the Information and Advice around home maintenance and the warm homes advice including support accessing grants for home owners is particularly important for the older population in Lewisham. By considering the referral source for SAIL and ensuring we promote widely in different sectors, and monitor how this affects the demographics of those referred we ensure we are reaching as wide a population as possible and those not previously known to services.

Women now make up 61% of all referrals, with a quarter of referrals coming from GPs. The average age of people who have been referred is 78 but this extends up-to 98 years old. The data has also highlighted the need for a Sail Service for people who are under 60. A proposal has now been made to lower the age threshold, offering tailored, specialist support to prepare people aged 45+ (in advance of NHS 50+ Health Checks) including those experiencing or at risk of cancers, hypertension and complex and multiple long term conditions.

Further research will be undertaken to understand local service usage or prevalence of risk factors in specific groups in the next phase of development.

Here is an example of how it works:

Grace is 76, lives in a housing association and is partially sighted. She was referred to SAIL. After a chat with our coordinator we referred Grace to: Blindaid, Occupational Therapy,

Linkline and London Fire Brigade. Blindaid paired Grace with one of their Home visitors, who now visits regularly for a cup of tea and a chat. Occupational Therapy have made an assessment and her Home Visitor from Blindaid then helped out with measuring up the bath for some recommended equipment. London Fire Brigade also visited Grace, gave her advice about how she could leave her home safely in a fire as well as setting her up with smoke detectors. Grace has seen a great improvement in her wellbeing and feels safer at home.

Of those supported to the end of December 2017 the breakdown of these characteristics is below:

Gender: 61% were female 39% male

Ethnicity	Per centage	Ethnicity	Per centage
White British	56.5	White Mixed (White & Other)	0.9
Black or Black British (Caribbean)	22.0	Asian or Asian British (Bangladeshi)	0.5
Black or Black British (African)	5.6	Asian or Asian British (Pakistani)	0.5
White Irish	3.7	Black or Black British (Other)	0.5
Other Ethnic Group	3.3	Chinese	0.5
Asian or Asian British (Other)	2.3	Turkish Cypriot	0.5
Undisclosed	1.4	White Mixed (White & Black Caribbean)	0.5
Asian or Asian British (Indian)	0.9	White Other	0.5

Housing Type	Percentage
Housing Association	26.6
Owned	34.9
Rented (private)	8.9
Rented (council)	29.6

We have chosen to target sections of the population throughout delivery to ensure access across the borough and different groups. In particular we have focused outreach with housing association and council housing providers and in the most deprived areas in the borough. We have also targets health and social care professionals in order to ensure access to those with limited community access, isolation and experiencing a range of physical and mental health conditions.

We treat each case individually and therefore have case studies where we have made adjustments to ensure people can access the service. However we do not have a record of the number of cases.

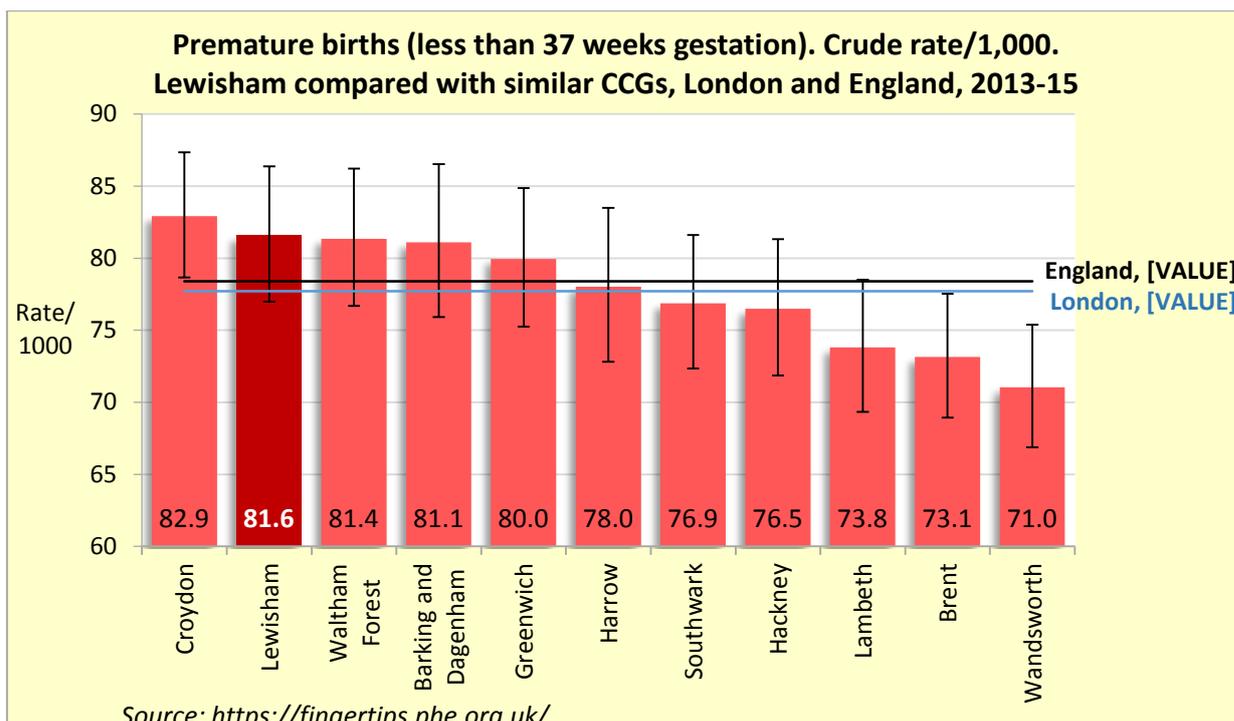
As above we have made adjustments for many service users as part of the person centred approach we adopt. We therefore can provide case studies and examples where this has been necessary. As above we have targeted our outreach in the most deprived areas and with

voluntary and community groups as well as healthcare professionals supporting vulnerable groups. An example is outreach linking us with Lewisham Speaking Up supporting disabilities.

6.1.5 POPPIE (Pilot study of midwifery practice and preterm birth including women's experiences)

In December 2017, it was announced that the POPPIE project won the CLAHRC (Collaborations for Leadership in Applied Health Research and Care) Innovation Award on the strength of its partnership working. This is a prestigious award demonstrating the excellent and innovative work POPPIE is doing to reduce pre-term birth and other poor birth outcomes, all of which has demonstrable links with equalities. Further details here: <http://www.clahrc-southlondon.nihr.ac.uk/news/2017/congratulations-all-know-your-clahrc-2017-winners>

1. What is the POPPIE research trial?
 - Lewisham & Greenwich NHS Trust (LGT), Lewisham Clinical Commissioning Group (CCG) and London Borough of Lewisham (LBL) Public Health are working with the South East London Collaboration for Leaders in Applied Health Research and Care (CLAHRC) to undertake research into pre-term birth (PTB) at Lewisham Hospital.
 - Testing a model of care (“caseloading”), which combines pre-term birth surveillance with a continuity of care pathway from pregnancy through to postpartum period.
 - Randomised controlled trial comparing outcomes for women who have received midwifery continuity of care with those who have received standard maternity care.
 - Hypothesis (supported by wider research): Cohort receiving continuity of care will experience fewer PTBs than cohort receiving standard care.
 - Trial also testing (and expecting improvements in) a range of other maternal and neonatal health and psychosocial outcomes associated with continuity of care.
2. Why is it important?



- Lewisham’s pre-term birth rate is the 2nd highest in London, second only to Croydon. It is also higher than London and national average. See table above.
- Complications of extreme prematurity are leading cause of death in Lewisham children and nationally.
- Women with risk factors for preterm birth include a substantial number of women in the protected groups of BME women and to a lesser extent young women (<20) as they are more likely to have a preterm birth or previous pregnancy loss.
- PTB babies at greater risk of other problems, include breathing and feeding difficulties, neuro-developmental delay, learning disability, visual and hearing impairment and other long-term conditions.
- Trial has potential to reduce PTB rate and improve other birth outcomes for mothers and babies in Lewisham, including reduced stillbirths, perinatal mental health illness and medical interventions in labour, and improved experience of care for women.
- Other expected benefits: Reduced associated costs to parents, families and health and social care economy of PTB and other poor birth outcomes, improved recruitment and retention of midwives (MWs) and learning that can be applied across the service to improve continuity of care for all women.
- If successful, will be replicated nationally. In Lewisham, POPPIE team will be expanded to include women with other vulnerabilities and having homebirths – this is our local strategy to achieve greater continuity for as many women as possible

6.1.6 Healthier You – NHS Diabetes Prevention Programme

Healthier You: NHS Diabetes Prevention Programme (NDPP) is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2

diabetes. All 12 South London local authorities and CCGs are amongst the first wave implementer sites for the programme in England. The programme launched in August 2016

The aim of the programme is to reduce people's risk of developing Type 2 diabetes. The population of Lewisham is 303,920. In Lewisham there are over 15,000 with recorded diabetes and approximately 8,000 people with undiagnosed type 2 diabetes. If current trends in population change and obesity persist the total prevalence of diabetes is expected to rise to 9.8% by 2020 (NCIN).

54% of people diagnosed with type 2 diabetes in Lewisham are from a BAME background. In England one man in 10 (9.6%) now has Type 1 or Type 2 diabetes compared to 7.6% of women, a 26% difference (Men's Health Forum 2017) The prevalence of diabetes is significantly higher in Black Caribbean, Indian, Pakistani, and Bangladeshi men than in the general population.

The programme was launched in Lewisham in August 2016 and has been managed as a partnership between Lewisham Council Public Health and Lewisham CCG. The programme consists of 18 group sessions over 40 weeks focussing on behavioural techniques to support individuals with weight management and increasing physical activity.

People at risk of Type 2 diabetes are referred into the programme via one of two routes:

- By searching GP practice lists to identify patients at high risk of developing Type 2 diabetes and invite them onto the NDPP programme.
- The NHS Health Check programme, commissioned by all local authorities in England, systematically invites adults between the ages of 40 and 74 for risk awareness and assessment every five years and includes a diabetes risk assessment and blood test as part of the check.

The Lewisham programme has resulted in a very successful take up by Lewisham residents. To date over 900 people have been referred onto the programme and over 70% of those have attended for an initial assessment. This is one of the highest referral rates across South London.

18 Healthier You programmes have now commenced across 4 different sites in Lewisham. Each programme is held on a different day and time to ensure choice of access.

Quote from one of the attendees of the Lewisham programme:

“ The programme coach was informative and passionate about helping attendees change their lifestyle for the better. The group attendees were great to learn with”

Future plans for the roll out of the NDPP will include providing more targeted programmes to those groups at highest risk of developing Type 2 diabetes. This will include working with Lewisham Healthwatch and Lewisham Homes to plan outreach events to promote the programme. Plans are also in place to recruit more male group leaders to attract more men to the programme and to run sessions for members of the Tamil community.

6.1.8 Sugar Smart Lewisham Campaign

In Lewisham almost 40% of children and 60% of adults are above a healthy weight. Income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. As the 48th most deprived local authority in England, Lewisham residents are more vulnerable to becoming obese. Lewisham is also one of the most ethnically diverse areas of the country which also amplifies the issue as a number of black and minority ethnic groups are at higher risk of complications related to obesity such as Type 2 Diabetes.

In 2016 Lewisham Council was awarded national pilot status for a whole-systems approach to tackling obesity. Lewisham is one of only four local authorities participating in the pilot nationally, and the only London borough. A whole-systems approach not only supports individual behaviour change, but it also indirectly encourages healthy eating and increased physical activity by making the environment people live in less obesogenic.

A Lewisham Obesity Alliance was formed, with three key actions to create healthy environments: Sugar Smart Lewisham, the Lewisham Daily Mile and use of Lewisham's parks.

The Sugar Smart Lewisham campaign aims to reduce the amount of sugar residents consume by:

1. raising awareness of how diets high in added sugar can negatively affect health
2. gaining support from residents to start a social movement lobbying businesses and organisations to join the campaign
3. encouraging local organisations, businesses and settings to join the campaign and pledge to make simple changes to promote healthier, lower-sugar alternatives and limit less healthy choices

The Lewisham Sugar Smart campaign was officially launched at an event in October 2016. Since launching we have promoted the campaign by:

- updating the Council's website to include information on how local businesses, organisations and individuals can support and join Sugar Smart
- writing a feature on Sugar Smart in Lewisham Life, the Council's quarterly magazine, which is delivered to 116,000 households in the borough
- working with local newspaper, the News Shopper, to agree 12 monthly editorials advertising the campaign
- targeting local businesses directly through the Council's weekly e-newsletter for businesses and a door-to-door letter to food businesses registered on the Food Standards Agency website
- partnering in with other Council teams that work with businesses, such as Lewisham Local, and with businesses taking part in the Healthier Catering Commitment Scheme
- Attending local assemblies across the borough as well as other key networking events such as the Lewisham CCG AGM.

Our campaign is linked with the national Sugar Smart UK campaign, and details of all our Sugar Smart businesses and organisations have been uploaded on the national Sugar Smart database.

In November 2017, we re-launched the second phase of the campaign, to harness, mobilise and activate the public to start a social movement to limit the amount of sugar in our environment. In this phase of the campaign, residents are being asked to lobby local businesses and organisations in the borough to join the Sugar Smart Lewisham campaign.

6.1.9 Homeless people – Engagement with Partners

As a part of the formal consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care and through the Equality Impact Assessment – it was identified that this is where there could be a gap in services for the homeless in New Cross and Deptford.

The CCG in partnership with Lewisham Council organised a multi-agency summit to better understand the challenges faced by the homeless accessing services across the system.

A key requirement for the CCG from the homeless summit was to consider the barriers to accessing primary care services for the homeless and to inform any additional provision or services.

The multi-agency homeless summit took place on the 18th October 2017. The Summit presented a unique opportunity where representatives from agencies across the system providing services and support to the homeless came together. There were representatives from homeless charities including; Deptford Reach, 999 Club, Bench Outreach, St Mungos, Thamesreach, Lewisham & Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust, Pathway, Healthy London Partnership and Healthwatch.

The CCG committed to working with GP practices located in the Waldron Health Centre, the three local homeless charities, St Pauls Church and the Salvation Army to develop an additional alternative service for the rough sleepers in New Cross and Deptford.

6.1.10 A new programme to improve HIV outcomes in South East London

Lewisham CCG 5 year Strategy notes that HIV is a long term condition (LTC) with a high prevalence in Lewisham. It notes that the burden of HIV falls on Black Africans and men who have sex with men.

The new programme of HIV treatment and care is intended to be improved for Black African community and men who have sex with men as the programme is targeting these groups by delivering testing in community and social venues used by target groups or providing testing as part of a bundle of tests in health settings, thereby overcoming HIV stigma.

The programme:

- targets the high prevalence groups and will align with LTC work across all three boroughs.
- adopts an outcomes- focused approach using a SIB (Social Impact Bond) model to identify outcomes against savings delivered.

The proposed programme partnership, led by Lambeth Council, of Lewisham and Southwark councils, Lambeth, Lewisham and Southwark CCGs, NHS England, the Big Lottery Fund and the Elton John AIDS Foundation (EJAF) was set up to establish a new programme in Autumn 2017 to improve HIV outcomes in South East London. EJAF are proposing to fund the Programme initially for two years.

The programme will:

- Reduce late diagnosis of HIV by increasing testing. The burden of late diagnosis in Lewisham is borne by the Black African community and men who have sex with men. The programme will target these groups, delivering testing in community and social venues used by target groups or providing testing as part of a bundle of tests in health settings, thereby overcoming HIV stigma.
- People living with HIV who are lost to care are more likely to have complex needs. The programme will target this vulnerable patient population, for example, by working with LTC programmes or mental health programmes.

6.2 Fostering Good Relations

6.2.1 Lewisham CCG Public Engagement Network

Lewisham CCG continues to grow its database of contacts in the voluntary sector and local communities. Community and voluntary sector organisations continue to provide invaluable support extending our reach into seldom heard communities. The CCG has collaborated with organisations to engage and inform residents and patients on specific services in Lewisham such as the GP Extended Access and Pharmacy First. Additional engagement events and focus groups have been organised to involve Lewisham residents in local consultations (over-the-counter and malaria prevention medicines * and the future of New Cross Walk-In Centre) and improving provision and access to primary care).

The Sustainability and Transformation Plan was the central subject of our “Our Healthier Lewisham“ event that was an opportunity to discuss plans with local residents with a focus on local changes. We ran this event in collaboration with the central Our Healthier South East London (OHSEL)* team.

In January 2017, the CCG commissioned Healthwatch Lewisham to seek the views of seldom heard groups in Lewisham to inform and support the development of the GP Extended Access Service.

The CCG Primary Care team were also presented to the Lewisham-wide Patient Participation Group meeting organised by One Health Lewisham in October 2017.

Lewisham CCG has created an engagement email list to communicate and promote Lewisham CCG health events, surveys and initiatives and to disseminate information about Lewisham health services and local/national health campaigns.

**See below for more details*

6.2.2 Lewisham CCG Public Reference Group (PRG)

The CCG established a Public Reference Group (PRG) in December 2015, which is reflective of the borough’s diverse population. The PRG have continued to support the activity of Lewisham CCG during the last year, focusing on its main roles:

- Ensuring that public engagement is integrated into the commissioning cycle.
- Acting as a ‘critical friend’ across all commissioning services in respect of patient and public engagement.
- Supporting the CCG in engaging and communicating more widely with the public to gather their views, and to inform the public of the challenges facing the NHS and any proposed changes to services.

The PRG took part in the CCG’s 2017 Equality Delivery System process and joined the EDS2 Panel to discuss and agree EDS2 grading with other local people at the event.

6.2.3 Readers panel

The CCG has an established readers panel, made up of local people, to ensure that their written materials provide clear, relevant and understandable information for the public.

To date the Readers Panel has not captured equalities data about its members. We plan to refresh the Panel, and capture this data to ensure that we have a group that is representative of our public.

6.2.4 Public forum sessions at Governing Body meetings

All of our Governing Body meetings take place in public. We run a public forum session prior to each meeting where members of the public are able to ask questions. These are well attended and the notes are published on our website:

<http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Pages/Governing-body-meetings.aspx>

6.2.5 Other Public Engagement

Our Healthier SE London and the Sustainability Transformation Plan event June 2017

Our Healthier South East London (OHSEL) is a health and care strategy led by a partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, working with NHS England (London).

In summer 2017, six events took place around these six London's boroughs. The events aimed to raise awareness of the Sustainability and Transformation Partnership (STP) in south east London, and provide an opportunity for the public to ask questions and gather feedback on key areas.

Lewisham held its local event in the centre of Lewisham (Catford - Civic Suite) on the 29 June 2017, between 5-8pm. The event was widely advertised through several channels (social media, email, leaflets, posters) and to different groups (health partners, local organisations and communities) in order to reach a wide audience representing the diverse population in Lewisham. A market place with six stations, supported by local health experts and collaborators, provided a platform for information and discussion around the main themes of the STP:

- o Community based care
- o Maternity services
- o Children and young people
- o Planned care
- o Mental Health
- o Urgent and emergency care
- o Estates

CCG staff worked with the central OHSEL team and staff from providers to run the event. The Lewisham event had the highest attendance of the six events with 107 attendees. They were able to ask questions directly to the local experts, watch a video explaining the rationale behind the STP and join the interesting final Q&A session with representation from Lewisham CCG, Public Health and Lewisham Council. Lewisham CCG lay members and some of our Public Reference Group members attended the event to support and encourage discussion with the public. Equalities information was collected in parallel with feedback and the results are now part of the Feedback Final Report prepared by the OHSEL central team.

Of the total 502 attendees in the six events, 150 completed or semi-completed equalities forms (60 of them from the event in Lewisham) covering information for the nine protected characteristics (marriage & partnership / pregnancy/maternity were not covered).

<ul style="list-style-type: none"> • Age: 0-24 (2%), 25-44 (18%), 45-69 (56%), 70+ (24%) • Disability: Not disabled (59%), Disabled (41%) • Ethnicity: White (72%), BME (28%) • Gender: Male (35%) and Female (65%) • Marital Status: Married (39%), Single (32%), Widowed (11%), Co-habiting (9%), Divorced (7%), Same sex civil partnership/marriage (1%), Separated (1%) 	<ul style="list-style-type: none"> • Gender reassignment: 0% • Religion: Christian (50%), Muslim (2%), Hindu (2%), Buddhist (1%), No religion (40%) and Prefer not to say (5%) • Sexual orientation: Heterosexual (85%), Gay (3%), Lesbian (3%), Bisexual (9%), Prefer not to say (8%) • Pregnancy and Maternity: 0% said they were pregnant. 1% said they had had a baby in the last 12 months. (87 out of 120 responded)
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Proposed Changes to Prescribing in Lewisham Case Study: Over-the-counter prescriptions and malaria treatment

Lewisham CCG undertook a public consultation on proposed changes to prescribing in Lewisham for the following areas:

- Self-care medication for self-limiting acute illnesses and health supplements
- Malaria prevention medicines

As these proposed changes to prescribing would have an impact across Lewisham, to determine this impact on residents with protected characteristics separate Equality Impact Assessment (EIA) were completed for both proposals, with mitigating actions where applicable.

A formal engagement period took place between **29th August** and **24th October 2017**. During which, a series of patient and public engagement activities were conducted to gather responses about the proposed changes to prescribing.

To ensure that consultation responses were representative of the population of Lewisham, a number of pre-engagement activities took place before the consultation process began, these activities included:

- A communication and engagement plan developed which included reaching out to existing special interest groups: older people groups, carers groups, Black and Ethnic Minority (BAME) and faith groups.
- Pre-consultation survey with member GP practices for their views
- Testing consultation materials at Lewisham People's Day
- Taken to and discussed at:
 - Lewisham Council's Healthier Communities Select Committee (HCSC)
 - NHS Lewisham CCG Governing Body
 - Local member GP neighbourhood meetings

- Public Engagement and Equality Forum (PEEF)
- Patient Participation Groups (PPGs)
- Public Reference Group (PRG)
- Prescribing and Medicines Optimisation Group (PMOG)
- Equality and Diversity Steering Group (EDSG)
- Healthwatch

Throughout the consultation process the CCG engaged in various events and focus groups with residents, patients and professionals. A total of **33** separate activities were conducted. In addition, the CCG received a total of **361** responses through online and paper surveys. Responses included free-text comments and questions on specific issues or concerns and areas arising from the proposals, with responses provided.

The consultation process has been comprehensive and far reaching with specific activities conducted to gather the views of different groups of people, including BAME communities. Additionally, as the proposed changes to prescribing of malaria prevention medicines may disproportionately impact the Black/ Black British: African community more than others (highlighted in an Equality Impact Assessment) increased consultation resources were directed to Black/ Black British: African organisations/charities/societies.

The consultation aimed to target the following groups:

- Patients registered at Lewisham GP practices
- Groups representing Lewisham patients (i.e. Healthwatch Lewisham, Lewisham Public Reference Group)
- Lewisham residents who may be likely to travel to countries needing malaria prevention
- Voluntary and community sector organisations as representatives of particular groups who may be affected.
- Elected representatives of Lewisham residents
- NHS provider organisations

The results of the consultation are as below:

A) Self-care medication for self-limiting acute illnesses and health supplements

- **68.7% agreed or somewhat agreed** with the CCG proposal to no longer support the routine self-care medicines for short-lived minor conditions that usually get better with time
- **27.3% disagreed or somewhat disagreed** with the CCG proposal

As part of this question respondents were also asked if they agree with the statement ‘GPs should spend less time treating people who could buy self-care medication and health supplements without a prescription’:

- **71.3% agreed or somewhat agreed**
23.7% disagreed or somewhat disagreed

B) Antimalarial chemoprophylaxis

- **54.6% agreed or somewhat agreed with the CCG proposal** to no longer support the routine prescribing of malaria prevention medicines
- **36.7% disagreed or somewhat disagreed** with the CCG proposal

Of note from populations which have been identified that may be impacted more than the general population:

Black/Black British: African ethnicity respondents:

- **78.3% disagreed/somewhat disagreed**
- **21.7% agreed/somewhat agreed**

Lewisham CCG AGM 2017

The AGM was held on 20 September 2017 at King's Church, Lee from 12.30-4.30pm. The objective was to increase attendance and engagement with members of the public and Lewisham GPs.

The theme was 'Prevention and Early Action'. Prevention is necessary at all levels and affects all age groups and ethnicities. We used this event to set out the wider determinants of health (health behaviours, socio-economic factors, clinical care and built environment), with a specific focus on health behaviours.

The key messages were that to help make the NHS sustainable, we want to support local people to be more proactive about prioritising their health and wellbeing to reduce their risk of developing lifestyle related health conditions, such as diabetes. Also that many deaths could have been prevented by healthier lifestyles - 80% of heart disease, stroke and type 2 diabetes and 40% of cancers could be avoided if common lifestyle risk factors were eliminated ie unhealthy diet, physical inactivity, tobacco use and excess alcohol and drug use.

To encourage people to attend and to engage in conversations about what stops them from looking after themselves and their families better we commissioned the charity and theatre group Cardboard Citizens to develop and run a forum theatre performance. This was a creative way of encouraging engagement and interaction with the theme. A video of this is available in two sessions:

Part 1 - a twenty minute performance with four actors: 'Getting through' (31 min).
<https://youtu.be/0dYQc9q2tmk>

Part 2 - interactive discussion with audience members participating in the re-run of the play (56 min) <https://youtu.be/tGJygN9zwoK>

We also arranged for a range of partners who provide relevant services to attend and hold a stall.

The programme was well received. After an introduction from the Governing Body with the main priorities and financial data for the last CCG Annual Report and a Q&A session, Dr Angelika Razzaque introduced the determinants of health, emphasizing the importance of Prevention and Early Action in the future of Lewisham healthcare. This was followed by an

overview of the different stalls and organisations present on the day to showcase different services available in Lewisham.

The event was attended by 153 delegates, a 70% increase on 2016.

We received 43 equalities forms, some of them partially completed.

- We had good attendance from people of all age groups, but people under 45 were underrepresented: 33% of attendees were between 15 and 45 compared to the JSNA figure for the borough of around 51%.
- In terms of ethnicity the results for attendees are similar to JSNA figures.
- 20.5% of attendees had a disability compared to 15.6% in Lewisham identified as not being in good health (2011 Census)

7. Lewisham CCG's Equality Objectives progress in 2017

Objective 1 – Support for people with Long Term Conditions

Reduce the gap between BME patients experience and White British patients experience in relation to patients feeling supported with their Long Term Conditions.

The primary equalities delivered a 3 year programme, which ends on 31st March 2018 to support improving the experience of those who identify themselves as being of Black Caribbean and Black African heritage with long term conditions.

The CCG has completed work with local practices to improve coding and recording of ethnicity, which is a key enabler to raising awareness of the barriers faced by these communities.

The CCG has commissioned the Community Education Provider Network (CEPN) that has run a series of sessions with practices and patients to begin to understand the barriers and ways to overcome them. This work will continue into 2018.

Objective 2 – To ensure Lewisham CCG is an organisation that is representative of its population and has a workforce that is supported

The CCG maintains an annual organisational development action plan that is based on the framework of processes, structures and relationships, and includes the monitoring of the workforce profile and outcomes of staff surveys and other feedback. The CCG has a diverse workforce that is representative of its population at most levels in the organisation.

In 2016 Lewisham CCG participated in the national staff survey for the NHS. One of the areas for improvement that came out of the survey was equality of opportunity for staff progression. A focus group for BME staff was held to gain greater understanding of this issue. As a result of the focus group and the findings of an analysis of CCG recruitment and selection data, a number of changes have been introduced to the CCG Recruitment and Selection Policy, particularly the processes and panels for shortlisting and interview. To ensure the consistent application across the CCG recruitment and selection workshops will be held early in 2018.

The Governing Body has also highlighted its need to be more reflective of the diverse Lewisham population, and this will be taken into account in recruitment plans as future Governing Body vacancies arise.

Developmental Objective 3 – the use of digital technology to support the development of the Health and Care system in Lewisham

Nationally, ‘digital’ technology has a significant role to play in the sustainability and transformation of the local health and care system. This includes supporting new care models and transforming care in line with the Five Year Forward View, delivering primary care at scale and securing seven day services. The Five Year Forward View also makes a commitment that, by 2020, there will be “fully interoperable electronic health records so that patients’ records are largely paperless”. This was supported by a Government commitment, in Personalised Health and Care 2020, that by 2020 “all patient and care records will be digital, real-time and interoperable.”

Lewisham CCG is working collaboratively with Lewisham Council and its local providers as part of HealthCare Partners executive team to lead the development of an Accountable Care System, to achieve a sustainable and accessible health and care system, to better support people to maintain and improve their physical and mental wellbeing, to assist people to live independently and have access to high quality care when needed.

During 2017, an Equality Analysis of the Partnership Commissioning Intentions (2017-2019) was undertaken. It concluded that for a number of the commissioning intentions planned, their successful service delivery was dependent on technological solutions being a key enabler. The Equality Analysis emphasized that ‘Inclusive design’ was paramount in the development of all digital products as ‘every design decision has the potential to exclude someone’ (Public Health Matters, 2016 – <https://publichealthmatters.blog.gov.uk/2016/07/22/%EF%BB%BFthe-a-z-of-digital-publichealth/>)

In Lewisham we are using digital technology to improve communication between health and care professionals, support the sharing of integrated records and provide coordinated care to residents and service users more effectively. We are working to use digital technology to best effect by monitoring use of services by the protected characteristics and to evaluate whether there are negative impacts on specific individual or communities. Examples of new and/or extended services which are increasingly using digital technology to access services and where such monitoring is taking place are the extension of Lewisham’s Single Point of Access which facilitates people to use either the phone line or a digital channel and the online Wellbeing Questionnaire.

Building on Connect Care, our existing information sharing system, we are implementing a shared population health system, Cerner. Cerner will bring together real time data and information from multiple sources to identify specific populations who may be at risk and to improve health and care outcomes across the Borough. The population healthcare system will help us to focus on upstream health prevention and management and to shift care from acute to community settings. Also our population health system will enable commissioners and providers to work together to identify health and care inequalities and measure the impact of changes we make across the whole health and care system..

8. Lewisham CCG's Equality Delivery System performance in 2017

The EDS enables the CCG to:

- Analyse its performance against the EDS Goals and Outcomes
- Identify any gaps or areas that require improvement
- Identify any high risk areas as priorities for setting objectives

The EDS has four Goals:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

An NHS organisation might decide to focus on people (with particular protected characteristics) most at risk, and/or for whom considerable progress has been made. The key question of EDS2 is: how well do people from protected groups fare compared with people overall?

Lewisham CCG chose to focus the EDS2 on their commissioning responsibilities for:

- **Ambulatory Care Service** was commissioned from Lewisham & Greenwich Trust to provide assessment and same day discharges for adult patients. The aim of the centre is to help patients get the right care sooner, avoid unnecessary hospital admissions and reduce pressures on the hospital's emergency department.
- **Lewisham MindCare – Dementia and Information Service**
Lewisham MindCare is a dementia information and support service for anyone in the borough / with a GP in the borough living with dementia. The service supports people living with dementia and their carers to 'live well' with the condition regardless of the level of need, severity of the disorder.
- **Hospital at Home for Children** ambulatory care or rapid response in the form of in/outreach into acute adding to the capacity of the Children's Community Nursing Team (CCNT) responsible for the provision of on-going care at home.

During 2017, engagement was carried out with local stakeholders and staff in order to verify the process.

In September 2017 an EDS2 Stakeholder panel considered the evidence prepared by CCG commissioners and the service providers and awarded EDS grading for the services.

The EDS2 Grading External Stakeholder Panel reviewed three services

- Ambulatory Care Service
- Lewisham MindCare – Dementia and Information Service
- Hospital at Home for Children

All three services reviewed are delivering good quality services, but only one of them was able to demonstrate (with data) that more than three or four of the nine protected characteristics is being collected and being analysed to provide assurance that there is not a group of patients with a particular characteristic who are not accessing the service, are able to access the

services or what has been the experience of patients who have particular these protected characteristics. Therefore two of the services were graded as DEVELOPING.

The CCG is developing an Equality Objective that will work with partners to improve the quality and collection of equality monitoring data.

EDS2 Grades for Lewisham CCG in 2017 to date are as follows:

Fig. 2 Lewisham CCG Equality Delivery System (EDS) Grading for 2017

EDS2 Goals	Grading achieved In 2017
1 – Better Health Outcomes	DEVELOPING
2 – Improved patient access and experience	DEVELOPING
3 – A representative and supported workforce	To be confirmed
4 – Inclusive leadership	To be confirmed

A staff survey that contains some of the same outcomes of EDS2 Goal 3 that focuses on whether the workforce is representative and supported has been carried out. The results together with staff engagement on the results of the survey will take place in February 2018.

The CCG has started the process of collecting data for EDS2 Goal 4 Inclusive Leadership and aiming to complete the process early in February 2018.

The grades and improvement plans for all four goals will be published on the CCG’s website by March 31, 2018. They will be used to inform the CCG’s operational and organisational development plans.

9. Lewisham CCG's Equality Case Studies

Case Study: Ambulatory Care Service

In line with national best practice and the outcomes of 2016 Emergency Review an Ambulatory Care Service was commissioned from Lewisham & Greenwich Trust to provide assessment and same day discharges for adult patients. The Ambulatory Care Centre opened in November 2016.

The service also provides early testing (such as X-Ray and ultrasound) for local people with results reviewed by specialist consultants.

The aim of the centre is to help patients get the right care sooner, avoid unnecessary hospital admissions and reduce pressures on the hospital's emergency department.

The centre takes referrals from GPs, the UCC and A&E so that patients can come to the unit for a scheduled test – rather than attending the Emergency Department.

As well as preventing unnecessary admissions, the centre also enables some patients to be discharged sooner.

The service model is based on the National Ambulatory Care Handbook and is supported by a service specification and contractual model. The service;

Treats adult patients who require emergency care on the same day without admission to a hospital bed at all, or treatment for only a number of hours and then send the patient home with ongoing clinical follow up as required;

Be the default position for emergency patients unless admission is clinically indicated;

Reduces pressure on Emergency Department (including UCC) and AMU;

Reduces the requirement for beds

Since the Ambulatory Care Centre opened it has seen over 1500 patients. The service is reducing the number of medical admissions, reducing the number of GP referrals to the emergency department, and reducing the length of stay for some patients.

Early analysis of the activity data from by Lewisham & Greenwich Trust provides some limited demographic data about the users of the service. In terms of service uses and their protected characteristics – the age is quite broad and centred on those under 64 years. With regard to ethnicity the data for the first 4 months of the service is reflective of the local population. However, with regard to patients who completed the Family & Friend Test – more than half described that their day to day activities were limited because of a health problems or disability.

- Ethnicity: Of the 1083 attendances to the Unit from November 2016 to March 2017,

54.84% (594) described the white British, white Irish or white other; 29.69% described themselves as BME of which 24.84% were either Black African or Caribbean.

- Age: The biggest age range was the 19-40 (323 attendances) years and; 41-64 (476 attendances) years.

Feedback has been extremely positive.

The latest 'friends and family' survey of nearly 100 responses showed that every patient would recommend the service.

Case Study: Lewisham MindCare – Dementia and Information Service

Lewisham MindCare is a dementia information and support service for anyone in the borough / with a GP in the borough living with dementia.

The service, in line with NICE-guidelines and the Prime Minister's Challenge on Dementia, establishes an infrastructure that provides opportunities for people living with dementia to lead fulfilling and rewarding lives for as long as possible. The service supports people living with dementia and their carers to 'live well' with the condition regardless of the level of need, severity of the disorder.

The service meets 5 main outcome areas:

1.1. Information and Advice

- Ensure people living with dementia and their carers have good-quality information on Dementia post diagnosis and throughout the course of their care.
- Provision of information that is comprehensive, easily read and available via whichever medium the individual prefers – telephone, email, post or face-to-face.
- Focus on the individual – empowering them to access the information they need, promoting independence, self-help, well-being, choice and control.

1.2. Advocacy

- Supporting people in accessing information in order to better understand what is happening to them
- Supporting people in exploring options, making better-informed decisions and actively engaging with decisions that are being made;
- Supporting people articulating their own views;
- Speaking on the patient's behalf and representing them;
- Supporting people in other ways to ensure they can participate in the decisions that are made about their care and treatment.

1.3. Support and assistance accessing services and community resources

- Identify patients and carers support needs;
- Find out what resources and services are available to them;
- Work out what support package will best meet their needs and preferences (given the available resources);
- Organise and manage this support review and adapt this support over time;
- Potentially identify problems and avenues for help in resolving them.

1.4. Interface with primary care services and the Memory Service

- Work with primary care to facilitate referrals to this service and understanding of what the service offers;
- Support referrals to the Lewisham Memory service as necessary;
- Support clients to be informed about the benefits of Assistive Technology and refer to the Assistive Technology service as necessary;

1.5. Dementia Awareness Training for Carers and professionals

The Lewisham Memory Service offers comprehensive assessment, treatment and support options to anyone over the age of 18 years who is experiencing memory problems which are likely to indicate dementia in the borough of Lewisham. It is an integrated service with University Hospital Lewisham, South London and Maudsley NHS Foundation Trust, and Lewisham MindCare working with people experiencing memory problems. The service offers a full assessment followed by a range of treatment and support.

MindCare is currently providing high quality advice, information and support to people with a diagnosis of dementia and their family and carers.

Further, the service is to raise awareness in other local services (e.g. housing, personal care), through a program of training on topics about dementia and caring for people with the disease.

Lewisham's goal is for people with dementia and their family and carers to be helped to live well with dementia, no matter what the stage of their illness or where they are in the health and social care system. The vision to achieve this is:

- **To encourage help-seeking and help-offering** (referral for diagnosis) by changing public and professional attitudes, understanding and behaviour
- **make early diagnosis and treatment the rule rather than the exception**; and achieve this by locating the responsibility for the diagnosis of mild and moderate dementia in a specifically commissioned part of the system. This will first, make the diagnoses well, second, break those diagnoses sensitively and well to those affected, and third, provide individuals with immediate treatment, care and peer and professional support as needed
- **enable people with dementia and their carers to live well with dementia** by the provision of good-quality care for all with dementia from diagnosis to the end of life

In 2016/17 Lewisham CCG was rated as 'outstanding' by NHS England for diagnosis rates and post diagnosis care planning.

Case Study: Hospital @ Home giving children care at home rather than on a ward

The Hospital at Home Service has been running as a pilot in 16/17 and 17/18, with a view to embed the service in an enhanced Children's Community Service.

The service provides ambulatory care or rapid response in the form of in/outreach into acute adding to the capacity of the Children's Community Nursing Team (CCNT) responsible for the provision of on-going care at home.

This model of care also offers the opportunity for primary and secondary prevention as a result

of the links and in-reach into accident and emergency departments. Moreover, the avoidance of an admission, better discharge, and reduced follow up ratios in outpatient appointments will also benefit the health economy.

In addition, over time the ambulatory rapid response team is expected to develop and enhance links with primary care teams and this potentially could lend to the development of outreach clinics by advanced practitioner nurses in liaison with GP's and hospital consultant paediatricians.

The main aims of the service are:-

- To improve care and outcomes for children and young people with acute and long term conditions by remodelling and bring together an ambulatory care response team to provide rapid response in/outreach into acute, admission avoidance with on-going care provided at home and community settings by the CCNT.

The objectives of this service are as follows:

1. To set up an ambulatory care paediatric response team to support early discharge from inpatient settings and reduce length of stay.
2. To provide ambulatory care in acute settings for admission avoidance and rapid response and follow – up care to prevent hospital re-admissions.
3. To provide ambulatory care nurse visits to ED/SSPAU daily.
4. To support children and families with up to three visits per day for at least two days following discharge to avoid readmission.
5. To offer extended working hours, 7 days week 08.00-22.00 and out of hours on call.

The service is run by specialist paediatric community nurses who visit children in their homes and provide treatment which was traditionally only available within a hospital. This includes the management of respiratory conditions such as asthma.

Benefits of the service include:

- Avoiding children having to stay in hospital for too long
- Avoiding children being admitted or readmitted
- Avoiding children going to A&E when they don't have to.

Before the development of this programme, patients would have to stay in hospital to receive treatment that will be delivered at home or in the community.

Paediatric emergency activity for Lewisham CCG at Lewisham and Greenwich Trust, and specifically at University Hospital Lewisham was lower during the first six months of 2016/17 compared with the first six months of 2015/16.

The initiative has been so successful it is now being adopted by other local trusts.

Case Study: Lewisham Community Specialist Palliative Care Service Procurement

What does this case study look at?

This case study looks at the use of public, patient and carer involvement in the development of a new service specification and the documentation for the competitive tender of a new Community Specialist Palliative Care service in Lewisham.

Several engagement events were held where members of the public, carers, and delegates from organisations representing patients were invited to feedback on a proposed service specification and to give input into the development of questions that would be put to organisations tendering to provide the new service.

What events did we have?

We met with stakeholders three times:- one meeting with members of the CCG's Public Reference Group, a second targeted meeting with professionals from local groups representing patients and carers and finally, an engagement event which was advertised widely and open to any interested members of the public, patients, carers or organisations working with these groups.

We initially met with the CCG leaders of the CCG's Public Reference Group in order to see if there was any interest from individual members to be involved in the actual procurement process. We discussed the new Service Specification with them and invited expressions of interest from anyone who would be available to sit on the Tender Evaluation Panel. From this, two people were identified as being interested to know more. Upon further discussion the two members declined to be on the panel (mostly due to the time commitment required) but one of them asked to continue to be involved through any upcoming engagement events, and she attended both of them as a representative of the Public Reference Group and in her personal capacity as a carer for a family member.

The second engagement event was a meeting with professionals from local community organisations.

The invitations to this meeting were targeted with the aim of looking specifically at the needs of service users with learning disabilities, mental health issues and members of the LGBT community. These three groups were targeted because research shows that they are some of the groups least likely to receive support from specialist services in the last year of life.

At this meeting there were also overlapping issues with the various groups- we talked about mental health at the end of life in the "general population" but we also had a representative from an LGBT mental health organisation. The feedback from this meeting focuses heavily on people from the different groups understanding how to access services, on them feeling welcome and that the services were for them, and on ensuring they knew their rights and how they could expect to be treated as patients and carers. This group came up with the idea of a "patient charter" as stressed the importance of information being written in a way that all patients and carers can understand it, whether that be in simple-text versions or different languages, as well as printed information including leaflets, websites and posters showing that a service was open and welcoming to all- through the inclusion of photographs

of people of different ethnicities, same-sex couples, people with learning disabilities and physical disabilities, and people of all ages. We also discussed using links to other organisations and the use of symbols (i.e. the rainbow flag) to provide an easy visual sign that the service was open and welcoming.

Our third meeting was an engagement event open to any interested members of the public in including patients, carers, family members and representatives of organisations working with these groups. We gave the background to the project at the beginning of the event, and told participants about the meetings we had already had. We explained that one of the goals we had in mind was to develop a question to be included in the tender exercise based on the feedback and the work of the group present that day. This engagement event was facilitated by the CCG communications team and included a variety of activities, with staff from the CCG serving as scribes to take down all the information. By the end of the event we had gathered enough from the group to go forward and develop a specific question to be included in the “Technical and Quality Envelope” section of the tender. The data collected on the day was also used to help develop the KPIs around patient and carer engagement and inclusiveness.

What did we do with feedback?

The feedback from all of the events was used directly in the development of the final version of the Service Specification, KPIs and the questions included in the tender documents. There was also a member of Healthwatch present at the Engagement Event who expressed an interest in being more involved and who was asked to sit on the Tender Evaluation Panel. This person participated fully in the tender scoring process- evaluating and submitting a score for the Technical and Quality Envelope and sitting on the Panel for the bidder presentation.

How did we identify groups to approach?

The initial work with the CCG’s Public Reference Group was facilitated through the Communications Team, who discussed the project with the Group and identified two members that were interested in knowing more. The second meeting was with local professionals. These organisations were selected from those already working with NHS Lewisham CCG or with the London Borough of Lewisham to represent patients and cares in the fields of Learning Disability, Mental Health and LGBT people. Healthwatch was also invited to this meeting along with two members of the CCG’s Public Reference Group.

The Engagement Event was open to the public and we advertised via the Public Reference Group, by sending out invitations and fliers to local community groups, charities, and via the mailing list of interested individuals and groups held by the CCG Communications Team.

How were these used in the procurement process?

Bidders were required to answer the following question, which was created during the Engagement Event:

Service Users – The service users in Lewisham have a range of cultural backgrounds, languages and communication needs.

- Describe how you will ensure that the Service will be accessible to all, respect and understand everyone’s needs and values.

Include details of how your assessment processes will take into consideration individual needs of patients as they near the end of life and how the provision of care will be adapted, providing examples that show how this approach has been embedded in the Service.

How will they be incorporated into the contract

A series of KPIs relating to our service users were developed during the engagement process and will be included in the contract. These are:

- Is the Provider issuing each patient a "Patient Charter"?
- Are accessible information formats available (language, easy read text, adapted to disability, etc.) to patients?
- Is promotional material and information for patients and carers available which demonstrates that the service is welcoming to patients and carers of all backgrounds?

How will we feedback and monitor them?

These will be monitored during our quarterly monitoring meetings and we will write a report at the end of the first year to the Public Reference Group to update them on the results of the work done to include patient and public engagement findings in the contract and in the new service provision.

Next steps

We are currently in talks with the Preferred Bidder, working towards contract signing. Once the contract is signed and implementation begins, we will start to monitor these items and will present any written patient information, as appropriate, to the Public Reference Group for review and feedback. We will also carefully monitor the KPIS and any patient or carer compliments and complaints that may be submitted to the service provider or to the CCG.

Case Study: SEL(South East London) Integrated Urgent Care Service Procurement

This case study is a progress update on the engagement that took place to inform the procurement for a new service (building on the 111 pilot) that will deliver an access point for patients to urgent care and advice and how engagement with local people impacted and influenced the service specification.

Prior to March 2016, two patient engagement events were held and a survey was distributed

to patients through the SEL CCGs' communications and engagement leads; the resulting feedback was incorporated into the service specification subsequently approved by the SEL CCGs' Governing Bodies (or their delegated committees) in March 2016.

Post March 2016, an information pack detailing our response to the patient feedback received – in the form of 'you said, we did' – and the more recent developments to the IUC design, was produced and shared with the SEL CCGs communications and engagement leads for distribution through their usual patient engagement channels. Additionally, patient groups were identified for further targeted engagement. These groups were identified on the basis of those who had access issues (Deaf or hard of hearing; patients for whom English is not their first language; patients with learning disabilities) and groups that the equality impact analysis had highlighted as not having been engaged with so far (e.g. LGBT).

Each CCG was asked to choose one of the patient groups and facilitate engagement with that group. Where possible, this was through the programme team attending an existing patient engagement meeting or convening a meeting for this express purpose. Where this was not possible, information was sent to relevant organisations that liaised with their service users and responded on their behalf. The following activity was undertaken:

- Information sent to Bromley Deaf Access group; response received providing advice relating to staff training, promotion of the service, and the use of deaf friendly language.
- Engagement session held with a Vietnamese group in Lewisham – 9 out of the 10 attendees had never heard of 111 before. Discussed the differences between 111 and 999, the translation service available through 111, the redesign of 111 and the best ways to promote the service to the Vietnamese community. The current service and the new design were both very well received.
- Information sent to a KeyRing representative who phoned members of Speaking Up – Southwark (a group for people with learning disabilities) to get their views on the new design for 111. Response received "I've spoken to each member of the group and unfortunately none of them have used the 111 line. This was because they haven't needed to. They had all heard of it and said they would use it if they needed to."
- Information sent to Metro (a SEL wide LGBT group); response received providing advice relating to staff training, promotion of the service, monitoring LGBT usage and links to voluntary services.
- Engagement session with Our Healthier SEL Patient Advisory Group – 3 attendees, knowledgeable about 111. Very detailed discussion about the current service and the proposed changes. The group approved of the proposed changes. 2 members were recruited to the SEL 111 Programme Board and IUC Procurement Evaluation Panel.

All of the feedback received has been incorporated into the revised service specification

Case Study: Lewisham Community Falls Team

The Community Falls pathway has been redesigned to prevent the numbers of falls and falls related injuries for people over 65 by establishing a community based Falls Service and incorporating non-clinical interventions accessed through SAIL connections.

The new Community Falls Team, which is a therapist led multi-disciplinary team of specialist occupational therapists, physiotherapists, therapy assistants and postural, stability instructors has been designed to reduce the number of falls and harm suffered by people from falling. The team provide clinical triage of patients via a designated fall helpline. The newly established Falls Helpline allows a single point of access open to all to seek advice and information and make referrals to the team for further assessment. Referrals are received for patients across the whole falls and frailty spectrum. Referrals receive clinical triage and patients are then assigned to an evidence based intervention. The team also provides outreach and education to partner and tertiary organisations delivering specialist falls prevention education and advice sessions. The team is currently embarking on a new project designed to outreach and support high risk care environments – offering a programme of self-improvement to reduce the falls risk in these environments.

Community based Stable and Steady movement sessions have been set up for people who have fallen or who are at risk of falls. The data that is collected by the service can be used to ensure that classes are held in locations that are accessible without extended travel. Locations have been chosen based on geography, need and accessibility.

At the point of referral all protected characteristics are collected by the service, the data is used to support service development, training and education sessions for professionals and health promotion activities.

In the short time it has been operational the service has received 340 referrals. Patients can be seen at home, in the community or in one of the Stable and Steady classes. Interventions delivered include but are not exclusive to Multifactorial Falls risk factor assessments, Home Hazard Assessment, strength and balance training programme, gait re-education training programme, outdoor mobility and public transport access, cognitive assessment and re-education, provision of functional equipment and safety adaptations, falls prevention education and onward referrals and signposting to support services.

Below is a short case study from a service user:

Mrs M was referred to the service via her daughter. On assessment she had fallen several times, not been upstairs in her house in 2 years and was suffering from very low confidence and fear of falling. She had been in hospital for repeat admissions. Her gait and balance were abnormal. She had not accessed her shower in 2 years due to poor endurance on the stairs and fear. The team completed the Multi-factorial falls assessment. A Physiotherapist provided balance and strengthening exercise, the team Occupational therapist completed a bathing assessment and rehabilitation and the patient is now independent in the shower. A rehabilitation support worker guided the patient to purchase a 4 wheeled walker and then completed outdoor mobility and stairs re-education. Minor safety adaptations (stair rail, hand rail) and functional equipment were provided (bed lever, toilet frame). A bed lever was installed as the patient was falling from the bed. The patient has been referred to the stable and steady class in The Albany for a 25 week strength and balance re-education programme

and the team provided guidance for transport options. A referral has also been made to community connections for the patient to have improved social access.

Case Study: Safeguarding Children

Children and young people under the age of 20 represent 25% of the total population in Lewisham. 76.5% of school aged children are from a minority ethnic group. Children in Lewisham have worse than national averages of child poverty, family homelessness, obesity rates and GSCE achievement. Teenage conception rates and teenage birth rates are higher than national averages.

The Joint Commissioning unit based in the Council manage the commissioning of community child health services and safeguarding on behalf of the CCG and Public Health. During 2016-2017 procurement and retendering of Health Visiting (including the Family Nurse Partnership) and School Nursing took place. The CCG Safeguarding Team contributed to the revised specifications and advised on ensuring equitable access to services and the continued drive to ensure safeguarding is considered in all contracts.

It was noted that there was a duplication of reporting for safeguarding to the CCG, for example, the same safeguarding reports were presented at the provider safeguarding committees and then again at the CCG safeguarding Assurance meetings. It was usually the same participants attending these meetings. The CCG arrangements for seeking safeguarding assurance were reviewed.

As part of the changes and to ensure continued sharing of safeguarding learning and improve safeguarding effectiveness across the local health economy; the CCG Safeguarding Leads now organise safeguarding conferences three times a year, focussing on relevant topics that affect vulnerable adults and children. All local healthcare providers to attend not just those organisations commissioned by the CCG. The first NHS Lewisham CCG Health Safeguarding Conference was held on Monday 30th January 2017 which aimed to bring together health providers and commissioners from all sectors of the Lewisham health economy to share best practice on identifying and protecting people who are at risk of experiencing domestic violence. 60 people attended, with representation from general practice, LGT, SLAM, LBL, private providers, the LSCB, the LSAB, NHS England, and nursing homes.

From this point we have supported one other Health Safeguarding Conference on neglect encompassing the risks for both vulnerable adults and children. We have another conference scheduled for December 2017 on modern day slavery.

The adults and children's team work closely together to ensure that they provide expert advice supporting the safeguarding of the family for both adults and children.

The CCG therefore is ensuring that safeguarding arrangements for vulnerable adults and children are considered equitably

Case Study: Domestic Violence and Abuse in Lewisham – joint partners training workshop session for clinicians

Background

Refuge (for women and children against domestic violence), the National domestic violence charity is the largest single provider of services nationally, including opening the world's first refuge in 1971. Refuge has supported victims of domestic violence and their children in Lewisham for over 20 years.

In April 2015, Refuge opened Athena, Lewisham's first integrated gender based violence service.

DV Statistics National and local

National - Between 2 and 3 women a week are killed by partner or ex – partner (*Homicide Statistics, 1998*)

3 women a week commit suicide to escape domestic abuse (*Walby, 2004*)

January 2016 to December 2016, Lewisham had the fourth highest rate of recorded domestic abuse in London (21 recorded incidents per 1,000 population).

2015/2016 Lewisham had the seventh highest prevalence in London for rape and sexual offences.

There have been two domestic homicides since 2014, since the launch of Lewisham VWAG strategy

DVA and Diversity

DVA does not discriminate and happens in all groups and sections of society - regardless of race, disability, age, culture, mental health, religion, socio-economic level, or sexual orientation. All of these may also have an additional impact on the way DVA is experienced, dealt with and responded to.

Women and their children may find engagement with services more difficult and often face additional barriers and further oppression from society as a whole and are more likely to experience and be a victim of domestic violence statistically.

Racism or homophobia are examples of discrimination that may make it even more difficult for women to seek help and support and provide additional barriers to accessing support.

Elders may have additional physical barriers i.e. environmental access which may have an impact on access to services.

Domestic violence also has an impact on elders for example and physical barriers may have an impact on access to services.

IRIS Advocate Educators will see clients in the community, providing outreach work to support victims of DV and improve accessibility to services.

DV and Health

Women experiencing abuse have an increased use of both primary and secondary care services (Ulrich et al, 2003). Women with DVA experience more operative surgery, visits by and to doctors, hospital stays, visits to pharmacies and mental health consultations. Women who have depression, PTSD or are suicidal as a result of DVA have approximately twice the level of usage of general medical services and between three and eight times the level of usage of mental health services. Admitted to hospital more often and issued more prescriptions.

IRIS - is a general practice-based domestic violence and abuse (DVA) training support and referral programme that has been evaluated in a randomised controlled trial. It is aimed at women who are experiencing DVA from a current partner, ex-partner or adult family member. IRIS also provides information and signposting for male victims and for perpetrators.

IRIS (Identification & Referral to Improve Safety) is a collaboration between primary care and third sector organisations specialising in domestic violence and abuse (DVA). The pilot study, Preventing Domestic Violence and Abuse (PreDoVe) was conducted to measure the prevalence of domestic violence (DV) among women attending general practice in Hackney, London. The results showed a high prevalence of DV experienced by women attending general practice substantially higher than that recorded in the general population. It concluded that health care professionals should maintain a high level of awareness of the possibility of DV among their patients.

Women attending intervention practices were 22 times more likely than those attending control practices to have a discussion with their clinician about a referral to an advocate. This resulted in them being six times more likely to be referred to an advocate.

Women attending intervention practices were three times more likely than those attending control practices to have a recorded identification of DVA in their medical record.

The results also showed IRIS to be a cost effective intervention.

DVA Training workshop session for Clinicians in Lewisham 2017

In April 2017 Lewisham CCG, Athena (run by Refuge) held a training workshop session as part of a health safeguarding conference for Lewisham GPs and other clinicians that gave them the opportunity to better understand domestic violence and how to respond to patients experiencing domestic violence when they present themselves in healthcare settings.

The health safeguarding conference had approximately 60 clinicians attending across the health economy of Lewisham including for example GP's, practice nurses, care workers and managers from nursing and residential homes and social work practitioners from local borough Lewisham as well as other delegates such as colleagues from joint commissioning and others.

By the end of the session participants would be able to:-

- Understand why DVA is a health issue and what to do about it in practice
- Identify patients who may be experiencing DVA – how to ask, respond, refer on and record.

10. Our Partnerships

Lewisham CCG works in partnership with other commissioners to deliver high quality support and care. Lewisham CCG aims to work in partnership with the community in the commissioning of services. There is a good record of partnership working and strong relationships with:

- **South East London Clinical Commissioning Groups** - The six CCGs in South-East London, Lewisham, Lambeth, Southwark, Greenwich, Bexley and Bromley, have established collaborative arrangements to meet their shared and interdependent commissioning responsibilities.
- **Health and Wellbeing Board** - is a partnership that encourages local service commissioners and providers to work together to advance the health and wellbeing of the area.
- **London Borough of Lewisham** - to jointly commission services for children and young people, learning disability, mental health, physical disabilities and emerging client groups, and older adults services.
- **Lewisham Public Health** that transferred to LBL in April 2013
- **Lewisham Healthwatch**
- **Voluntary** and community organisations.
- **Healthcare providers** such as local acute, community and mental health hospital Trusts.

Please refer to the **Partnership Commissioning Intentions** in Section 5 and **Case Studies** in Section 9 that include examples of partnership working.

10.1 South East London Sustainability and Transformation Partnership

As we described in section 5.1.1, the south east London Sustainability and Transformation Partnership (STP) is one of our key strategic plans, focused on implementing the Five Year Forward View and covering the period up to March 2021.

The south east London draft plan was submitted 30 June 2016. The STP is the “umbrella” plan for south east London and draws extensively on the Our Healthier South East London (OHSEL) strategy which has been in development since 2013. The STP process, however has broadened the OHSEL plan and has taken it much further by bringing organisations together within a governance framework:

- A single responsible officer supported by a quartet leadership and a strategic planning board to provide direction and oversight
- Collaborative oversight and decision-making bodies at various levels
- A single reporting structure
- A single plan setting out our challenges, including our financial challenge

Over the next five years the SEL STP commitments are to :

- Support people to be in control of their health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are consistently excellent and have an increased focus on prevention
- Reduce variation in outcomes and address inequalities by raising the standards in our health services

- Develop joined up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend our money wisely, to deliver better outcomes and avoid waste

These priorities have been informed by a case for change that includes population health needs, by an equalities impact assessment carried out in 2014 that identified approaches and considerations in the further development of the OHSEL strategy, and by a further equalities analysis in 2015 that made recommendations in respect of priority groups for further engagement and for reaching 'seldom heard groups'.

10.2 Our Healthier SEL Equalities Steering Group

Lewisham CCG is a member of the Our Healthier SEL Equalities Steering Group (OHSEL ESG). The role of the group is:

- to ensure that the Our Healthier South East London STP meets the requirements of the Equality and 2010 and specifically the Public Sector Equality Duty
- to ensure that the Our Healthier South East London strategy meets the requirements of the Health and Social care Act 2012, with specific reference to tackling health inequalities
- to commission and approve independent equalities analyses and impact assessments as appropriate
- to monitor progress on meeting the equalities requirements set out above and to produce reports for IEG and the Communications and Engagement Steering Group as appropriate
- to promote a best practice approach to equalities work and highlight any concerns.

Lewisham CCG's Chief Officer is the Senior Responsible Officer for the Engagement and Communication aspect of the programme. The CCG has ensured that OHSEL engagement activities are appropriate and reflect Lewisham's diversity.

11. Our Main Provider Organisations

NHS Lewisham CCG has in place mechanisms to meet its duties to ensure that key provider organisations comply with their equality duties, working in partnership with main provider organisations to include equality, diversity and human rights clauses within its contracts.

NHS Provider	Annual Equality Report published on website	Equality Objectives published on website	Equality Delivery System results published on website	Workforce Race Equality Standard results published on website
Lewisham & Greenwich NHS Trust		✓	*	2015**
South London and Maudsley NHS Foundation Trust	✓	✓	✓	✓

* Lewisham & Greenwich NHS Trust has contributed to Lewisham CCG's 2017 EDS2 process providing patient access and satisfaction survey data.

** Lewisham & Greenwich NHS Trust has shared its 2017 WRES results with Lewisham CCG. The Trust will report on progress by April 2018.

Lewisham CCG's quality and performance teams regularly review provider's patient experience and staff engagement data from our main provider. Lewisham CCG manages the Clinical Quality Review Group (CQRG) for Lewisham & Greenwich NHS Trust (LGT) by clinical directors, senior officers and CSU contractor colleagues.

Lewisham CCG also commissions significant number of acute hospital services from Guys & St Thomas's NHS Foundation Trust (GStT) and King's College Hospital NHS Foundation Trust (KCH) for our local population, as well as a range of other hospital services from other London NHS providers.

Lambeth CCG is the Lead Commissioner for GStT and responsible for ensuring equality reporting and progress. Southwark CCG is the Lead Commissioner for KCH. When necessary, Lewisham CCG has requested equality reporting from both CCGs if it has not been possible to find information from the Trusts themselves.

Equality progress can be found for GStT here <http://www.guysandstthomas.nhs.uk/about-us/equality/equality-and-diversity.aspx>

Equality progress can be found for KCH here <https://www.kch.nhs.uk/about/corporate/equality-and-diversity>

11.1 Lewisham & Greenwich NHS Trust

Lewisham CCG is the lead commissioner for monitoring quality of this organisation and ensures that it meets its legal duties in relation to equality, diversity and human rights by including clauses within its contract. This also requires the Trust to monitor workforce and service activity in relation to the Public Sector Equality Duty (PSED).

On 17 August 2017 the Care Quality Commission published its report of its March 2017 inspection of Lewisham & Greenwich NHS Trust. The Trust's overall rating is "requires

improvement". Areas where the Trust must make improvements include monitoring and improving the quality and safety, improving risk management and audit processes, increasing staffing levels in line with national standards and service specifications and appropriate and timely care. The trust will now address the findings and recommendations through action plans. <http://www.cqc.org.uk/provider/RJ2?referer=widget3>

The CQC report highlighted a number of areas where the Trust has improved since the last inspection in 2014, and the CQC acknowledges several areas of good and outstanding practice. The Trust's community services for children, young people and families were rated as "Outstanding", and community services for adults rated as good. A wide range of hospital services at both Queen Elizabeth Hospital and University Hospital Lewisham were rated as "Good".

Following the publication of the CQC report, NHSE has applied formal Directions to Lewisham CCG from 1 September 2017 in relation to the failure of the CCG to discharge its commissioning function effectively in response to significant issues raised relating to urgent and emergency care at Lewisham and Greenwich NHS Trust. The requires the CCG to work with and cooperate with Southwark CCG as necessary to enable Southwark CCG properly to exercise Lewisham CCG's acute commissioning functions and to enable Lewisham CCG to ensure the development and implementation of the U&EC Recovery Plan in accordance with NHS England Directions.

Whilst recent improvements have been made, the CCG recognises further improvement is needed to support sustainable delivery of outcomes for our local community and to address both performance and quality standards.

Lewisham & Greenwich NHS Trust has been implementing the Equality Delivery System that is linked to the Trust's Equality Objectives for 2015-2017. Progress reported to the Trust's Equality Steering Group. Equality and diversity progress in Lewisham & Greenwich NHS Trust can be found at their website.

website <http://www.lewishamandgreenwich.nhs.uk/equality>

11.2 South London and Maudsley NHS Foundation Trust

South London and Maudsley NHS Foundation Trust (SLaM) provides mental health services in Lewisham.

The Trust delivers general and specialist mental health and substance misuse services to Lewisham's population. They provide services for adults, as well as specialist services for young people. These include daycare, inpatient care and community services.

The quality of services provided by SLaM are monitored at "four borough" CQRG attended by Lewisham CCG clinical directors and senior officers.

The Trust is currently delivering seven CAG equality objectives (2017-20). The Trust is also developing Trust-wide equality objectives for service delivery and workforce as part of a new Trust equalities strategy that will be submitted to its Board in 2018 (date tbc).

SLaM has been using the Equality Delivery System as a framework to identify where they need to focus their attention to improve on equality since 2013. In 2015 SLaM developed a substantial Workforce Equality Objective that brings together a number of strands and work streams. An integral component to the objective is the implementation of the Workforce Race Equality Standard (WRES) that is now a national contract requirement and expectation of all NHS Provider Organisations. SLaM published a WRES report for 2016 that compares results

in 2015. The 2017 WRES report was discussed at a Board to Board meeting between Lewisham CCG and SLaM in November 2017. Issues raised are being followed up and reported by to the CQRG meetings in 2018.

On 31 October 2017 the Care Quality Commission published its report of its July 2017 inspection of SLaM's Community-based mental health services for adults of working age. The overall rating of Requires improvement was given.

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG6826.pdf

The latest Annual Equality Reports South London and Maudsley NHS Foundation Trust can be accessed by following this link <http://www.slam.nhs.uk/about-us/equality>

11.3 Friends and Family Test

Patients have an opportunity to routinely give their feedback after receiving care or treatment through the Friends and Family Test (FFT). This test aims to assess the quality of patient experience from responses to the simple question "Would you recommend this service to your friends and family?" A snapshot of results for Lewisham CCG Providers are as follows:

NHS Provider	Month/Year	Percentage that would recommend service
Lewisham & Greenwich NHS Trust (In Patient)	September 2017	96% (of 1,770 responses)
Lewisham & Greenwich NHS Trust (Community)	September 2017	99% (of 201 responses)
South London and Maudsley NHS Foundation Trust	September 2017	87% (of 1,652 responses)

Source: <https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>

In addition to the core clinical and outcomes data, CQRGs review the results of the Friends and Family test and other sources of patient feedback. In 2015-16, the CCG identified that Lewisham and Greenwich NHS Trust were underperforming when it came to responding to complaints within the agreed timescale. The CCG provided significant support which has led to an improvement in their performance from a low of 20% to the current position where 80% of complaints are responded to within the agreed timescale. The Trust achieved its complaints response time target of 95% in November 2016 and then for six consecutive months between February and August 2017 until staff shortages led to a fall to 88% in September. The Trust expects to see improvement again by November.

The CCG is represented at CQRGs of other acute providers by clinical directors and senior officers of respective host commissioning CCGs. Reports including trends and benchmarking data are presented for discussion at the CCG's CQRG meetings with acute and mental health providers, ensuring any issues are discussed and addressed quickly and providers are held to account to improve patient experience. Where improvements are being made this is recognised.

12. Safeguarding in Commissioning

As a commissioning organisation Lewisham CCG is required to ensure that all health providers from whom it commissions services (both public and the independent sector) have comprehensive, single and multi-agency policies and procedures in place to safeguard and protect adults and children at risk from abuse and the risk of abuse itself.

The CQRGs (Clinical Quality Review Groups) for each organisation present a range of metrics to the CCG on a monthly basis, for example

- Number of safeguarding referrals made,
- Percentage of staff compliance in training in safeguarding adults and children
- Percentage of compliance in DBS (Disclosure and Barring Service) checks
- Compliance in the Mental Capacity Act 2005

The CCG receives both quarterly and annual safeguarding returns, reports and dash boards to support analysis of safeguarding assurance from providers.

The safeguarding nurse advisor supports nursing and residential homes for quality and safeguarding acting as critical, friend, coach and mentor to support the sustainable raising of standards. The CCG is supporting a number of training days to support these providers in key areas for improvement such as care planning, documentation standards, tissue viability and safeguarding referral pathways. An annual audit development is in progress and the homes are regularly visited and reports generated and shared with partners. Feedback is generated and shared with the provider at the time of visit and any actions for improvement.

The CCG attends the Safeguarding Committee meetings of the South London and Maudsley NHS Foundation Trust (SLaM) and Lewisham & Greenwich NHS Trust (LGT) so to enable the CCG to challenge performance at both meetings. The CGG is a member of Provider Concern meetings chaired by local borough Lewisham and the Acute Pressure Ulcer Panel providing expert clinical advice. The CCG is a member of the Violence Against Women Steering Group, the Serious Adult Review Group, the Domestic Homicide Review Group and the Prevent Steering Group providing expert safeguarding and clinical advice to partners in order to support providers

The CCG chairs the Community Pressure Ulcer Panel and conducts delegated health inquiry under S42 of the Care Act 2014. This enables and encourages providers in a learning environment to understand the causes of community acquired pressure ulcer.

In addition the CCG holds quarterly Health Safeguarding Assurance meetings whereas safeguarding provider assurance is reviewed. Operational Safeguarding meetings for the CCG Safeguarding team are held monthly for strategy development.

The CCG supports safeguarding supervision for safeguarding professionals in provider areas of Lewisham and employs Designated Nurses and a Doctor and a Consultant Nurse in adult safeguarding.

Annual reports are produced for Adults and Children's Safeguarding and we also contribute to the Annual reports of the LSAB (Lewisham Safeguarding Adult Board) and LSCB (Lewisham Safeguarding Children Board) Lewisham.

The CCG also holds Health Safeguarding conferences three times a year involving the whole Lewisham Health economy such as domestic violence, self-neglect and modern day slavery. All providers are invited and have been well attended.

13. Complaints

Lewisham CCG manages the PALS and Complaints services which aim to improve:

- Liaison with our patients
- Understanding of the types of concerns affecting Lewisham residents
- Feedback for CCG staff
- Handling complaints as close to the patient/source as possible, for the best outcomes
- Accuracy reporting of issues or concerns so that CCG can be warned earlier of gaps or failings in services.
- Wider engagement with our community

Complaints numbers for 1st April 2016 – 21st March 2017:

- Total interactions: 93
- Formal complaints requiring a CCG response: 25
- Equality and Diversity monitoring forms received back: 5

The complaints are a combination of complaints about CCG commissioning / complaints about Provider services.

Learning from the CCG's investigations into complaints has resulted in changes and learning, for example:

- In response to a complaint about the Continuing Healthcare process, a new interim Continuing Healthcare Manager was put in post and reviewed all retrospective CHC assessments completed by previous staff before they were presented to panel for CCG ratification;
- In response to a complaint about delays to finding out the outcome of, and ensuring accuracy in, a Continuing Healthcare application, the CCG procured a new NHS Continuing Healthcare Electronic patient database that has an interface with the NHS Spine that will provide timely updates and can be used by the team to verify patient records. In addition, all eligibility letters are now issued within 7 working of the panel meeting;
- In response to a complaint about being referred to Cantilever House for a clinic appointment, we contacted the system lead and the practice GP responsible for booking the appointment to ensure correct booking in the future and that Cantilever House will not be indicated as a clinic for attendance. We have ensured any computer programming error in the automated booking system is corrected. Our review has confirmed that the error was a one-off incident, and we have double-checked the referral processes for accuracy and to ensure any issues do not happen again in the future;
- In response to a complaint about the New Cross Walk-in Centre, a notice board displaying the waiting time has been installed.

14. Workforce Race Equality Standard

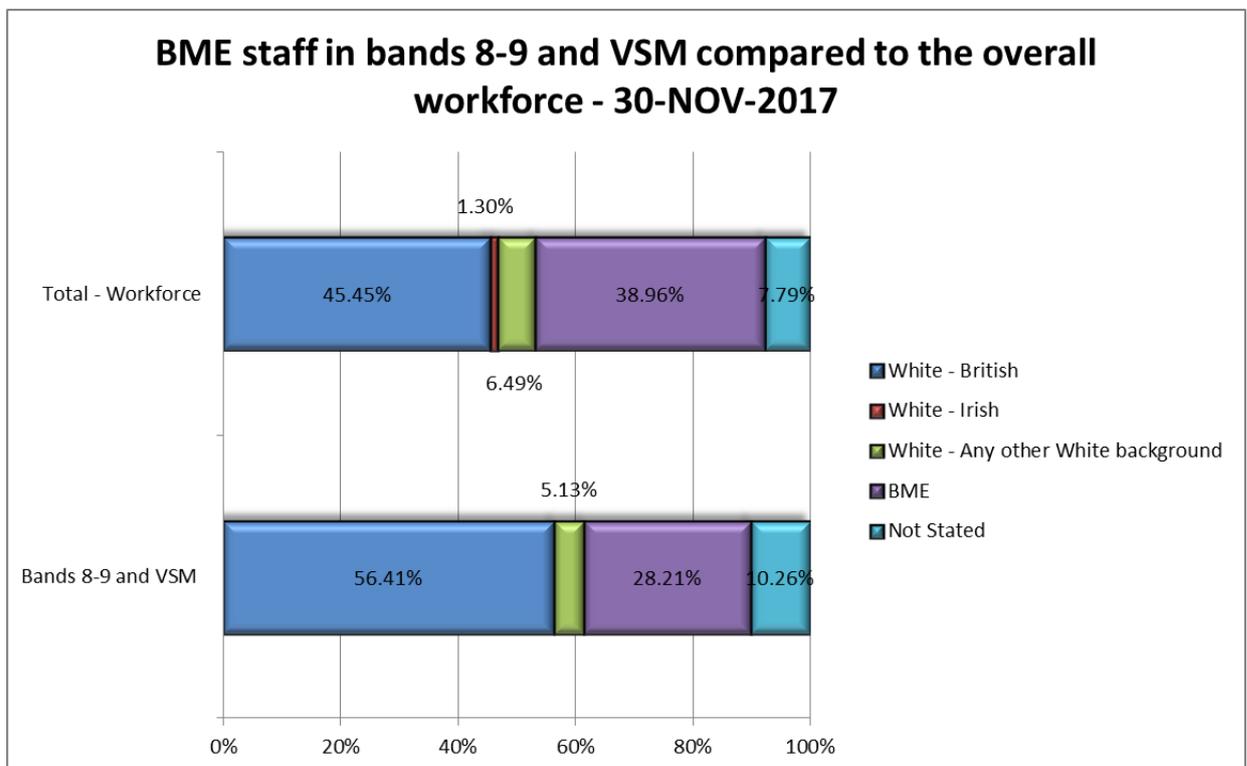
The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015. The WRES is based on new research on the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care.

The Standard highlights any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing those metrics through an action plan. The WRES definition of White and BME staff is as follows:

“White” staff includes White British, Irish and Any Other White. The “Black and Minority Ethnic” staff category includes all other staff except “unknown” and “not stated”. “Any Other White” contains minority groups including white European.

14.1 Workforce Race Equality Standard in Lewisham CCG

Lewisham CCG has gathered data against the nine WRES metrics for 2017. The data does not have to be published due to the small numbers reported and to protect staff identity under the Data Protection Act. However, the CCG has agreed to publish the metric regarding BME staff in bands 8-9 and VSM (Very Senior Management) compared to the workforce overall – please see chart below for details:

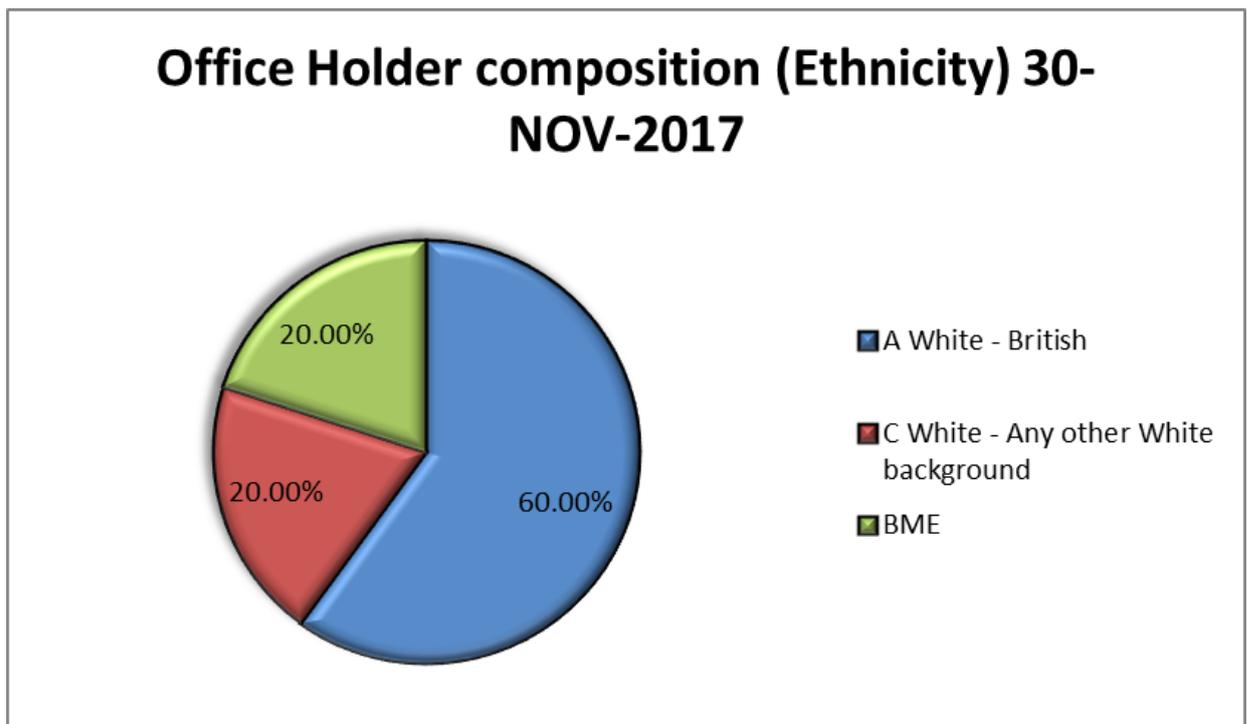


Analysis:

The percentage of BME staff in bands 8-9 and VSM is 28% which is 8% less than in 2016 and 10% less than the CCG representation of BME employees in the CCG's workforce that is 39%.

The percentage of BME Governing Body members is also 20% which is 5% less than last year and less than the percentage of BME staff in bands 8-9 and VSM.

The CCG has noted that both BME figures do not reflect the percentage of BME people in the Lewisham population which is 46.5%. A WRES action plan is being delivered to improve the percentages/representation of BME staff at senior levels and Board membership.



14.2 Workforce Race Equality Standard in Lewisham CCG's Providers

Since 2015-2016, all CCGs need to demonstrate that they are giving "due regard" to using the WRES indicators, and assurance that their Providers are implementing the WRES.

An analysis of performance across the CCG's Providers in 2015 has been reviewed by the CCG Equality and Diversity Steering Group.

In 2017, through the contractual arrangement, the CCG's will receive reports at the Clinical Quality Reference Groups from local Providers, who are expected to:

- Carry out a comparison of baseline data from April 2015 with April 2016 including steps underway to address key shortcomings in data, or significant gaps between the treatment and experience of white and BME staff.
- Publish WRES data for March 31st 2017 on Trust web site and share with Board and staff

15. Lewisham CCG Workforce Information

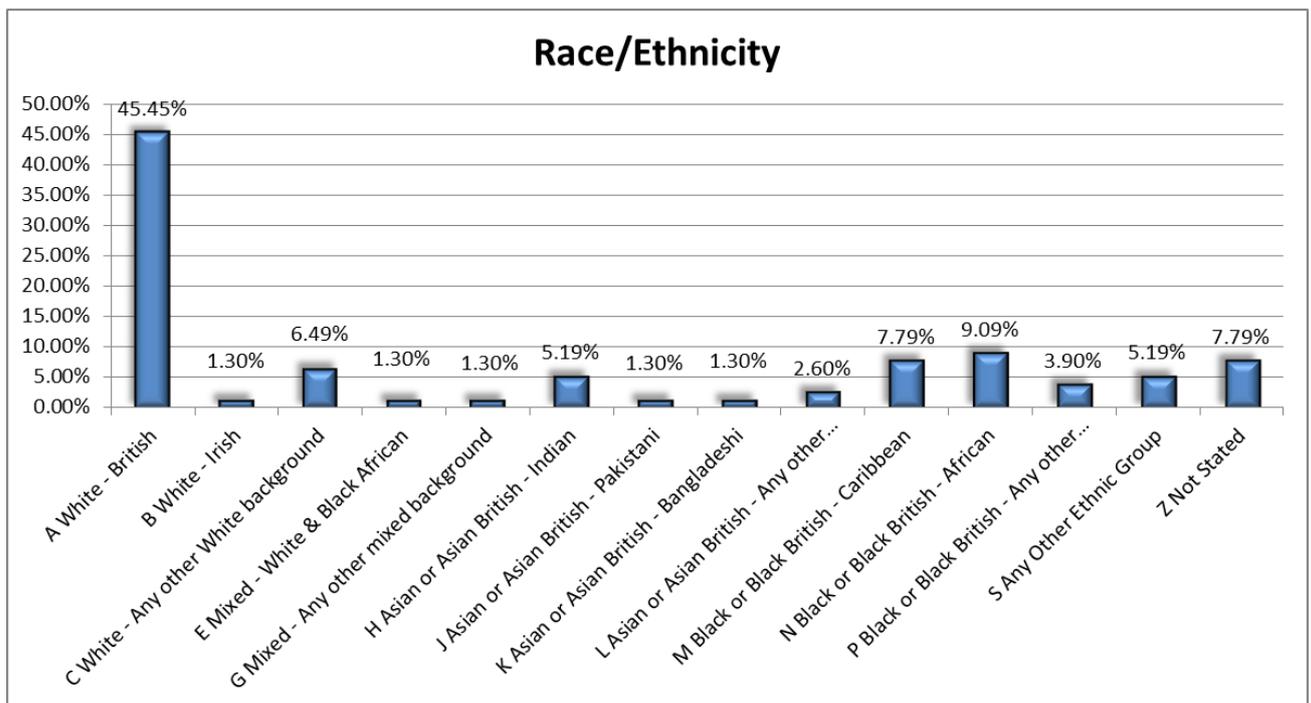
The Public Sector Equality Duty requires that information on the make-up of the workforce must be published where public authorities have 150 or more employees. The data does not have to be published by organisations with less than 150 employees to protect staff identity under the Data Protection Act. Lewisham CCG has a total of 77 employees and also purchases additional commissioning support services from NEL Commissioning Support Unit.

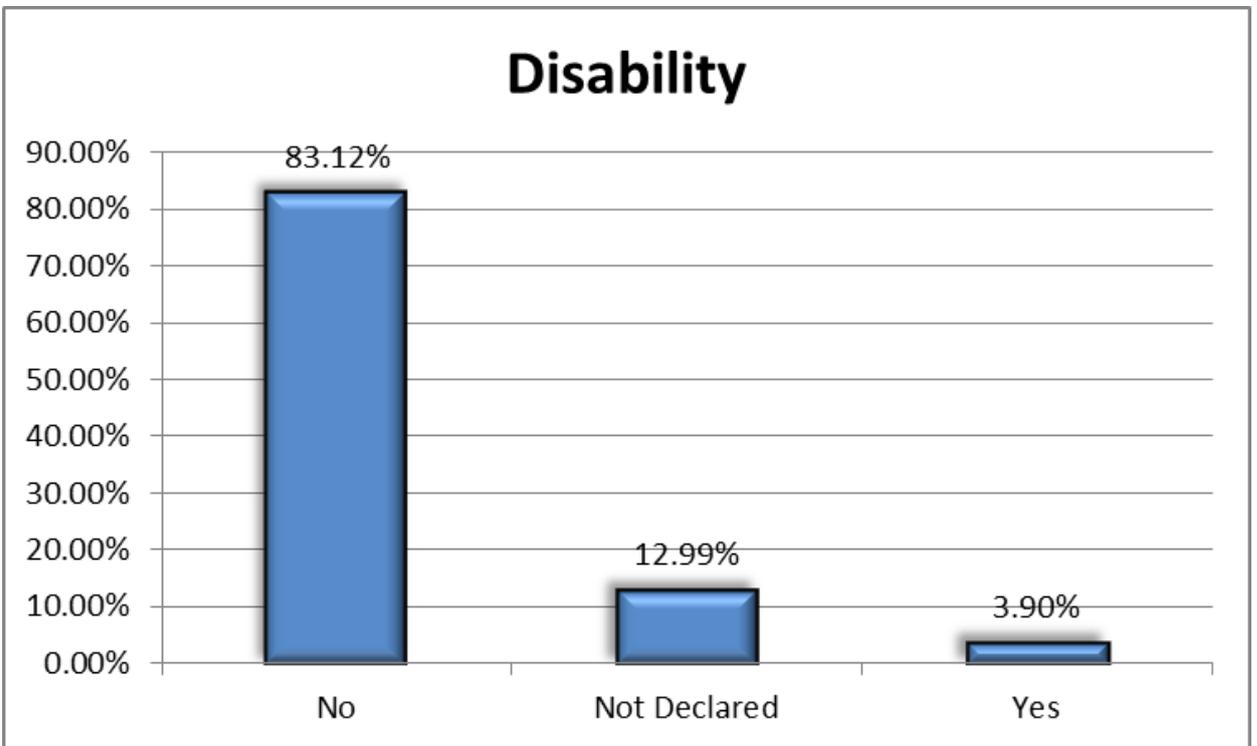
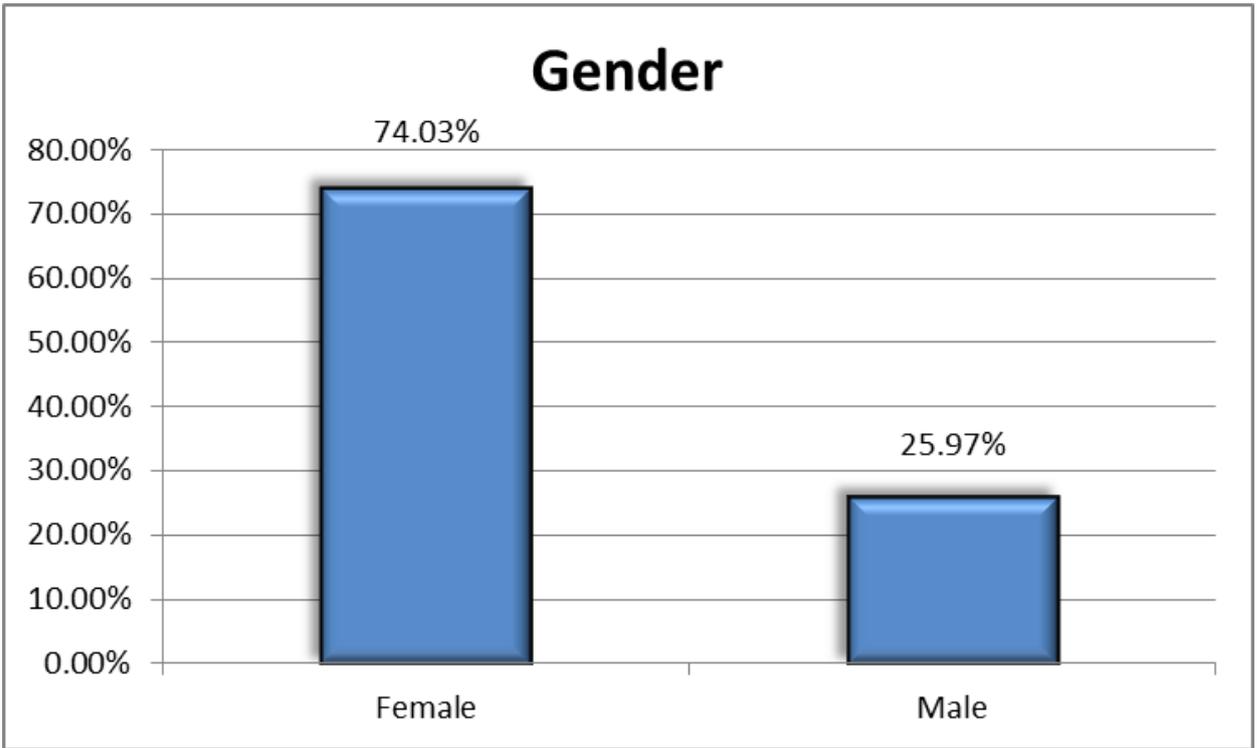
The workforce is a critical factor in the effective delivery of Lewisham CCG business. A quarterly workforce monitoring report is submitted to the senior management team of the CCG including workforce information relating to numbers of staff in post, turnover and sickness absence and an equalities profile relating to six of the nine protected characteristics and highlights key differences and /or issues to the senior management team.

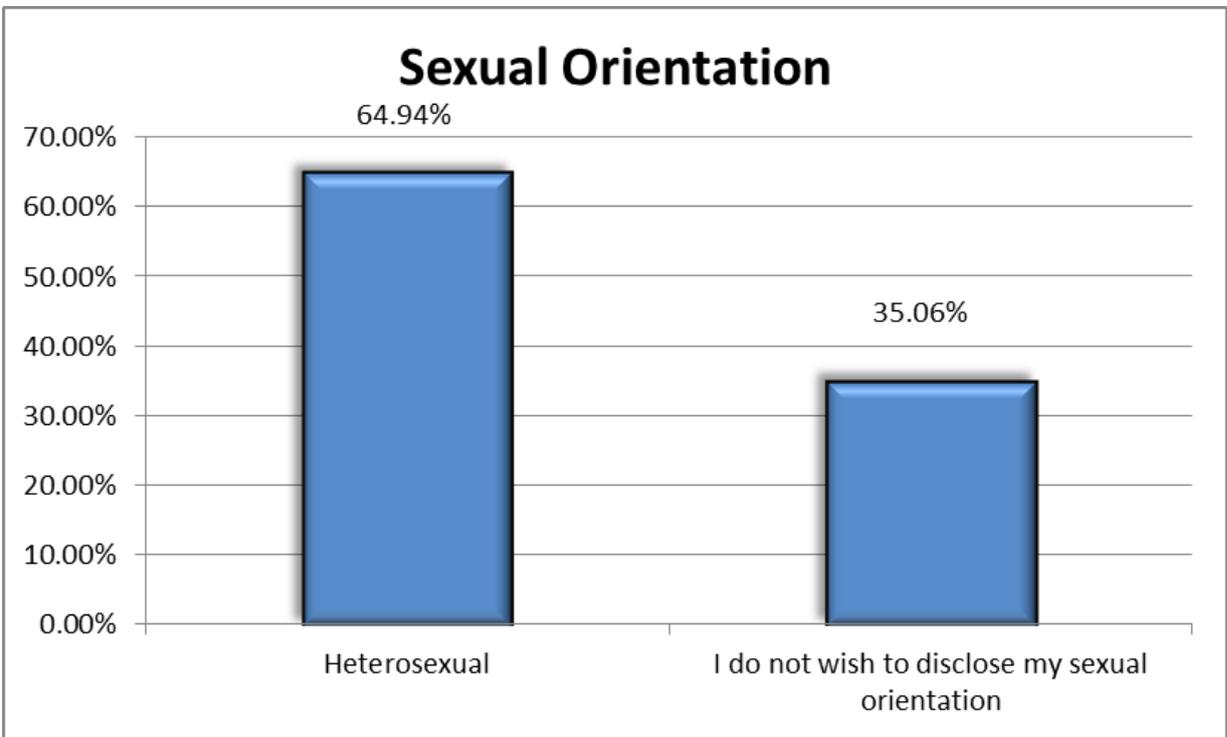
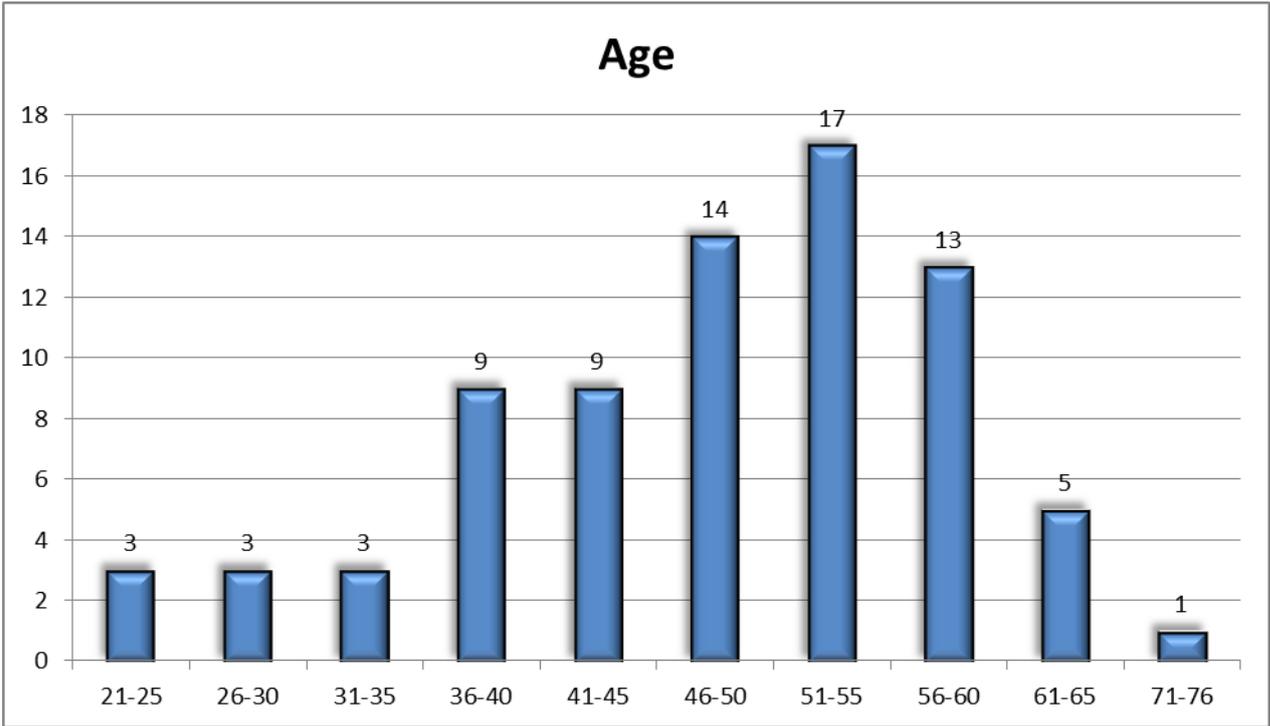
15.1 Lewisham CCG Workforce Equalities profile

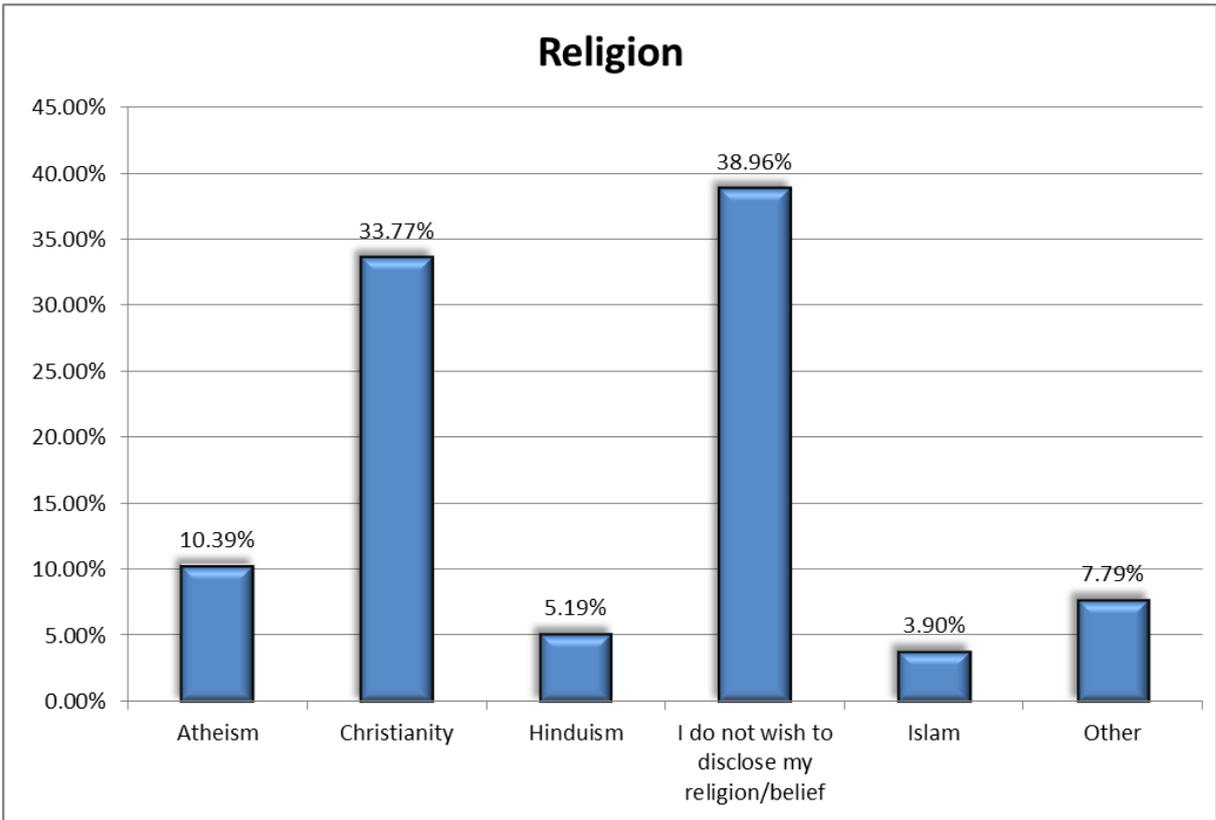
Although Lewisham CCG has no legal duty to publish our workforce data, as the CCG employs less than 150 staff, the CCG has chosen to do so as part of our good practice. The following tables are a snapshot profile of the organisation (by percentage), relating to six of the nine WRES metrics as at 30th November 2017. Monitoring will continue to identify any priority areas to address.

The data below for Race/Ethnicity shows that the CCG has a representation of BME employees in its workforce of 39% compared to the demographics (according to the 2011 National Census) BME people make up of around 46.5% of Lewisham’s population. This figure has remained the same as in 2016. The CCG is working towards reflecting the communities that its serves at all levels of the workforce.









15.2 Equality and Diversity Training for Lewisham CCG Staff and governing Body

In terms of training and development, we have agreed a training package with the SECSU to provide and monitor mandatory and statutory training including Equality and Diversity training. Further training may be commissioned following a training needs analysis.

During 2017, both CCG Staff and Governing Body members have attended a range of training sessions, workshops and inductions as detailed below:

Type of Training	Who Attended	Delivered by:
Equality and Diversity briefing for new staff as part of induction Throughout 2017.	Commissioners, Patient and Public Participation staff	Equality, Diversity & Inclusion Manager NEL Commissioning Support Unit (NELCSU)
Equality Delivery System briefings and workshop May-September 2017	Lewisham Public Reference Group	Equality, Diversity & Inclusion Manager NELCSU
Equality Delivery System and the CCG experience in 2016 presentation July 2017	All CCG Staff who attended staff meeting.	Equality, Diversity & Inclusion Manager NELCSU
Equality Analysis Training workshops covering the theory and reviewing exemplar EAs. May and October 2017	CCG Staff that signed up to attend.	Equality, Diversity & Inclusion Manager NELCSU
Strategy and Development Workshop Embedding equalities in the CCG December 2017	Governing Body members	Deputy Director (Strategy & Organisational Development) Equality, Diversity & Inclusion Manager NELCSU

Useful Information

Name of document	Location
Lewisham's Partnership Commissioning Intentions 2017-19	http://www.lewishamccg.nhs.uk/about-us/our-plans/our%20plans%20site%20docs/Partnership%20Commissioning%20Intentions%202017-19%20%20FINAL%20Version.pdf
Joint Strategic Needs Assessment	http://www.lewishamsna.org.uk/reports
2011 census	http://www.lewisham.gov.uk/inmyarea/Pages/Census-2011.aspx
Lewisham Health Profile 2017	 <p>Lewisham Health Profile 2017.pdf</p>