



Lewisham Clinical Commissioning Group

Public Sector Equality Duty

Annual Report

April 2013 - January 2014

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This report was commissioned by NHS Lewisham Clinical Commissioning Group and produced by the Equality and Diversity Lead for the NHS South London Commissioning Support . 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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Preface

We are delighted to present this report highlighting our progress on equalities in 2013.

This year has been one of significant change in the NHS, and we are keen to ensure that we understand and implement the statutory requirements we are responsible for as a public body, an employer and a commissioner of services.

This report brings together information, evidence and recommendations which demonstrates how NHS Lewisham Clinical Commissioning Group (LCCG), is already meeting statutory duties under the Equality Act 2010. However, as a relatively new organisation we acknowledge that we still have more to do to continue to integrate human rights, equality and diversity into the way we commission health services for all people of Lewisham.

There is clear demonstration of the steps already taken to improve performance in the area of equality, and LCCG are committed to building on successes and addressing gaps, in recognition that:

- People can experience inequalities, discrimination, harassment and other barriers;
- Patients should be at the centre of our decision making, and in partnership we can deliver high quality, accessible services that tackle inequalities and respond to personal needs;
- An environment where dignity, tolerance and mutual respect is experienced by patients, staff and members should be created and maintained.

The contents covered describe how key business functions have taken into account equalities requirements, evidenced by relevant documentation and supporting information where required. Key areas for development and recommendations are cited at the close of this report by way of our Equality Objectives Action Plan.

We have already commenced work on delivering the goals of the action plan.

Acknowledgement: Thanks go to all colleagues from Lewisham Clinical Commissioning Group and South London Commissioning Support Unit who contributed to this report.

1. 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:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relations

There are nine 'protected characteristics' covered by the Equality Act: race, disability, sex (male/female), age, religion or belief, sexual orientation and gender reassignment, marriage and civil partnership and pregnancy and maternity.

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 in the following areas:

- Service delivery - evidence of equality impact analysis that has been undertaken
- Information - details of information taken into account when assessing impact
- Consultation - details of engagement activity that has taken place

With the introduction of the Equality Act 2010, Equality Impact Assessments have been abolished. A new tool has been developed and adopted to assess the impact of documents and services known as 'Equality Analysis'.

2. Organisational context

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

GPs in Lewisham have come together as the Lewisham Clinical Commissioning Group. Lewisham CCG is responsible for assessing the healthcare needs for the population of Lewisham and co-ordinating and paying for services to meet those needs through hospital, community and mental health services. As a membership organisation, our GP member practices work closely in local or neighbourhood groupings, to discuss common problems that are arising, and to see how local services can be improved and better co-ordinated. Lewisham CCG's constitution stipulates that the organisation will work towards meeting the public sector equality duties and reducing health inequalities.

Lewisham CCG recognises that, as commissioners of services, we must account for not only their own organisational equality performance but also that of the providers of services that they commission.

The CCG is purchasing a range of services from the South London Commissioning Support Unit (including Equality and Diversity service), which supports the CCG to discharge its statutory responsibilities, including those within the Equality Act 2010.

NHS England provides strategic policy guidance and performance monitoring through its national Equality and Health Inequalities team.

This report will focus on the period April 2013 – January 2014, covering the following core business areas:

1. Commissioning Plans
2. Quality Innovation Productivity and Prevention (QIPP)
3. Partnerships
4. Patient and Public Engagement
5. Commissioned Services
6. Contracts, Tenders and Performance Monitoring
7. Serious Incidents
8. Safeguarding
9. Complaints / Patient Advice and Liaison Service (PALS)
10. Summary of Equality and Diversity progress in 2013/14

3. CCG Leadership

All Governing Body members have a collective and individual responsibility to ensure compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes for us, both as a commissioner and an employer.

The Governing Body provides strategic leadership to the equality and diversity agenda, which is in part achieved by establishing and embedding the Equality and Diversity Strategy, and also by:

- Agreeing the organisation's objectives for improving its equality performance
- Ensuring that equality is a core consideration in Governing Body discussions and decisions
- Leading by example by actively championing the equality and diversity agenda and attending staff forums and meetings of patient and community groups

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 voice of the local population is heard in all aspects of the CCG's business, and that equal opportunities are created and protected for patient and public involvement and engagement.

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 **Head of Strategy and 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 South London Commissioning Support Unit (SLCSU) to ensure that equality and diversity considerations are embedded within their 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.
- Support their staff to work in culturally competent ways within a work environment free from discrimination

4. Lewisham Clinical Commissioning Group Commissioning Plans

4.1 Strategic Plan for 2014/15 – 2018/19

When making decisions about the services to be commissioned Lewisham CCG ensures that equality and diversity intelligence informs its decisions by routinely using the Joint Strategic Needs Assessment (JSNA) and by carrying out Equality Analysis. Lewisham CCG has prepared commissioning plans which look carefully at population needs based on demographics, health inequalities and access to services. At the heart of these strategies is a key objective to reduce health inequalities, improve outcomes for patients ensuring services are accessible and responsive to patients.

Lewisham CCG has developed a commissioning strategy for 2014/15 to 2018/19. It is a framework for how the CCG will work over the next five years and has been developed in the context of national requirements to improve health outcomes, significant service and financial challenges facing the NHS and the rising expectations of patients and the public.

The strategy sets out the purpose, vision, and understanding of the health needs of Lewisham residents and the CCG's ambitious plans to improve their health and wellbeing. The CCG aims to reduce the gap in key health outcomes between Lewisham and England by 10% over the five year period and to reduce inequalities within Lewisham. The strategy explains how the CCG will use their available resources to ensure Lewisham residents receive high quality, safe health services which are good value for money.

The strategy will shape the CCG's commissioning priorities and QIPP plans; help to develop commissioning intentions and annual operating plans over the next five years. It is informed by the experiences and views of Lewisham's patients and the public, the Lewisham Joint Strategic Needs Assessment and the Lewisham Health and Wellbeing Strategy.

The strategy contains an equalities analysis on the strategic priorities that was undertaken by Lewisham Public Health. The analysis concludes that overall the strategy will contribute to reducing inequalities, and highlights potential positive outcomes for disadvantaged groups and for those that share protected characteristics. Further work on equality impact assessment will be undertaken as part of the development of the CCG's QIPP plans.

A copy of the Strategy can be found here:

<http://www.lewishamccg.nhs.uk/GetInvolved/Documents/Lewisham%20CCG%20Strategy%202013-18%20v2.pdf>

4.2 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) analyses the health needs of the local population to inform and guide commissioning decisions around health and well-being within local authority areas. The JSNA is intended as a key document which should underpin local health and well-being strategies.

The main goal of a JSNA is to bring partners together to jointly assess and describe the health needs of a local population in order to inform improvements in the physical and mental health and well-being of communities and reduce health inequalities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007 which was reinforced in the Health and Social Care Act of 2012.

The Lewisham JSNA is an ongoing process to identify current and future health and wellbeing needs in the light of existing services, and informs future service planning, taking into account evidence of effectiveness.

Public Health in Lewisham has been leading the JSNA process in partnership with key stakeholders from the London Borough of Lewisham and voluntary and community sector.

In 2012 Lewisham's Shadow Health and Wellbeing Board identified nine priority outcomes that form the basis of Lewisham's 10 year Health and Wellbeing Strategy.

The nine priorities are based on JSNA evidence and are listed below:

1. Increase the uptake of immunisation.
2. Prevent the uptake of smoking among children and young people and reduce the numbers of people smoking
3. Reduce the harm caused by alcohol misuse
4. Promote healthy weight
5. Improve mental health and wellbeing
6. Improve sexual health
7. Delay and reduce the need for long term care and support
8. Reduce the number of emergency admissions for people with chronic long term conditions
9. Increase the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

The Lewisham JSNA can be found through this link

<http://www.lewishamjsna.org.uk/reports>

This data, along with feedback from clinicians and the public, has helped Lewisham CCG to develop its commissioning intentions for 2014/15

4.3 Draft Commissioning Intentions 2014/16

The CCG's high level Commissioning Intentions focus on the following eight strategic priorities:

Health promotion – smoking cessation, alcohol abuse, obesity and cancer
Maternity and children's care in hospital
Frail older people (including end of life care)
Long Term Conditions – e.g. COPD, diabetes, CVD, dementia
Mental Health
Primary care development and planned care
Urgent Care
Greater integration of health and social care commissioning

A copy of the Commissioning Intentions can be found at Appendix 1.

4.4 Quality Innovation Productivity and Prevention (QIPP) programme

QIPP is a national programme for the NHS aiming to make efficiency savings while delivering Quality, Innovation, Productivity and Prevention outcomes.

The general equality recommendation across all work streams is that each project should undergo an Equality Analysis screening assessment, with a full Equality Analysis undertaken where indicated.

The main objective of Lewisham CCG is to improve the quality of healthcare commissioned and provided for the population of Lewisham. There is a Quality, Improvement, Productivity and Prevention (QIPP) programme running which has 6 significant or "high impact" areas of service transformation.

Key initiatives are:

- Unplanned care QIPP scheme – reducing unnecessary attendances and in appropriate admissions to secondary care
- Planned Care – delivering care closer to home
- Mental Health – improving access to appropriate services (including the dementia programme)
- Medicines Management – improving patient outcomes and productive prescribing
- End of Life Care – improving patient choice and dignity
- Long term conditions –improved support to patients with long term illness and carers

Each QIPP Project undertakes an Equalities Impact Assessment prior to the start of the Project, which is analysed by the relevant Project Manager. The identification of impacts enables early understanding of project beneficiaries, and provides a focus for the ongoing monitoring of the project through monthly highlight reports.

Each month highlight Reports are produced for our Delivery Committee, and provide an explanation of activity, including equalities issues, mitigation and action required.

Examples of QIPP Projects can be seen in Sections 12 and 13 of this Report.

5. Partnerships

Lewisham CCG works in partnership with other commissioners to, to deliver high quality support and care. There is a good record of partnership working and strong relationships with:

- **London Borough of Lewisham (LBL)** - 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
- **Healthcare providers** such as local hospitals and care settings
- **Lewisham Healthwatch**
- **Voluntary** and community organisations.
- **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.

5.1 Public Health

From April 2013, the London Borough of Lewisham became responsible for commissioning most public health services.

Lewisham CCG works collaboratively with the public health commissioners in Lewisham Council to deliver joint priorities as set out in the health and wellbeing strategy and ensure the best health outcomes for local people.

This includes working together with key partners to deliver improvement on the identified nine priority outcomes that form the basis of Lewisham's 10 year Health and Wellbeing Strategy.

5.2 Health and Wellbeing Boards

Since April 2013, Lewisham CCG has worked in partnership with the Lewisham Health and Wellbeing Board (HWB) to align its priorities and its vision of 'Better Health, Best Care and Best Value'.

Lewisham 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. It is chaired by the Lewisham Mayor. The CCG chair is a member along with local councillors, officers of the council, the Director of Public Health, Lewisham HealthWatch and representatives from the voluntary sector. Lewisham CCG leads on the coordination and delivery of the Joint Patient Engagement Sub Group. This newly established sub group will provide the HWB with assurance and guidance on public engagement requirements of the Board. It is made up of representatives from all our partner organisations and the voluntary sector.

Lewisham Health and Wellbeing Board's principles

In line with 'Shaping our future', the activity of the Health and Wellbeing Board is based on two key principles.

Reducing inequality – narrowing the gap in outcomes for citizens.

- Beneath Lewisham's overall picture of health exist specific inequalities that need to be addressed. Improvements need to happen so that Lewisham performs as well or better than other boroughs with similar levels of deprivation, but also so that all parts of Lewisham and its diverse communities enjoy the same quality of services and similar outcomes.

Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services.

- To achieve long-term improvements in Lewisham's health and wellbeing, individuals,
- communities and organisations will need to work collaboratively. This collaboration starts with a recognition that people should be at the heart of their care, that they are able to make choices over the care and support they receive and that there should be 'no decision about me, without me.'

5.3 Community, Voluntary and Faith Sector Organisations (including Carers support)

Lewisham CCG is developing relationships with Lewisham's many local support groups, voluntary and community organisations. As a member of the Lewisham Voluntary Sector Compact Steering Group, we contribute to this strategic partnership to oversee the continued development of a strong third sector in Lewisham. Lewisham CCG is keen to work more closely with the voluntary sector and community groups and is currently exploring different models to support Social prescribing.

Social prescribing or 'community referral' is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services. Often these services are provided by voluntary, community and faith sector (VCFS) organisations with in depth knowledge of local communities and how best to meet their needs of specific groups. Local support groups, the voluntary and community sector will be key to successful social prescribing.

The Public Engagement team have been exploring additional opportunities to engage with local people and have developed relationships with local groups and representative organisations to access the voice of patients who do not usually get involved in health dialogues. So far we have:

- Engaged with residents of supported housing schemes for people with addictions
- Met with street homeless individuals through a local charity
- Involved Carers Lewisham in our Strategic Plan engagement and have developed stronger links with Carers UK
- Met with Parkinson's UK Lewisham Branch to discuss our commissioning intentions
 - Involved Learning Disabled individuals as members of a Reader Panel to test our published Public Engagement Strategy
 - Produced our Public Engagement Strategy in Easy Read Format

5.4 Lewisham Healthwatch

Lewisham Healthwatch was officially launched on 25th November 2013. Lewisham Healthwatch is the independent champion of local people working to improve health and social care services.

Lewisham Healthwatch enables people, communities and organisations in Lewisham to have a say and influence the planning, commissioning and delivery of health and social care services to improve the health and wellbeing of patients, public and service users.

- Gather views and understand the experiences of people who use services, carers and the wider community
- Make people's views known
- Promotes and supports the involvement of people in the commissioning and provision of local care services and how they are scrutinized
- Recommends investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
- Provides advice and information about access to services and support for making informed choices
- Make the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion

5.5 Safeguarding

Safeguarding is everyone's responsibility, therefore Lewisham CCG's responsibility is to ensure that its staff, providers and contractors are aware and understand their responsibilities to safeguard and promote the welfare of children and vulnerable adults. These responsibilities take effect during the course of their employment/providing services and if they have direct or indirect contact with children and families and vulnerable adults, or who have access to information about them

There is a duty on organisations to make appropriate arrangements to safeguard and promote the welfare of children and vulnerable adults. Also government guidance makes it clear that it is a shared responsibility, and depends upon effective joint working between agencies and professionals that have different roles and expertise.

The team works closely with partners across the health economy and the local authority. This includes the Lewisham Safeguarding Children Board and the Safeguarding Adults Board.

6. Procurement and Commissioning

Procurement and commissioning form our core functions with respect to:

- Hospitals
- Community services
- Medicines Management
- Mental Health
- Ambulance
- Voluntary sector

In order to have due regard to equality impacts in our procurement and commissioning we make use of our equality analysis at the time we make decisions. This is especially

important with respect to Any Qualified Provider (AQP). The CCG cannot delegate its responsibilities and duties for equality but where another provider is being procured or commissioned to deliver services on behalf of the CCG they will be required to comply with the relevant equality duties. If such a provider is already subject to the Public Sector Equality Duties (PSED) the CCG will seek evidence of their fulfilment of the Duty as part of its assessment of their procurement.

The Department of Health national contract is routinely used by Lewisham CCG. This follows a review of contracts which showed wide variation in use of contract templates. The national contract includes provider requirements around 'equity of access, equality and no discrimination' and 'pastoral, spiritual and cultural care. Further evidence will need to be gathered to demonstrate how providers meet these requirements.

7. Examples of Commissioning

Example one – Diabetes Care Pathway Improvements (Long Term Conditions)

An Equalities Analysis was completed on the proposed improvements to the Diabetes Care Pathway. Improvements to this Care Pathway was aimed to increase levels of self-management through the increased education of patients with the condition, and to improve their ability to navigate the care pathway – from diagnosis to treatments

The Equalities Analysis confirmed that as a long term condition known to affect members of our BME community, the improvements would produce impacts on this Community.

Specifically, we identified:

- Deprivation - Positive impact on social economic deprivation
- Race - Positive impact for BAME groups

The Equality Analysis identified no further change to the remaining protected characteristics groups.

Within this programme, we engaged Diabetes UK to deliver a Community Champions programme; to identify, train and operationalize 15 local residents who would champion diabetes. Their role has been to encourage members of their local community to consider diet; testing; self-care and signpost to additional services, such as Desmond (the national diabetes self-management programme).

This successful programme recruited mainly BME residents (which reflects the disease and local profile); who have actively championed Diabetes within Lewisham. The Equalities Analysis undertaken for the Community Champions programme itself identified further positive impacts:

- Deprivation - Positive impact anticipated as Lewisham is the 31st most deprived borough in England
- Race - Positive impact for BAME communities for whom programme is aimed. However while the programme is delivered to community groups in locations and at centres where the BAME community is most likely to congregate events are open to all, delivered in English and no demographic exclusion criteria are applied. Evaluations from elsewhere show that many of the events are attended by mixed audiences.

- Religion or Belief - Some events will be held in places of worship known to be frequented by the BAME community. It is anticipated that this will positively impact these religious communities

The positive impacts identified are welcomed for this community due to the prevalence and incidence of this condition within the target community.

Example two - Proactive Primary Care Pilot Project; Primary Care development

The Proactive Primary care Pilot builds on a successful programme of proactive primary care developed in Oregon, USA. The Project also responds to public views recorded during 2012/13 that calls for proactive and preventative care that supports individuals to self-manage long term conditions (LTC).

The project aims to utilise GP Practice staff to make regular contact with LTC profiled Patients, to provide motivational advice to assist self-care and measure:

- confidence in ability to manage care
- frequency of primary care visits since last call
- incidents of emergency service use
- contact with community/support organisations

An Impact Assessment was conducted before the Pilot began, which identified impacts in the following areas:

- *Age*: Positive impact due to tailored health care and increased access, through PPC support, to social care/support
- *Gender*: No negative impact-no change from existing approaches
- *Race*: No negative impact-no change from existing approaches
- *Sexual orientation*: No negative impact-no change from existing approaches
- *Religion or belief*: No negative impact-no change from existing approaches
- *Disability*: Positive impact due to tailored health care and increased access, through PPC support, to social care/support
- *Deprivation*: Positive impact due to tailored health care and Increased access, through PPC support, to social care/support
- *General (Human Rights)*: Positive impact on dignity in healthcare delivery
- *Language*: Negative impact for non- English speakers

The Pilot Project has begun, and acknowledges that there may be negative impacts caused by language barriers. Lewisham residents speak 170 different languages. The Pilot Project has a planned Review date of May 2014; where the Equalities Analysis will be reviewed, and understanding of the impact on language will become clearer through the monitored delivery of the Pilot.

8. Patient and Public Engagement

Legal Duties -Section 242 of the NHS Act 2006, places a statutory duty on NHS organisations to involve and consult patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate. Section 24A of the NHS Act 2006 places a statutory duty on NHS organisations to report on consultations and the influence on commissioning decisions.

Patient Engagement and experience is reported to the Governing Body via the Strategy and Development Committee. The Lay Member, public involvement provides a written report as Chair of our Public Engagement Group. We aim to continually review the ways in which we involve local people, including those from diverse groups in decision making and use appropriate methods to attract participation.

A wide variety of work has been carried out to increase and enrich public and patient involvement, ranging from grass-roots community involvement, analysis of patient experience data to large scale public events to inform options appraisal. (A list of Lewisham CCG engagement activities can be found in the log referenced in Appendix 2)

An essential part of our role is ensuring engagement is meaningful. We do this by listening to patients, members of the public, local communities, carers, health professionals and local groups and organisations, and use information they share with us to inform the work we do. Giving local people the opportunity to influence decision making (and most importantly communicating just how they have influenced) is vital if meaningful engagement is to continue.

Lewisham CCG Public Engagement Strategy was adopted in October 2013. The Strategy sets out our commitment to delivering high quality engagement initiatives and provides a Charter to describe our working principles. (The Public Engagement Strategy can be found at Appendix 3)

The CCG is establishing a Patient Reference Group to offer widespread participation in our work. We anticipate that this group will be made up of a large number of people, including those already involved in Practice Participation Groups, who will be involved with us periodically to suit their needs. We will utilise the Patient Reference Group to be involved in the CCG's public engagement initiatives, check that our public information is clear and easily understood, and to act as a valuable conduit to local practice based communities.

Effort is made to engage the "seldom heard" groups by contact through existing forums and representative groups in Lewisham. Lewisham CCG recognises the importance of enabling these groups to be involved in their preferred local communities where they feel most comfortable and supported. We go to specific community meetings by arrangement and have recently attended a support group for the homeless and supported housing for substance users.

9. Complaints / Patient Advice and Liaison Service (PALS)

The CCG has purchased these services from the South London Commissioning Support Unit (SLCSU).

The PALS and the Complaints Service deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by Lewisham CCG. Since October 2013, Equality and Diversity monitoring forms have been sent with acknowledgment letters to complainants. This will be an important source of information helping us to identify whether certain groups experience problems disproportionately to other groups

Equality monitoring is undertaken as part of evaluation of these services, and the information gathered will be analysed, brought together in Quality reports so trends and themes can be identified and addressed.

The Complaints and PALS policy sets out the process for accessing Complaints and PALS services to ensure flexibility, access and increase provision of patient information.

Information on PALS and Complaints is available on the CCG website.
<http://www.lewishamccg.nhs.uk/getinvolved/c-and-c/pages/default.aspx>

Advocacy - independent advocacy is available to all patients. The ICAS (Independent Complaints and Advocacy Service) provider will ensure that any other support e.g. interpreters is also available to our patients.

10. Interpreting service

The CCG has in place an interpreting and translation service to assist patients in primary care settings. The service can provide face to face and telephone interpreting services in a range of languages, and can translate documents upon request.

This service enables those with interpreting needs to access and increase knowledge of local health services, improving the health and wellbeing of marginalised communities and supporting community cohesion.

An example of our active use of the Translation Service to assist the organisation in meeting the language needs of patients has been the introduction of a New Patient Leaflet.

The New Patient Leaflet has been designed to support GP Practices explain appropriate use of services to 'new patients'. These new patients may be 'new' to Lewisham or London, and require assistance to navigate the healthcare system.

The New Patient Leaflet is available to all GP Practices via our web based portal and printed copies. The Leaflet is assisted by the Translation service. The Leaflet can be requested in Lewisham's top 10 languages by phone.

11. Serious Incidents (SI)

The SLCSU's SI management service ensures that appropriate management systems are in place across CCG commissioned providers to:

- Meet nationally identified standards;
- Report all SIs in a timely fashion and without prejudice;
- Have systematic measures in place to robustly and effectively manage SIs;
- Ensure actions are taken to improve quality and safety and to minimise the risk of future reoccurrences;
- Share the learning.

Lewisham CCG has purchased this service from the SLCSU.

The CCG reviews the performance of all commissioned providers on behalf of Lewisham residents and intelligence gained from is used to influence contract monitoring, quality and safety standards for care pathway development and service specifications.

12. Workforce information

The Public Sector Equality Duty highlights that information on the make-up of the workforce must be published where public authorities have 150 or more employees;

Lewisham CCG has a total of 52 employees and also purchases additional commissioning support services from South London Commissioning Support Unit.

The senior management team of the CCG receive a monthly report which includes information relating to the staffing establishment, turnover and sickness absence and an equalities profile relating to six of the nine protected characteristics. On-going monitoring will continue to identify any priority areas to address.

We are undertaking a programme of policy review and development of all our HR policies, including:

- Whistleblowing Policy
- Disciplinary Policy and Procedure
- Supporting Performance in Employment Policy
- Grievance Procedure
- Sickness Absence Policy
- Bullying and Harassment at Work Policy
- Flexible Working Policy
- Change Management / Organisational Change Policy
- Funding and Study Leave Policy
- Staff Appraisal Policy

An equality impact assessment will be undertaken on all policies to ensure no protected group is adversely affected.

13. Main Provider Organisations

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 contract. This also requires the CCG to monitor workforce and service delivery activity in relation to the Public Sector Equality Duty (PSED). This is set out in the contract agreement, using the NHS standard contract.

13.1 Lewisham & Greenwich NHS Trust

Lewisham Healthcare NHS Trust joined with Queen Elizabeth Hospital on 1st October 2013 to form the Lewisham and Greenwich NHS Trust that is one of the main providers of community and hospital services in Lewisham. 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).

Lewisham and Greenwich NHS Trust is an aspiring Foundation Trust that will be implementing the Equality Delivery System in 2014 to evaluate their equality performances.

Lewisham CCG also commissions acute hospital services from Guys & St Thomas's NHS Foundation Trust and King's College Hospital NHS Foundation Trust.

13.2 South London and Maudsley NHS Foundation Trust

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

The Trust delivers specialist mental health and substance misuse inpatient 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 Trust was assessed on 2nd April 2013 on the Monitor Governance risk rating as green [on a scale of red, amber and green, where green is good]. This was reported in the SLaM Quality Account 2012/13.

http://www.slam.nhs.uk/media/203494/Quality_Account_SLaM_201213.pdf

The EDS has been used by SLaM to analyse evidence and engage with local interests to assess the Trust's performance on equality; identify areas for improvement and develop equality objectives for 2013-16 to address these. Progress of delivery will be monitored twice a year through the EHRG (Equalities and Human Rights Group) who will provide updates for the Board and feedback to CAGs (Clinical Advisory Groups).

The latest Annual Equality Reports South London and Maudsley NHS Foundation Trust can be accessed by following this link.

http://www.slam.nhs.uk/media/165066/meeting_the_psed_at_slam.pdf

14. Equality and Diversity Progress

14.1 CCG Equality and Diversity Strategy

Lewisham CCG has developed an Equality and Diversity strategy to support delivery of their legislative responsibilities as a public body, an employer and a commissioner of services. The Strategy has been designed in response to the requirements of the Equality Act 2010. It is also designed to meet the requirements the Human Rights Act and the NHS Equality Delivery System (EDS).

The implementation plans which underpin the strategy outlines how the CCG proposes to meet its equality duties. Key interim objectives are focused around: putting appropriate governance arrangements in place, providing equality and diversity training, ensuring Equality Analysis assessments are conducted on all documents and services, developing patient participation groups to represent communities, utilising the JSNA and other data sources to identify gaps in service provision and ensuring Human Resources (HR) and employment policies are in line with the Equality Act 2010 and implementing the Equality Delivery System (EDS).

Development of EDS objectives will focus on the contents of the Equality Strategy and the EDS Action plans, ensuring that subsequent implementation is responsive and focused on priority areas for the CCG.

14.2 Equality Objectives

During the summer of 2013 Lewisham CCG engaged with key stakeholders to develop five interim Equality Objectives focusing on what matters to the public and patients:

Lewisham CCG Interim Equality Objectives

1. Improvements to primary care access are recognised as being positive for older people and people with long-term conditions
2. Improve the format and methods of materials and systems to support increased understanding of navigating the NHS System for people, including people not familiar with system
3. Ensure that discharge information that patients and GPs receive is sensible, appropriate and communicated well, including drug prescriptions that should be accurate and fully understood
4. Ensure that pathway development plans incorporate training and information for staff in all relevant settings
5. Ensure that papers that come before Lewisham CCG's major committees identify equality-related opportunities, risks and say how these risks are to be managed

The interim Equality Objectives support the strategic priorities of the CCG, the outcomes of the Equality Delivery System (EDS) and key areas important to the public. More work on the objectives supported by more engagement with patients, public and staff will take place with the intention of preparing final objectives for April 2014.

The CCG is promoting our Objectives with our key partners and working with our colleagues and stakeholders to develop action plans over the coming months.

An annual work plan based upon the CCG's Equality Objectives is being developed to demonstrate how we are already implementing the strategy. This will be monitored via the Strategy and Development Committee with further reviews by the Senior Management Team and Clinical Commissioning Group Governing Body.

14.3 Equality Delivery System (EDS)

In 2011, the Department of Health introduced a new tool for monitoring equality outcomes called the Equality Delivery System.

During the summer of 2013 we started to develop a baseline assessment of our equality position using the nationally recommended Equality Delivery System. 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 completion of the EDS process will take place in February/March 2014 and the results and grading of our findings, key objectives and accompanying action plan will be published in April 2014.

15. Summary of Progress

- The Governing body are extremely supportive of the Equality work undertaken and lay members regularly challenge the work of the CCG to ensure that people from protected groups have been considered in all decision making.
- Key staff from Lewisham CCG have undertaken Equality Analysis training (provided by SLCSU) and further training sessions are planned to ensure that Equality Analysis assessments are conducted on all documents and services.
- Lewisham CCG has the support and expertise of South London Commissioning Support Unit Equality and Diversity team
- Lewisham CCG staff and staff from member practices have received training in both Adult and Children's Safeguarding.
- Lewisham CCG has plans to review HR policies, workforce reports, appraisal (including objective setting and training needs) and electronic workforce management systems.
- Lewisham CCG has patient participations groups that have been actively engaged in assessing the CCGs Commissioning Strategic Plan.
- An equality analysis of the CCG's strategic aims and priorities was undertaken by Lewisham Public Health. It examined the CCG's eight strategic priorities and for each one identified potential positive, negative and neutral outcomes. It concludes that overall the strategy should contribute to reducing inequalities, and highlights potential positive outcomes for disadvantaged groups and for those that share protected characteristics. Further work on equality impact assessment will be undertaken as part of the development of the CCG's QIPP plans.

Appendices

Appendix 1	Lewisham CCG Draft Commissioning Intentions 2014-16  LCCG Draft Commissioning Intent
Appendix 2	Lewisham CCG engagement activities April - December 2013  Lewisham CCG Engagement_Activity
Appendix 3	Lewisham CCG Public Engagement Strategy  LCCG_PEG_Strategy _Final 221113.pdf

Other useful information:

Name of document	Location
Joint Strategic Needs Assessment	http://www.lewishamjsna.org.uk/reports
2011 census	http://www.lewisham.gov.uk/inmyarea/Pages/Census-2011.aspx
Lewisham Health Profile	 HealthProfile2013Lewisham00AZ[1].pdf