



Lewisham Clinical Commissioning Group

Public Sector Equality Duty

Annual Report

January 2014 – January 2015

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This report was commissioned by NHS Lewisham Clinical Commissioning Group and produced by the Equality and Diversity Lead for the South East 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

This report is Lewisham CCG's second annual equality report that sets out how the CCG has continued to make improvement on its equalities performance in 2014.

This year has been one of consolidating and building on our work in 2013 and the working partnerships that we have developed with our colleagues in the local health and care economy.

During 2014, Lewisham CCG's second year of establishment, staff have strived to commission and deliver services that are appropriate and increasing in quality for the borough's diverse communities. Through our commissioning we are committed to improving health outcomes, reducing inequality and reducing health inequalities.

NHS Lewisham Clinical Commissioning Group (LCCG) as a public body, an employer and commissioner of services has been implementing statutory requirements and in doing so has been improving its performance in the area of equality.

This report brings together evidence, activities and recommendations that demonstrate how Lewisham CCG is meeting the statutory duties under the Equality Act 2010. During 2014 the CCG successfully completed 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.

In spite of all that the CCG does, 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 the 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 successful Equality Actions during the year.

Clear priorities for leadership development have been identified through the EDS assessment, particularly in respect of expressing the equality aims, objectives and actions of the CCG, how it serves those communities, and taking all opportunities to say so. An action plan for improvements in Goal 4 is being developed.

A full report on the EDS process can be found at Appendix 2

Acknowledgement: Thanks go to all colleagues from Lewisham Clinical Commissioning Group and South East 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
- Workforce – details of the workforce's diversity and experience of the workplace

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 utilizing the assessments of healthcare needs for the population of Lewisham (prepared by Lewisham Public Health) 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 East 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 January 2014 – January 2015, 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 2014-15

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 opportunities are created and protected for patient and public involvement and engagement.

All Governing Body members share the responsibility in ensuring that the voice of the local population is heard in all aspects of the CCG's business.

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 East Commissioning Support Unit (SECSU) 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

Lewisham CCG's Staff Survey was carried out in January 2014. The results of the Survey are an indication that line managers are carrying out the responsibilities outlined above. The survey contained the following sections: Your Personal Development, Leadership and Career Development, Your Job, Your Managers, Your Organisation, Your Health, Well-being and Safety at Work and Working Environment. The majority of responses to all sections were positive.

85% of respondents had had an appraisal and received relevant training learning or development. The majority of respondents stated they had access to the right learning and development materials when they needed them.

Responses to section 'Your Health, Well-being and Safety at Work' were positive overall with the 95% of staff never personally experiencing harassment from patients/service users, their relatives or other members of the public and 86% not personally experiencing bullying or abuse work from their managers/team leaders or other colleagues. The CCG has a zero tolerance approach to bullying and harassment that is fully supported by all managers who promote a working environment in which harassment and bullying cannot flourish.

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. The CCG is working with Lewisham Public Health who produce the JSNA to ensure that future JSNAs identify the needs of the protected characteristics over time.

Last year Lewisham CCG developed a Commissioning Strategy for 2013/14 to 2017/18. The Commissioning Strategy looked carefully at population needs based on demographics, health inequalities and access to services. At the heart of the Commissioning Strategy is a key

objective to reduce health inequalities, improve outcomes for patients ensuring services are accessible and responsive to patients.

The Commissioning Strategy is a framework for how the CCG will work during 2014 - 2019 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 has shaped the CCG's commissioning priorities and QIPP plans; helped to develop commissioning intentions and annual operating plans during the five year period. It is has been 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.

This year the CCG's Commissioning Strategy is being refreshed for 2014/15 to 2018/19 to ensure alignment with the developing South East London (SEL) Commissioning Strategy 2014-2019. The SEL Commissioning Strategy is being developed by the six Clinical Commissioning Groups (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) working with commissioning colleagues from NHS England and in partnership with local authorities, NHS providers, patients, local people and key stakeholders. More information on the strategic work across South East London is available at Appendix1.

The changes to the Strategy include a revised population health needs assessment, analysis of member and public engagement outcomes and how they inform strategic priorities. Further work will be undertaken on the strategy to engage with the membership, to further develop the clarity of the vision and ambition for health care in the future aligned with the South East London strategic plan with the Governing Body and the service models with the Clinical Directors.

The strategy contains an equalities analysis on the strategic priorities that was undertaken by Lewisham Public Health. The analysis concluded that overall the strategy will contribute to reducing inequalities, and highlights potential positive outcomes for disadvantaged groups and for those that share protected characteristics. The equality analysis also will be refreshed when the strategy has been refreshed to incorporate the SEL Commissioning Strategy.

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 about the 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 – 2015/16

4.3 Commissioning Intentions 2014/15 and 2015/16

The CCG's high level Commissioning Intentions focus on the following eight strategic priorities which contribute to promoting equality and addressing inequalities:

<p>Health promotion – reducing smoking, alcohol abuse, obesity and to increase cancer awareness, screening and early diagnosis – all campaigns seek to address equity and equality for the protected groups.</p> <p>For example the Health check programme has successfully reached the black and minority population. Black African, Black other, Chinese and other ethnic groups all use the service more than would be expected, however the Indian population is under represented.</p>
<p>Maternity Care - improve the quality of maternity care to women in Lewisham across the care pathway from preconception, pregnancy, childbirth to aftercare.</p> <p>There are a number of high risk populations in Lewisham with high rates of complications in pregnancy due to obesity, diabetes, mental health and deprivation. The highest risk of low birth weight is in babies born to mothers of</p>

<p>Black African and Black Caribbean ethnicity, to mothers of any Asian ethnic group, and to mothers from deprived areas. High rates of maternal obesity are associated with deprivation and being of Black African Black Caribbean and Pakistani ethnicity. Planned changes to move to an integrated model of service should improve service quality and benefit these groups – see example 3 below.</p>
<p>Children and Young People - develop integrated care pathways to ensure that all children receive excellent care and complementary care from different services and partners, in the appropriate setting.</p> <p>High levels of obesity affect the children and young people of Lewisham. For young people there are mental health issues, often as a consequence of exposure to toxic stress during early development. Initiatives such as the Headstart Programme for young people aged 10-14 years is an opportunity to address these issues.</p>
<p>Frail older people - To commission a range of responsive and high quality care and support, available in a variety of settings including community, extra care and care homes, to meet the changing requirements of the frail older person.</p> <p>The older population in Lewisham is less ethnically diverse than the younger demographic. Improvements in services for frail elderly people are therefore likely to benefit those of white ethnicity, who make up three quarters of the older population. Over time the proportion of the older population from BME groups will increase as these populations age.</p>
<p>Long Term Conditions – e.g. COPD, diabetes, CVD, dementia. To improve the patient’s and carer’s experience by changing culture and behaviours so that the patient is at the centre and better supported to take greater responsibilities.</p> <p>LTCs increase with age, are often disabling, are more prevalent among deprived communities and are in some cases associated with certain ethnicities (e.g. diabetes). The focus on improving integration and quality of care, along with earlier identification should benefit all these groups through delaying/reducing the impact of disease and reducing emergency admissions.</p>
<p>Mental Health - Outcomes - more people will have good mental health and more people with mental health problems will recover.</p> <p>Mental ill health is more prevalent in certain BME groups, those who identify as Lesbian, Gay or Bisexual, those who are divorced/widowed/separated and those living in deprived areas. There are also very high levels of mental illness amongst those known to the criminal justice system. Providers are expected to demonstrate how they will meet the needs of diverse communities to ensure that those at highest risk of mental illness are supported to access services. For example, the IAPT service is ensuring better access by those in BME groups.</p>
<p>Adult Integrated care programme - To provide the most effective care and support where and when it is most needed.</p> <p>Those of all ages with disabilities often require health and social care on an on-going basis. They should benefit from closer integration of commissioning. Those from deprived communities, certain ethnic minorities, and women (who use more social care) should all benefit.</p>
<p>Primary care and planned care - Supporting GP practice members to ensure high quality of care for all by levelling up standards and reducing variations between practices.</p>

A key focus of Primary Care is to improve proactive coordinated and accessible care. These improvements should therefore benefit all, including those with protected characteristics – see example one and two below.

Urgent Care - To ensure that the right care is delivered in the right place, at the right time and to reduce the requirement for unplanned care, working with providers of urgent care.

Although homeless people and people with drug and alcohol problems are not explicitly covered by the 9 protected characteristics, planned pathways for these groups should help ensure they are not disadvantaged by changes to reduced urgent care provision.

A copy of the CCG's Commissioning 2014/15 - 2015/16 Intentions can be found here [http://www.lewishamccg.nhs.uk/about-us/Our%20plans%20documents/Commissioning%20intentions%202014-2016%20\(Draft\).pdf#search=QIPP](http://www.lewishamccg.nhs.uk/about-us/Our%20plans%20documents/Commissioning%20intentions%202014-2016%20(Draft).pdf#search=QIPP)

A copy of the commissioning intentions that are being updated can be found here <http://www.lewishamccg.nhs.uk/about-us/our-plans/our%20plans%20site%20docs/NHS%20Lewisham%20CCG%20Commissioning%20intentions%202014-15%20and%202015-16.pdf>

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 in operation which has the following significant or “high impact” areas of service transformation.

Key initiatives are:

- Integrated Care (Emergency Admissions) – covering Diabetes, Heart Failure, COPD, Asthma and Other Emergency Admissions
- Primary and Planned Care Programme – Referral Support Service, Physiotherapy – Local Tariff Adjustment, A&E (Reviewing the current configuration of urgent and emergency care), Contract Metrics
- Mental Health – shifting focus to Community Care
- Older Adults – Reduction in Emergency admissions, Contracting for NHS Continuing Care through Any Qualified Provider (AQP)
- Medicines management – improving prescribing and patient concordance
- Long term conditions –improved support to patients with long term illness and carers

Each QIPP Project undertakes an Equalities Analysis 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 on-going 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 Commissioning

Example one – improvements to Lewisham CCG's Referral Support Service pilot

The aims of the proposal were:

- To improve the patient experience and capability and capacity for high quality community care, reducing the number of inappropriate referrals into secondary care whilst providing a continuously improving learning environment for GPs.
- To improve the tracking and monitoring of referrals to provide a bank of information for audit purposes and reporting. All patients will benefit from the reduction in inappropriate referrals.

An Equality Analysis was completed on the proposed improvements to Lewisham CCG's Referral Support Service. The Equality Analysis found that

- All patients would benefit from a reduction in the number and travel costs of outpatient attendances.
- Deprivation – Positive impact on social economic deprivation. Patients regarded as 'deprived' will specifically benefit from the reduction in travel costs.
- Age – Positive impact for older people as a greater percentage of referrals are over the age of 75

The Equality Analysis identified the following negative impact

- Deprivation - The Referral Support Service pilot relies upon telephone communication with patients to book appointments. Some patients may not have access to a landline telephone service, and some may not have 'credits' on mobile telephone services, which could result in relative delays in booking appointments compared to other patients receiving this service.

The CCG's response to the negative impact stated:

- Referral staff will be aware of deprivation maps (LSOAs).
- Patients from deprived wards will be contacted proactively to reduce the burden and cost on them. Letters will be sent if no contact made by phone.
- Identification and implementation of community based services

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

Engagement

The Commissioner used results from the GP Patient Survey and findings from Commissioning Intentions engagement which included focus groups with local Lesbian, Gay, Bisexual, Transgender (LGBT) support groups to inform the Equality Analysis.

Example two - Primary Care Development Strategy

The strategy aims to describe the support that the CCG will provide to practices to improve primary care services and identify new commissioning opportunities. It is designed to benefit all patients and deliver positive outcomes and reflects the internal response to local patient views. The objectives focus on four high impact changes: Proactive care, accessible care, co-ordinated care and continuity of care.

An Equality Analysis was completed on Lewisham CCG's Primary Care Development Strategy. The Equality Analysis found that overall the proposed changes outlined in the Strategy would be positive for all including those with protected characteristics. Below are some specific positive impacts:

- Age – All ages of people registered and non-registered will benefit. E.G.
 - 1) All people aged over 75 years will have a named GP which and will provide enhanced access to clinical cover.
 - 2) An enhanced suite of self-management products will be provided to people with long term conditions, irrespective of their age.
 - 3) The expert patient programme a, and other condition specific patient education programmes will continue to be delivered across the Borough
 - 4) The local Community Champions will continue.
- Carers – The accelerated identification of carers through the delivery of care planning will offer them greater control over their care. This will include better co-ordination and continuity of services. Some carers may also benefit from having a named GP.
- Disability – The CCG will continue to work with providers ensuring that they have access to local training and development programmes. E.g. All practice staff have accessed the programme for dementia carers. The CCG will have an on-going dialogue with practices to monitor for any impact.

Engagement

The Commissioner used information taken from the Quality Summit in March 2014 and the wider consultation on the South East London Strategy 2014, on which the local strategy is based to inform the Equality Analysis.

Example three – Improving Maternity Services and experiences in Lewisham

Working with Lewisham and Greenwich NHS Trust (L&G NHS Trust) and other stakeholders (Public Health, the Local Authority and the Maternity Services Liaison Committee), to develop midwifery-led community based continuity of care that puts the mother and child at the centre of care. This involves community based midwifery teams aligned and working closely with other community based services and primary care in community settings. In order to achieve this, the CCG has developed a variation to the maternity service specification with L&G NHS Trust to enable continuity of midwifery care for women during the antenatal and postnatal phases of their pregnancy. This involves identifying two named midwives who are community based and who will provide more support for women and their families by making sure that women are familiar with the midwives(s) who provide them with care so that there is time to

develop trust and confidence in the care being received, and empowering women to make an informed choice about their maternity care.

The CCG and L&G NHS Trust are working with the Local Authority to identify suitable community bases. This has involved identifying space in children's centres and other community premises for midwifery teams.

The Lewisham CCG Maternity Commissioning Steering Group has agreed together with Greenwich and Bexley CCGs to fund a business case to implement the London-wide Still Birth FGR Toolkit developed through the London Maternity Strategic Clinical Network. The funding will enable training for midwives at the Trust to use the toolkit and identify those women and babies at risk so that appropriate action such as closer monitoring and other interventions can take place to reduce the risk of stillbirth.

The CCG attends the Lewisham Maternity Services Liaison Committee which is a group of maternity services users and whose purpose is to improve women's experience of maternity services. Work this year has included developing user friendly information for pregnant women, talking to women on the maternity wards about their experience of maternity services reporting back to the Committee and monitoring the Trust's response to feedback and implementation of improvements.

The CCG is working with L&G NHS Trust to develop a preterm birth research project at Lewisham Hospital. This project lead by the Collaboration for Leadership in Applied Health Research and Care South London (the CLARHC), will support women at risk of preterm birth in Lewisham, and research into the causes of preterm birth and ways of improving the chances of full term birth for those at risk. It is anticipated that this research project will commence in 2015/16. At present enabling work is taking place including the development of a business case.

The CCG's Maternity Commissioning Steering Group determines the commissioning strategy for maternity services including the annual commissioning intentions. The Group monitors progress on projects and developments and includes representatives from the following organisations:

- Lewisham CCG
- L&G NHS Trust
- The London Borough of Lewisham (Joint Commissioning and Public Health)
- Kings Healthcare Partners
- The Lewisham Maternity Services Liaison Committee
- The Commissioning Support Unit

5. 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:

- **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 (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
- **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.
- **Healthcare providers** such as local hospitals and care settings (see Section 12, page 25)

5.1 Health and Wellbeing Board

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 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.'

5.2 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.

In July 2014 the Director of Public Health published the Lewisham Annual Public Health Report 2013 that has a focus on obesity – targeting mothers with young families.

5.3 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

During 2013-2014 Lewisham Healthwatch has been working on four priority areas:

Priority 1: Access to Primary Care - focusing community engagement to get a picture of what local people think works well in Lewisham, and what needs improving. Lewisham Healthwatch works closely with a Vietnamese Group and Turkish group around accessing primary care.

Priority 2: Mental Health and Homelessness - Some groups are more vulnerable to homelessness because they have particular support needs. This includes people with a mental illness or addiction. Lewisham Healthwatch is represented at the Homeless Forum

Priority 3: Enablement & Integrated Care - Lewisham Healthwatch has engaged with many people around the borough about their experiences of enablement and integrated care services including at local assembly meetings. Having identified issues within District Nursing System, Lewisham Healthwatch is to undertake interviews with district nursing patients to ensure their views and experiences are being taken into consideration, following an audit to look to remodel the system.

Priority 4: Children and Young People - As one in four Lewisham residents is under 19 years old Lewisham Healthwatch recognises that it is really important that children and young people have a say in how local services are run. Lewisham Healthwatch has been finding innovative ways to engage with young people.

Lewisham Healthwatch has consistently represented the views of local people during the year and taken part the CCG's Patient Engagement Group and the CCG's Equality Delivery System process.

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

Lewisham CCG has been developing relationships with Lewisham's many local support groups, voluntary and community organisations.

There has been increased contact with the Community and Voluntary sector organisations by linking into their formal structures e.g. steering group membership of the Voluntary Sector, Compact Steering Group, attendance at the Health and Social Care Forum, Membership of Community Connections Steering Group – all to gain better access to our population.

Through contact with local Councillors at the Healthier Communities Select Committee (OSC) we have engaged with four Local Assembly Ward Meetings providing information on the local health structures and invitation to participate in our initiatives.

Throughout the year the Public Engagement team has delivered a number of engagement initiatives to meet commissioning needs. We have:

- Held 11 Focus Groups with different specific community groups (reflecting our seldom heard and equalities protected characteristics groups) as part of our developing Commissioning Strategy
- Held face to face meetings as part of developing our Commissioning Intentions
- Provided on-line surveys for both Commissioning Intentions and Commissioning Strategy
- Held 4 focus groups to gather patient views and aspirations for our new Referral Support Service
- Provided presentations and Q and A at 3 Health and Social Care Forums
- Delivered 2 'Readers Panel' sessions enabling the public to comment on content and redesign our summary Commissioning Intentions Document and our new 'Annual Review Document that charts our first year progress. The Commissioning Intentions document has been well received by the public.
- A key achievement has been the delivery of a large scale public event 'Quality in Health and Social Care: A People's Summit' attended by over 100 residents and opened by patient voice champion, Julie Bailey.

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.

The Lewisham Local Safeguarding Adults Board (LSAB) has a leading role to ensure that all people in Lewisham are aware of adult abuse, have information on how to recognise it and where to report their concerns. In particular it ensures that those most at risk such as older adults, those people with learning disabilities and those people with mental health needs are advised and supported to recognise abusive behaviour and how to alert services.

In analysing the activity data collected, the LSAB is able to both provide information and identify trends in relation to the types of people being abused and the alleged perpetrators. This is invaluable in directing the Board to target activity and interventions towards those individuals, groups or sections of the community most at risk. This further enables the Board to understand the data in terms of those protected characteristics outlined in the Equality Act 2010.

The LSAB set the following goals for 2013/14:

- To strengthen the governance and accountability of the LSAB through agreement by all partners to a compact describing expectations of each organisation as a member of the Board.
- To finalise a multiagency quality assurance framework and performance reporting framework to guide Board activities.
- To agree a multi-agency audit process to enable the Board to assess its own performance and effectiveness as a partnership.

Progress will be reported to the Healthier Communities Select Committee in February 2015.

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 as stated within the CCG's Procure Policy.. 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 standard 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. 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.

To date, the CCG has maintained its own 'Public Engagement Group' (PEG) formally organised to be the source of assurance, advocacy and promotion of quality involvement and engagement initiatives delivered by and on behalf of the CCG. PEG is chaired by a lay member, Governing Body. This group is formally constituted as a group that reports into the CCG Strategy and Development Committee.

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.

The group has a 2 year Workplan with clear actions to ensure the delivery of the Public Engagement Strategy. The group achieves success through valuable information exchange and supporting the development of engagement across the whole, complex health economy.

Examples of PEGs work include the Quality in Health and Social Care: A People's Summit, which involved over 100 local people in March 2014. We have also undertaken interrogation of GP Patient Survey findings to explore the differences reported by BME and migrant communities through focus group discussions. We are now developing a Lewisham CCG Public Reference Panel to mirror the activities of this formal group, led by members of the public.

A recent introduction is the Joint Public Engagement Group, established to provide engagement advice and assurance to the London Borough of Lewisham's Health and Well Being Board (HWBB). The group has already provided advice to the HWBB on:

- The need to deliver engagement within the emerging Adult Integrated Care Programme
- The engagement needs of the Public Health Programme

The group consists of the same partners involved in our Public Engagement Group and operates with its own Terms of Reference.

Within Lewisham, there are a number of local structures in place led by the voluntary sector that we contribute to and benefit from. We regularly attend:

- **Health and Social Care Forum** – brings together voluntary and community sector service providers and services. We have utilised the group to engage on our Commissioning Intentions and our Chair recently delivered a presentation and participated in a Q & A Panel.
- **Healthwatch Patient Reference Group Meetings:** Healthwatch hold bimonthly thematic public discussions. We support the development of the content and have actively

participated in three key events this year; Mental Health, Care.data Transfer and the South East London Strategy conversations.

- **Voluntary Sector Compact Steering Group:** This group intends to provide the standard of frameworks that guide the Council and its partners to work well with the Voluntary and Community Sector. Our role has been to gain recognition that the 'Compact agreement' is outdated, and have influenced a programme of activity to refresh and refine the agreement – bringing it up to date and appropriate for the CCG to sign up to.
- **Community Connections Steering Group membership:** This new group, made up of key third sector organisations has been developed to progress core aims of the Adult Integrated Care Programme. Its role is to provide community development approaches to connect our residents to community and voluntary sector services to assist wellbeing and reflect the changing service landscape resulting from the programme.

Our approach to engagement, fundamentally builds on existing community strength and infrastructures, resulting in our contact with many organisations in Lewisham. We maintain contact with these groups through engagement and dialogue about our own initiatives, but also remain involved with their programmes.

Particularly strong partnerships exist with:

- **Carers Lewisham:** We have delivered direct support to Carers through our 'Medicines Management for Carers' training; we delivered onsite training at the Carers Centre to 15 local carers. The Centre Director is also involved in a new initiative we are working on with the Royal College of General Practitioners to highlight the need for GPs to identify Carers at practice level to assist their connection to support services
- **Lewisham Pensioners Forum:** This large active group, represent the voice of Pensioners in Lewisham. We have an on-going dialogue with them, both face to face through attendance at their meetings and in writing, when they formally make enquiries. The CCG is also a regular participant in Lewisham Pensioners Day, an annual event that celebrates older people, where we provide information on local services and gather views on health provision.
- **St Laurence Church Mother's Union:** This group of approximately 50 church members are very keen to share their experiences with the CCG; and more importantly, they actively promote us to the wider congregation. The group have created an information board of CCG literature, and regularly invite us to their meetings.
- **Speak Out:** This local support group for learning disabled residents are actively involved with us in a number of ways. Firstly, the group provides good participation in contributing their views e.g. Commissioning Intentions engagement. They also join our Readers Panels – where they read documents, then join in Workshops to feedback. Further involvement takes place as they review our Easy Read Versions of documents we have produced.
- **Lewisham Pensioners Action Group:** This group of mainly BME pensioners provide verbal and written feedback to us and the CCG is often asked to present on specific topics to this group.

For the Quality in Health and Social Care: A People's Summit and the Annual General Meeting in 2014 the CCG strived to ensure that those who attended were representative of Lewisham's

diverse communities. This action resulted in both events being very well attended by local diverse representatives.

The CCG is developing an approach on how to analyse who attends engagement and community events and the contribution of the participants.

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

The CCG purchased these services from the South East Commissioning Support Unit (SECSU) until September 2014.

Since October 2013, Equality and Diversity monitoring forms were sent with acknowledgment letters to complainants. As numbers of complaints and received by the SECSU for Lewisham CCG were low, it was not possible to analyse data to provide any meaningful conclusions.

The PALS and the Complaints Service is now provided by Lewisham CCG and deals with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by Lewisham CCG.

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 challenge in the future is how the SECSU and CCG colleagues work together and with their communities to empower a more diverse pool of complainants to give feedback and actively seek information about CCG services.

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/contact-us/Pages/Complaints.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.

9. Interpreting service

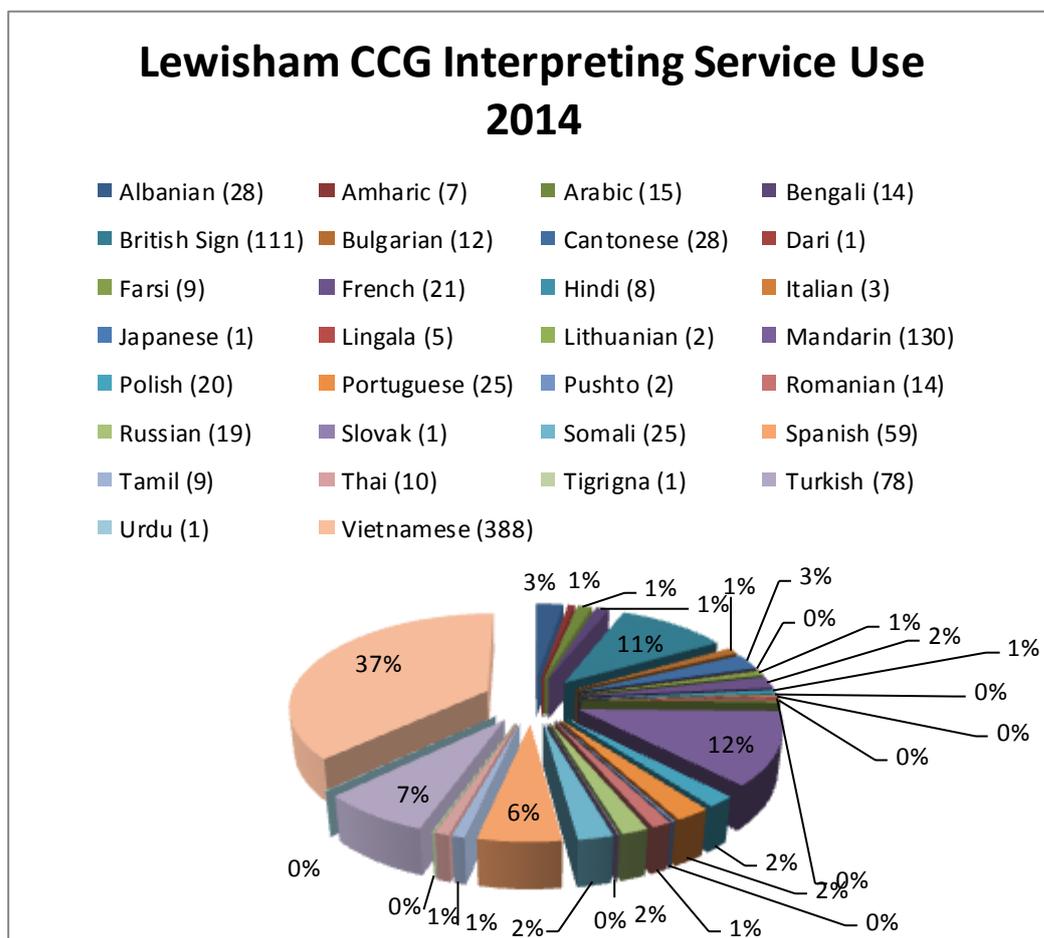
The CCG has in place an interpreting and translation service to assist patients in primary care settings. The service can provide face to face and telephone interpreting services in a range of languages, and can translate documents upon request.

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.

46 Lewisham GP surgeries requested use of the service 1047 times between January – December 2014. Below is a breakdown of the languages requested and the number of requests:

The communities who requested the interpreting service most are

- People with Hearing Loss – British Sign (111)
- Mandarin (130)
- Vietnamese (388)



10. Serious Incidents (SI)

The CCG purchased this service from the South East Commissioning Support Unit (SECSU) until September 2014.

Serious Incidents - Equalities Data April 2013 - September 2014

Between April 2013 – April 2014 only 10 per cent of the 194 incidents reported the ethnicity. 90 per cent were recorded as not stated or unknown therefore, the data does not allow for any significant analysis. As with ethnicity, age is also badly recorded for serious incidents. Of the 194 incidents reported only 20 had date of birth recorded (10 per cent), again not allowing for any significant analysis.

Between April – September 2014 the percentage of reported ethnicity improved to 31 per cent of 241 incidents, but the data still does not allow for any significant analysis.

Age

Of the 241 SI's reported since 01 April 2013, 19 do not have date of birth recorded. The age range is broken down as follow:

Over 65	164	46 to 55	18	26 to 35	12	Under 16	5
56 to 64	9	36 to 45	10	16 to 35	3		

It is to be expected that with the majority of SI's reported being pressure ulcers that the highest number involves patients who are over 65.

It is recognised that of the Grade 3 pressure ulcer incidents account for 188 of the 222 reported that had date of birth completed, and that whilst predominantly this impacts upon those individuals over the age of 65 incidents of Grade 3 pressure ulcer do occur in service users under 65. The CCG is leading a project to develop a single pathway for the management of pressure ulcers ensuing that there is a consistent process for the prevention and management of pressure ulcers and that this pathway is effective across all protected characteristics.

The remaining figures average at two for all other STEIS categories.

The SI's reported for under 16 year old patients comprises of four incidents of unexpected admission to NICU and one child abuse incident.

The Serious Incidents Service is now being provided by Lewisham CCG. The process for seeking assurance from provider organisations is that Serious Incidents (SIs) are appropriately identified, investigated and that lessons are learnt is now managed by Lewisham CCG. The CCG ensures that:

- Once an SI has been notified, the Provider organisation has taken immediate action to ensure the safety of the patient (s), other service user (s) and staff.
- The final Root Case Analysis (RCA) investigation report is reviewed and that the implementation of actions arising from recommendations to minimise the risk of future reoccurrences are monitored through regular meetings with the Provider.
- SIs are monitored against protected characteristics

There has been an improvement in the reporting of ethnicity over the past couple of months as part of the CCG's process is a weekly meeting where any new SI alerts are reviewed and if the monitoring form is not complete and does not include any ethnicity details the CCG goes back to the Trust to ask them to complete.

Lewisham CCG will analyse the Equality monitoring information gathered to identify themes and trends that will be reported to the CCG's Quality Committee.

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

11. Workforce information

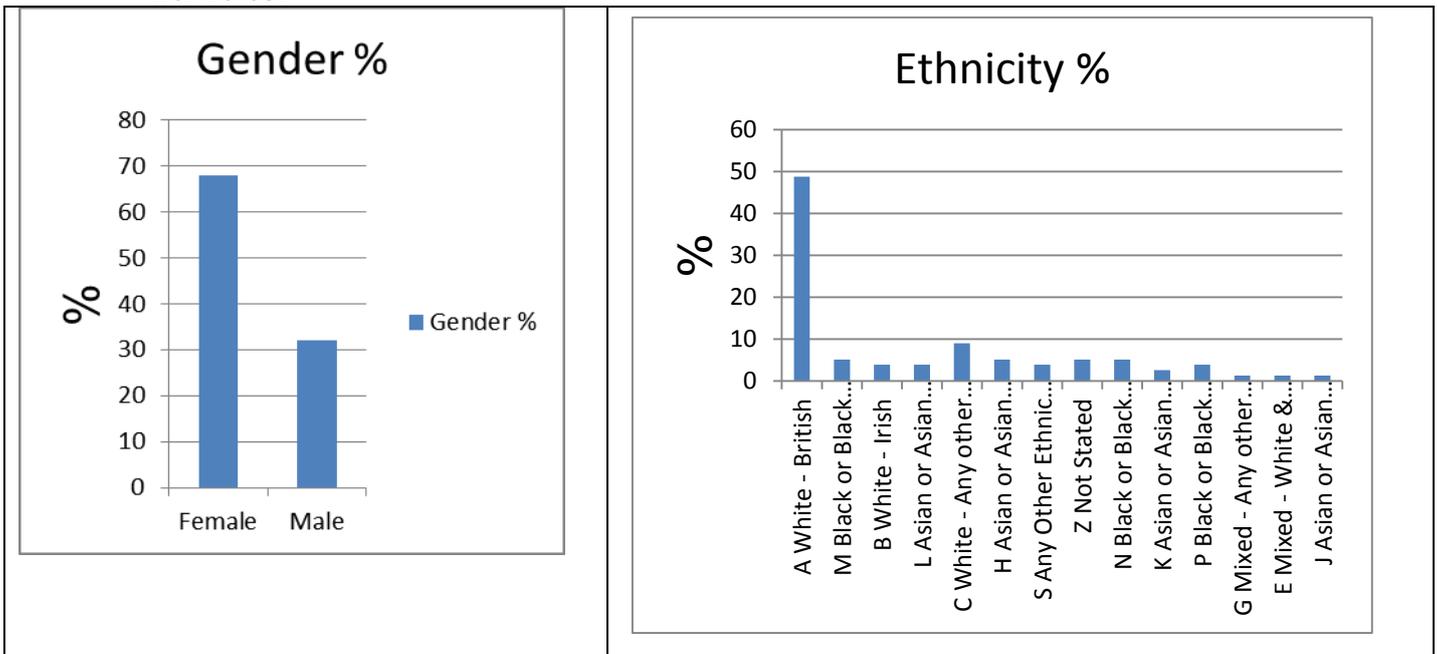
The Public Sector Equality Duty highlights that information on the make-up of the workforce must be published where public authorities have 150 or more employees; Lewisham CCG has a total of 64 employees and also purchases additional commissioning support services from South East Commissioning Support Unit.

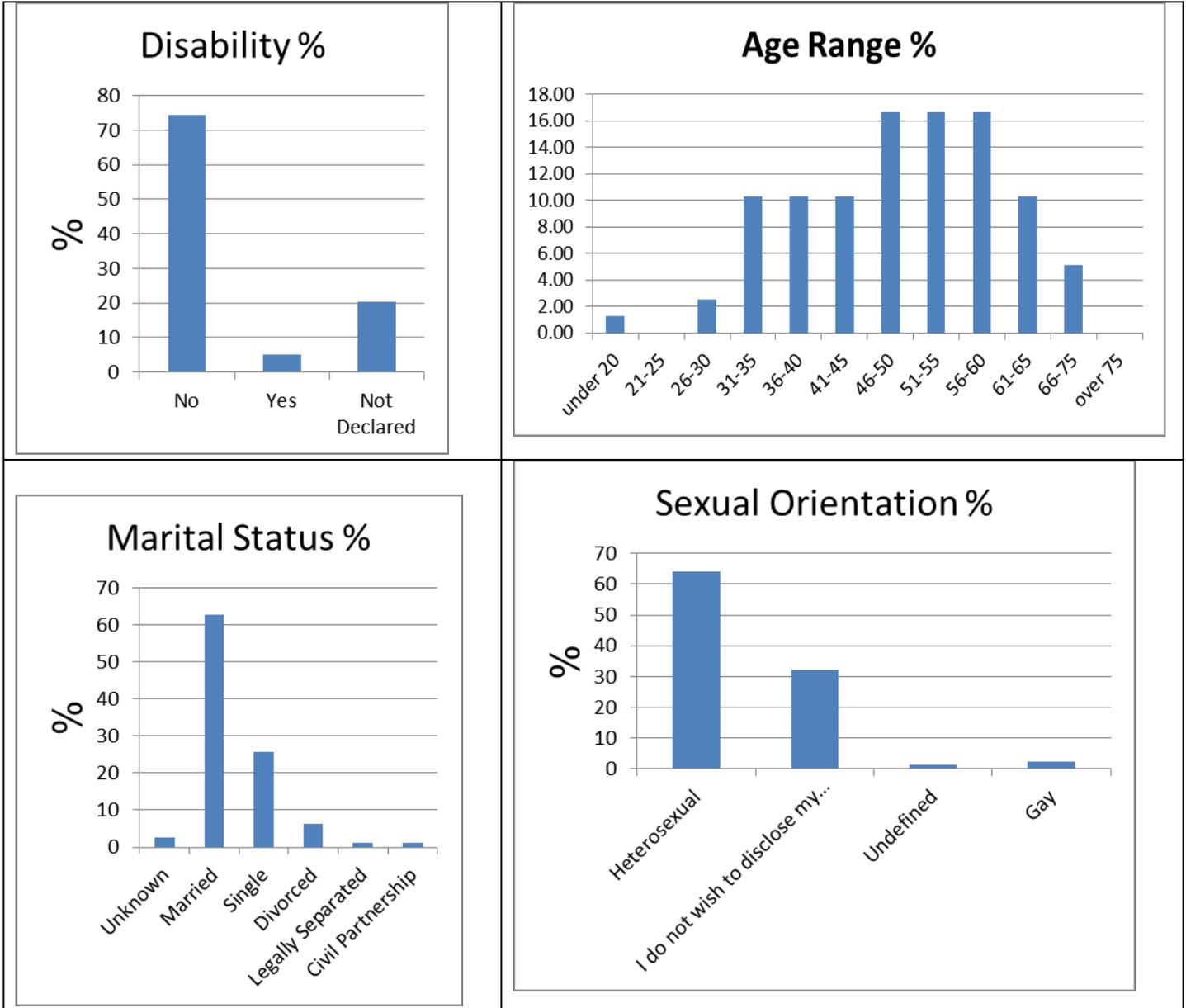
The workforce is the major factor in delivery of Lewisham CCG business. A quarterly workforce report is submitted to the senior management team of the CCG including workforce information relating to numbers of staff in post, turnover and sickness absence and an equalities profile relating to six of the nine protected characteristics.

Lewisham CCG Workforce Equalities profile

Although we have no legal duty to publish our workforce data as we employ less than 150 staff we have 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 protected characteristics as at 30th September 2014. Monitoring will continue to identify any priority areas to address.

The CCG working towards reflecting the communities that its serves at all levels of the workforce.





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.

We can however confirm that a full staff survey was completed and workforce data was assessed in relation to the Equality Delivery System Goal 3 – A representative workforce. This year, a Staff Engagement Forum has been set up and will act as an important medium to communicate with staff and will review the results of EDS2 Goal 3 and progress on the work of the action plan.

HR Policy Update

A policies timetable has been developed in order to ensure that policies are reviewed and agreed in a timely manner. The first set of policies has been submitted to the Staff Engagement Group for comments/suggestions prior to being updated as appropriate and presentation to the Management team.

12. 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.

12.1 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 has been implementing the Equality Delivery System in 2014 to evaluate their equality performance. The outcome and recommendations from the EDS are to be published in 2015. Equality and diversity progress in LGT can be found at their website <http://www.lewishamandgreenwich.nhs.uk/equality>

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

12.2 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.

SLaM has been building fairness and equality into the way that everyone works whilst delivering their Single Equality Scheme during 2010-2013. During 2012-2013 SLaM has built on what they have achieved by continuing to work with service users, staff, partners organisations and local communities. And they have been doing this by using the Equality Delivery System as a framework to identify where they need to focus their attention to improve their on equality.

The Trust held two equality Partnership Time Events in June and November 2014. The events have been an opportunity to take stock, highlight progress made in achieving their equality objectives and to consider where to focus their attention over the next twelve months to continue to improve the experience and outcomes for service users and carers. The results will be published in 2015.

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/policy-and-publications/equality/public-sector-equality-duty>

13. Equality and Diversity Progress

13.1 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).

13.2 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.

Since the draft Objectives were published in October 2013, engagement has taken place with Commissioners to make the Objectives deliverable. The CCG held an Equality & Diversity Summit in May 2014 that was attended by a variety of local partners and stakeholders. Following the Summit the Objectives were revised as follows:

Fig.1 Lewisham CCG Draft Equality Objectives 2013-14 as at October 2014

Equality Objective	Director Lead
<p>Objective 1 – Support for people with Long Term Conditions To understand and analyse the different experiences of patients with protected characteristics related to support and patient care received.</p>	Alison Browne
<p>Objective 2 – Collaborative Care Plans To develop a measurement of the effectiveness of the collaborative care plans and subsequent analysis of the experience of diagnosed patients.</p>	Diana Braithwaite
<p>Objective 3 – Lewisham GP Patient Leaflet To investigate if the GP Patient Leaflet meets the needs of the Lewisham residents with protected characteristics.</p>	Susanna Masters
<p>Objective 4 - Ensure that the Governing Body can evidence consideration of the PSED that is relevant and proportionate to the issues being addressed. Then the papers and cover sheets become the process for implementing and monitoring the objectives. (Changed by SDC 12.9.14)</p>	Susanna Masters
<p>Objective 5 – Objective aligned to EDS2 Goal 3 – A representative and supported workforce.</p>	Charles Malcolm-Smith

Action plans are being developed for each of the CCG's Equality Objectives. These will be monitored via the Strategy and Development Committee with further reviews by the Senior Management Team and Clinical Commissioning Group Governing Body.

13.3 Equality Delivery System (EDS)

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

During 2014, engagement was carried out with local stakeholders and staff in order to verify the process, and the overall results of the assessment are included below:

Fig. 2 Lewisham CCG Equality Delivery System (EDS) Grading for 2013-14

EDS2 Goal	Grading achieved 2014
1 – Better Health Outcome	DEVELOPING
2 – Improved patient access and experience	DEVELOPING
3 – A representative and supported workforce	ACHIEVING
4 – Inclusive leadership	DEVELOPING

Overall Lewisham CCG is assessed as **DEVELOPING** for EDS2 for Goals 1 and 2. This means that the patient data broken down into protected characteristics the CCG was able to access shows that overall, the majority of people in three to five protected groups fare well when accessing and experiencing Lewisham CCG commissioned services compared with those who do not share any protected characteristics.

The CCG grade for EDS2 Goal 3 was agreed as '**ACHIEVING**' which means that the data available to the CCG supplied evidence for most of the protected characteristics therefore, overall most staff members from most protected groups fare as well as the overall workforce.

Goal 4 was assessed internally by Lewisham CCG as **DEVELOPING** which means that more opportunities exist for Lewisham CCG to demonstrate it is leading the way on commissioning inclusive health services which meet the specific and general health needs of all people in Lewisham, in particular by focusing on getting services right for those who experience the greatest need and barriers due to sharing one or more protected characteristic.

Whilst carrying out the EDS2 assessment of Goal 4 Inclusive Leadership outcomes the CCGs Governing Body member and senior leaders discovered a confounding reality. Which is; there is no doubt that the leadership of the CCG understand the needs of the diverse communities of

Lewisham and make reasonable adjustments to improve the health of the people who depend upon Lewisham's Health Services. However, the leadership recognises that they do not articulate the diverse needs of Lewisham's communities and how the CCG is meeting the needs of those communities enough. Therefore, the CCG Leadership has agreed that in future, it is the duty of all leaders to express the equality aims, objectives and actions of the CCG's, how it serves those communities and take all opportunities to do so. An action plan for improvements in Goal 4 is being developed.

15 Summary of Lewisham CCG Equality and Diversity progress in 2014

Embedding Equality and Diversity into Business	Protected Characteristics
<ul style="list-style-type: none"> • Equality Delivery System² completed for 2013-14 • Equality Objectives developed in association with CCG and local stakeholders. • Key CCG Staff undertaken Equality Analysis training • Mandatory Equality and Diversity training for all staff • Equality Analysis is routinely carried out for <ul style="list-style-type: none"> ○ Human Resources Policies ○ CCG Strategies ○ CCG Procedures ○ CCG Commissioning of services • CCG is aware that stating equality considerations and equality risks on Committee Report cover sheets needs to be improved. • Equality and Diversity updates reported to Strategy and Development quarterly. • Public Sector Duty Equality Report published in January 2014 • Extended and sustained engagement with local communities • Staff Engagement Forum established 	<ul style="list-style-type: none"> • 'The Dementia Information and Support Service' run by MindCare, jointly commissioned by the CCG and Lewisham Council considered Lewisham to be an excellent example of commissioning. • Lewisham Learning Disability Self-Assessment Framework 2013-14 highlighted good practice, both in specialist and universal services. These include safeguarding, employment and community inclusion across a number of areas. • Patient perception of support for with long term condition in last six months - CCG to investigate the difference between white UK respondents and African and Caribbean respondents. • Redesign of Desmond Structured education leaflet with a Diabetes focus group. End result is well received. • Recruitment of 15 Diabetes Community Champions from Male and female from BME and white British community.
Working with partners/stakeholders	Working with GP Practices
<ul style="list-style-type: none"> • CCG held an Equality & Diversity Summit in May 2014 that was attended by a variety of local partners and stakeholders. • CCG working with Lewisham and Greenwich NHS Trust and other stakeholders (Public Health, the Local Authority and the Maternity Services Liaison Committee), to develop midwifery-led community based continuity of care that puts the mother and child at the centre of care. • Quality in Health and Social Care: A People's Summit and the Annual General Meeting in 2014 – both events were inclusive and representative with people genuinely engaged. 	<ul style="list-style-type: none"> • Created the Primary Care Development Strategy to ensure consistency of quality of services across the borough and ensure that specific needs of local populations are responded to when planning and implementing improvement plans. E.g. language, religion, culture and mobility.

Appendices

Appendix 1	<p>South East London sector showcase July 2014 A partnership event with South East London Commissioning Strategy Programme Office and the London Health Commission to celebrate new models of integrated care.</p> <p>http://www.londonhealthcommission.org.uk/wp-content/uploads/23-July-LHC-SEL-Sector-Showcase.pdf</p>
Appendix 2	<p>Lewisham CCG Equality Delivery System2 Report</p>  <p>Lewisham CCG EDS2 Report 2013-14 v4.docx</p>

Other useful information:

Name of document	Location
Lewisham CCG Commissioning Strategy 2013 - 2018	http://www.lewishamccg.nhs.uk/about-us/our-plans/our%20plans%20site%20docs/NHS%20Lewisham%20CCG%205%20year%20Strategy%202013-18.pdf
South East London Commissioning Strategy 2014-2019	http://www.southwarkccg.nhs.uk/get-involved/our-projects-and-events/improving-south-east-london's-health-services-together/how-to-get-involved/Documents/SEL%20Strategy%20Appendix%20A%20B%20C%20-%202020%20June%202014.pdf
Joint Strategic Needs Assessment	http://www.lewishamjsna.org.uk/reports
Lewisham Health and Wellbeing Strategy September 2013	 <p>Lewisham HWB Strategy - FINAL as a</p>
2011 census	http://www.lewisham.gov.uk/inmyarea/Pages/Census-2011.aspx
Lewisham Health Profile	 <p>HealthProfile2014Lewisham00AZ[1].pdf</p>