



Lewisham Clinical Commissioning Group

Public Sector Equality Duty

Annual Report

January 2016 – January 2017

Version 9

Contents		<i>Page No.</i>
1.	Foreword	3
2.	Introduction	4
3.	Organisational Context	4
4.	Our Communities	6
5.	Embedding Equality within the Commissioning Cycle	9
6.	Meeting the Public Sector Equality Duties in 2016	14
7.	Equality Objectives – Progress in 2016	19
8.	Equality Delivery System ² in 2016	21
9.	Lewisham CCGs Equality Case Studies	22
10.	Our Partnerships	35
11.	Our Main Provider Organisations	38
12.	Safeguarding in Commissioning	40
13.	Complaints	40
14.	Workforce Race Equality Standard	41
15.	Lewisham CCG Workforce Information / Training	44
16.	Useful Information	48

This report was commissioned by NHS Lewisham Clinical Commissioning Group and produced by the Senior Associate, Equality and Diversity 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.

Charles Malcolm-Smith
Deputy Director (Strategy & Organisational Development)

NHS Lewisham CCG
Cantilever House
Eltham Road
Lee SE12 8RN

020 7206 3246

Charles.malcolm-smith@nhs.net

Valerie Richards
Senior Associate, Equality & Diversity
South East Commissioning Support Unit
1 Lower Marsh
London SE1 7NT

020 3049 4167

valerierichards@nhs.net

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

1. Foreword

In 2016 Lewisham CCG has been working in and across the borough and South East London, with our partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities. Health and care commissioners and providers recognise that Lewisham's health and care system needs to change as the current system is not sustainable. There are significant health inequalities in Lewisham; too many people live with ill health, high quality care is not consistently available and demand for care is increasing.

A major challenge is that the amount of money Lewisham CCG has to commission services is not keeping pace with demand and the increasing costs of providing care. Like other CCGs, the costs of care are rising because health and care services are now caring for more people with more complex conditions and people are living longer.

During 2016, NHS Lewisham CCG has worked collaboratively with our partners in the local health and care economy to commission and deliver high quality services for the borough's diverse communities. Through our commissioning we are committed to reducing health inequalities, promoting equality and improving health outcomes in a cost effective way that provides good value for money.

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 ensuring its performance in the area of equality meets national requirements.

This report brings together evidence, activities and recommendations that demonstrate how Lewisham CCG has continued to maintain its equalities performance in 2016.

Highlights of achievements in 2016 includes:

- Maternity Services, Mental Health Home Treatment Team for Adults and the Community Anti-Coagulation Services all were assessed using Goals 1 and 2 of the NHS Equality Delivery System (EDS), an equality assessment tool-kit that helps NHS organisations to identify good practice and identify gaps or areas that require improvement (*final grade to be agreed in February 2017*).
- Equality Analyses have been completed to improve decision making in commissioning enhanced care services for care homes, self-management for people with long term conditions and End of Life Care services.
- Joint Commissioning, working with partner organisations to commission services that have made real differences to people's lives and reduced inequalities such as HIV and Support Services.
- The CCG has widened its engagement reaching more communities in the Borough facilitating many diverse groups to have their say on Lewisham and south-east London developments.

This report focuses on how the CCG has been meeting the three aims of the general duty (see below) of the Equality Act 2010 with examples and case studies.

We are particularly indebted to local people who have helped us to better understand local needs and whose involvement is integral to all that we do.

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

Many thanks to all the clinicians and staff who continue to be at the heart of clinical commissioning in Lewisham and who are committed to getting it right for our diverse population.

We know that change cannot happen overnight but we are confident that through delivery of our plans and continued collaboration with our clinicians, staff, partners and local people, we will see a real difference to health and care in Lewisham over the next few years.

2. Introduction

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

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

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

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

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

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

3. Organisational Context

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

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

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

The CCG purchases a range of services from the 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.

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

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

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

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

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

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

At its strategy and development workshop in December 2016, members of the Governing Body reviewed their understanding and implementation of the public sector equality duty, including progress with the Equality Delivery System, the Accessible Information Standard, the Workforce Race Equality Standard, and the proposed Workforce Disability Equality Standard. A further workshop for chairs of CCG committees also reviewed how members of the Governing Body can help to ensure that equalities considerations are better embedded within the work of the CCG.

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

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

- Developing and monitoring the implementation of robust working practices that ensure that equality and diversity requirements form an integral part of the commissioning cycle

- Working with the South East Commissioning Support Unit (SECSU) to ensure that equality and diversity considerations are embedded within the CCG's working practices
- Ensuring that the Governing Body, staff and member practices remain up to date with the latest thinking around diversity management and have access to appropriate resources, advice, and informal and formal training opportunities

All **line managers** have responsibility for:

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

Lewisham CCG Equality and Diversity Steering Group

The CCG convened an Equality and Diversity Steering Group in April 2015 that has a remit to enhance the focus, support and monitor the implementation of the Equality Delivery System to ensure compliance with Equality Duties under the Equality Act 2010.

The Group is a management group, chaired by the Chief Officer with membership including representatives from the directorates and teams in the CCG and progress is reported to the Public Engagement and Equalities Forum.

4. Our Communities

Health Needs of Lewisham Population

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

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

4.1 Population Growth

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

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

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

4.2 Deprivation

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

4.3 Disability

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

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

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

4.4 Ethnicity

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

4.5 Gender

Males comprise 49% of Lewisham's population, females 51%. Life expectancy is 7.1 years lower for men and 5.5 years lower for women in the most deprived areas of Lewisham than in the least deprived areas.

4.6 Inequalities

There are also significant ethnic health inequalities in Lewisham. Uptake of breast cancer screening is lower in black women, whilst late diagnosis of HIV infection is more common in black African heterosexual men. Black teenage girls are 74% more likely to get pregnant than white teenage girls. White men and women have higher rates of admission for alcohol related problems. – *as per 2015 report - awaiting update by Public Health*

4.7 Lesbian, Gay, Bisexual

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

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

4.8 Mortality

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

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

4.9 Religion

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

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

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

4.10 Voluntary and Community Sector

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

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

4.11 Child health

In Year 6, 24.8% (718) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 18.3*, better than the average for England. This represents 12 stays per year. Levels of teenage pregnancy are worse than the England average. Levels of breastfeeding initiation and smoking at time of delivery are better than the England average.

* rate per 100,000 population.

Source: Lewisham Health Profile, Public Health England, September 2016

4.12 Adult health

The rate of alcohol-related harm hospital stays is 644*. This represents 1,516 stays per year. The rate of self-harm hospital stays is 105.0*, better than the average for England. This represents 323 stays per year. The rate of smoking related deaths is 313*, worse than the average for England. This represents 284 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average.

* rate per 100,000 population

Source: Lewisham Health Profile, Public Health England, September 2016

5. Embedding Equality within the Commissioning Cycle

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



5.1 Strategic Commissioning



5.1.1 South East London's Suitability and Transformation Plan

In December 2015, South East London health and care systems were asked to come together to create our local blueprint for implementing the Five year Forward View, for the period up to March 2021, known as Sustainability and Transformation Plans (STPs). Lewisham CCG has been working with the other five South East London CCG to develop plans that meet the needs of Lewisham's diverse population, whilst ensuring that we engage and listen to our local communities. (more details on the south east London STP can be found under Section 10. Our Partnerships).

5.1.2 Strategic Outcomes Framework

The CCG's strategic priorities are based on an analysis of the health needs of our local population that includes disease prevalence amongst different ethnic groups, the health needs of different age groups, and the impact of deprivation and other factors on health inequalities. The CCG's ambitions include improving life expectancy, reducing premature mortality from the main causes of death, decreasing infant mortality, and a number of measures of high quality care including emergency admissions, end of life care, and patient experience; further development is being undertaken of equalities considerations for cancer rates, mental health, and diabetes.

5.1.3 Lewisham's Partnership Commissioning Intentions 2017-2019

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

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

The Partnership Commissioning Intentions builds on last year's Partnership Commissioning Intentions, and has been informed by the feedback received from the public during 2015/16, the work of the Adult Integrated Care Programme Board, the Children and Young People's Strategic Partnership Board and the South East London work on Sustainability and Transformation Plan.

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

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

- the majority of health and care services is accessed outside the hospital at a neighbourhood level
- health and care services is coordinated around the person and there is a parity of esteem between physical and mental health
- individuals, their family and carers have a stronger network of support within their local communities to help them proactively maintain their health, wellbeing and independence

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

These Partnership Commissioning Intentions for 2017-19 set out the commissioning priority areas, where progress is being made and summarises our future plans which are being developed to reshape and organise support and care, particularly at a neighbourhood level, to transform the delivery of Community Based care, to address the above challenges. An Equality Analysis is being undertaken of the Partnership Commissioning Intentions and this will inform the service redesign and planning as outlined in section 5.2.

The Adults Partnership Commissioning Intentions can be found at:

<http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/LCCG%20Governing%20Body%2010%20November%202016%20V1.pdf>

5.2 Procurement



The key local commissioning priorities are Prevention and Early Action, Planned Care and Urgent and Emergency Care.

5.2.1 Prevention and Early Action

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

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

- making it easier to access the right information and services to live a healthier lifestyle by commissioning
- commissioning and supporting a range of holistic and whole system actions to make it easier to choose to live a healthier lifestyle, an example is the **Primary Care Dietetics Service** (see section 6.1.5).
- supporting people to live in their own homes safely and independently working with a range of voluntary and community sector organisations, for examples **Community Connections** (see section 6.1.4) and the **Community Anti-coagulation service** (see sections 6.1.3 and 9)
- commissioning a range of information, advice and care to support people with long term conditions to make it easier to self-manage their health, including self-management for diabetes, better psychological therapies and **Home Treatment Teams** based in the community. (see sections 6.1.2 and 9)

5.2.2 Planned Care

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

- consolidating planned **inpatient orthopaedic surgery** at fewer sites in south east London, for more information (see section 10.3)
- improving the quality of hospital referrals and also patient experience of the appointment booking process through the Referral Support Service.
- developing services closer to home, supported by specialists, to enable the management of people with more complex health and care needs out of hospital, for example HIV Care and Support (see section 9)

5.2.3 Urgent and Emergency Care

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

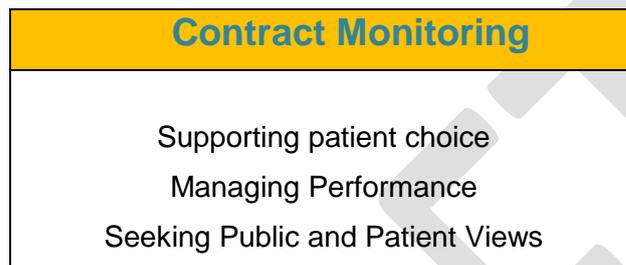
Our local focus for our commissioning work in 'Urgent and Emergency Care' is :

- developing, piloting, evaluating and contracting for a range of community based services which may help to avoid or reduce the need for emergency admissions

including the Integrated Primary and Urgent Care service, the Rapid response teams and a GP Extended Access Pilot.

- working with partners to improve the Emergency Care provided in Lewisham, including improving the emergency care pathway and the interface with mental health services developing further Supported Discharge Services so that discharge planning is consistent and begins as early as possible to facilitate early discharge from hospital and reduce avoidable admissions into hospital. A service which is being re-procured jointly by commissioning is the Integrated Urgent Care Services including **NHS 111**, as summarised in a case study in section 9.

5.3 Contract Monitoring



A key aspect of commissioning is to monitor the contract and services the CCG has commissioned to ensure that these services deliver high quality care for all.

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

Recent examples of where information has been provided to the Integrated Governance Committee to assess whether the Equality Act 2010 general duties are being met are include the work on **Complex Leg Ulcer Service** (see section 6.1.6), **safeguarding in commissioning** (see section 12) and **Pressure Ulcers Case Study** (see section 9).

6. Meeting the Public Sector Equality Duties in 2016

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

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

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

Below are examples of the Equality Analyses carried out in 2016:

- Project to Commission a New Lewisham Community Specialist Palliative Care and End of Life Coordination Centre
- Tailored Self-Management Support for People with Long Term Conditions Pilot 2016 - 2018
- Tailored Self Management Support for People with Long Term Conditions
- Enhanced Care and Support Priority
- HIV Care and Support Services
- Enhanced Primary Care Service for Care Homes

6.1 Eliminating Discrimination and Advancing Equality of Opportunity

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

As Lewisham is an area of high levels of deprivation, it was reasonable to presume that pregnant women in Lewisham may be presenting with additional support needs in significant numbers.

Maternity Services are commissioned to provide the full range of antenatal, intrapartum and postnatal care for women and their families including scheduled and unscheduled care, outpatient, inpatient, community and home based services.

As part of the contract quality incentive schemes – Commissioning Quality and Innovation (CQUIN) for 2014/15 and 2015/16 Lewisham & Greenwich NHS Trust have been working with local commissioners to develop appropriate care pathways for vulnerable women during pregnancy.

6.1.2 Home Treatment Team for Adults with Mental Health (Working Age Adults) (read the full Case Study in section 9)

Lewisham Home Treatment Team service provides short term care and treatment at home for people in mental health crisis who would otherwise require an inpatient admission. The service is provided by SLaM (South London and Maudsley NHS Foundation Trust) and is part of SLaM's initiative of focusing upon recovery rather than just treating illness.

In 2013 SLaM made the case that they could support patients with serious mental health problems in their recovery by reorganising their teams to deliver care based on the best evidence of what works, focusing on supporting the most unwell patients, helping to prevent them from relapsing and having to be readmitted to hospital.

6.1.3 Community Anti-coagulation Monitoring Service (read the full Case Study in section 9)

The Lewisham Health Limited Liability Partnership has provided a Community Anticoagulant Service (CACS) since 2006 with patients stabilised by University Hospital Lewisham referred to six specialist community pharmacies.

The importance of an anticoagulation service to Lewisham is supported by the following statistics:

- Lewisham residents have lower life expectancy with heart attack and stroke – 26% deaths under 75 years
- 46.5% Lewisham population is BAME and at greater risk of diabetes, hypertension and stroke

A pilot was commissioned to:

- extend the services to improve patient access providing transport or DN/ postal service for patients with restricted movement.
- see how the service could be reconfigured for transport and housebound patients.

Approximately 240 housebound and 130 transport patients were part of the pilot.

The service is very well regarded by the patients who use the services at the local pharmacies or who are visited at home. However the services will be investigating why there are not more members of BME communities using the service.

6.1.4 Community Connections

Community Connections is a consortium project lead by Age UK Lewisham and Southwark between six voluntary sector organisations: Age UK Lewisham and Southwark, Voluntary Services Lewisham, Lewisham Disability Coalition, Rushey Green Timebank, Carers Lewisham and Voluntary Action Lewisham.

The project aims to improve community wellbeing through supporting development of community-based services and increasing the accessibility of these services for the most vulnerable adults living in Lewisham. This is achieved through the combination of Community Development Workers and Community Facilitators. Community Development Workers support organisations, and groups to build and develop community based resources as well as promoting partnership working, developing networks between organisations and identifying the gaps in service provision across the borough.

Community Facilitators meanwhile work with individuals over 18 and living in Lewisham who are suffering from isolation, poor mental wellbeing or seeking to become more involved in their community. Using a person centred approach Community Facilitators connect clients with community-based services to match their needs and aspirations. Community Connections also provides information to other professionals, including healthcare professionals and social services: sharing their expertise around community-based services. This is maximised through adopting the neighbourhood model of working and ongoing collaboration between Community Facilitators and Community Development Workers in each of the four neighbourhoods

6.1.5 Primary Care Dietetics Service

The primary care dietetics service covers 4 main areas:

- 1) **Practice-Based Dietetics** - this service will deliver a borough-wide practice-based dietetic service with a focus on clinical conditions such as malnutrition, diabetes, IBD and dyslipidemia .
- 2) **Dietetic Adult Weight Management Service** – this service provides Borough-wide specialist dietetic intervention of the weight management care pathway for adults.
- 3) **Dietetic Service to nursing/care homes – this service provides** dietetic intervention to nursing homes including Learning Disability and Mental Health care homes to reduce the incidence of malnutrition.
- 4) **Dietetic service for patients on ONS** - this service oversees, monitors and reviews ONS prescriptions. The service will also review and implement the community malnutrition treatment pathway, particularly during transfer from secondary to primary care.

National estimates of the economic cost of risk factors for chronic disease to the NHS suggest that poor diet is a behavioral risk factor that has the highest impact on the budget of the NHS, followed by alcohol consumption, smoking and physical inactivity. Improving nutrition with the support of a dietitian can help prevent health problems, improve functional status and increase quality of life and well-being for all patients, especially those living with long term conditions, frailty syndrome and other complexities.

People of Asian and Afro-Caribbean origin are disproportionately affected by diabetes and obesity and therefore are positively benefited by the core service proposed for re-commissioning. Also people who experience social deprivation, including living in a care home, are disproportionately affected by disease and obesity and positively benefit from the services proposed.

1&2 Practice Based Dietetics and Weight Management Service

- GP practice access is a very important issue for primary care.
- All aspects of the service face similar issues of booking appointments, physical access to practices, dna levels.
- Sensitivities, cultural awareness and stigma around discussing weight management.

3. Dietetics service to Nursing/Care Homes

- This is a newly commissioned addition to the main contract and would be a good area to explore given the seriousness of instances of malnutrition within residential/care homes.
- Each care home is different and presents different access issues than primary care access.

- Innovation and creativity is needed in tackling malnutrition where institutionalised behaviour could be seen from staff, patients and the care home structures (i.e. having set meal times and menus, limited personal choice)
- An important aspect of this work area is training and raising awareness to staff teams understanding that tackling inequalities belongs to everyone.

4. Dietetic Service for patients on ONS

- This area would be interesting to explore regarding the patients experiences of transfer of care. An area that is known to be very important in a person's continuity of care
- Moving from hospital to home can be a very difficult and complex time for anyone especially when dealing with malnutrition.

6.1.6 Complex Leg Ulcer Service

Following a District Nurse review in 2014, it was highlighted that Leg Ulcer healing rates were below national average in Lewisham, 80% of ulcers should heal within 16 weeks but for Lewisham it was 15%.

Lewisham CCG commissioned an external wound care organisation, Accelerate, to undertake a needs analysis, wound prevalence and service review during November 2014 – March 2015 for the Lewisham population. The review identified 821 residents in Lewisham found to be with wounds during that period with a total of 1167 wounds.

A pilot was commissioned with Accelerate and Lewisham & Greenwich NHS Trust which consisted of 4 clinics a month (spread across Downham and Sydenham) and 2 days Consultant Dermatologist time, training of District Nurses and the development of Borough-wide Leg Ulcer Guidelines.

The findings of the 9 month pilot identified a reduction of district nurse visits saved per week, reduction in nursing costs, increased healing rates, significantly higher patient satisfaction, and better pain management which allows for better leg ulcer treatment and a significant reduction in the length of time patients have leg ulcers.

Following the outcome of this pilot, Lewisham CCG have submitted a Business Case to commission a Borough-wide specialist Complex Leg Ulcer Service which will have clinics in the North and South of the Borough deliver a 5 day service linking in with TVN, Podiatry and Lymphoedema service. Complex patients will be identified early and referred to this service.

It is anticipated that the service's referrals will consist mostly of patients over the age of 60 years old and it is recognised that there is a larger older population in the South of the Borough although patients will have equal access to the service regardless of where they reside in Lewisham. The service will also pay particular attention to housebound patients to ensure they have equality of access.

6.2 Fostering Good Relations

6.2.1 Lewisham CCG Public Engagement Network

Lewisham CCG has established a growing database of contacts in the voluntary sector. The CCG has collaborated with organisations to engage residents and patients on Connect Care, and over 20 events with patients to engage on the Our Healthier South East London (OHSEL) issues paper, which outlined the issues across south east London that the programme has been created to address. Community and voluntary sector organisations have given invaluable support extending our reach into seldom heard communities.

For example, individuals are asked how they wish to engage and any specific areas of interest. This has led to the development of a dedicated group of individuals who comprise the CCG's 'readers panel' and provide an independent perspective on LCCG literature and publications, ensuring they are easy to understand and accessible to a wider readership.

6.2.2 Lewisham CCG Public Reference Group (PRG)

The Public Reference Group (PRG) was set with a range of local people who reflect the Borough's diversity. They met for the first time in December 2015 and their role includes:

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

The CCG funded a year-long development programme for the PRG, using an external facilitator to assist the group to adopt good practices and begin building working relationships with CCG colleagues.

The PRG took part in the CCG's 2016 Equality Delivery System process and joined the EDS2 Panel to discuss and agree EDS2 grading with other local people at the event.

6.2.3 Readers panel

The CCG established mechanisms to collect, monitor and report on engagement activities and their outcomes within the CCG, and re-established our readers panel, a panel of local people, to ensure that their written materials provide clear, relevant and understandable information for the public.

6.2.4 Public forum sessions at Governing Body meetings

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

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

Topics discussed in 2015-16 included integration of health and social care services; neighbourhood care networks; finances; sexual health services; and the Our Healthier South East London programme. This is an example of how we demonstrate our value of transparency as well as our commitment to facilitating public participation in our work. In 2015-16 we reviewed how the public forum works and put in place improvements to make it even more effective.

6.2.5 Memberoo online community

The CCG developed an on-line portal ('Memberoo') <https://www.memberoo.net/home/lewccg>, that will ensure that members of the public are empowered to engage with the CCG in the way they wish to and upon issues which are of interest to them.

7. Lewisham CCG's Equality Objectives progress in 2016

Objective 1 – Support for people with Long Term Conditions

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

Lewisham CCG Systems Intelligence Team provided detailed patient experience data from primary care that showed that BME patients with long term conditions feel less supported by health services than White British Groups. As a result the CCG commissioned the Centre for Community Engagement Research at Goldsmiths, University of London to undertake a small scale research project to understand the possible reasons why BME patients with the following long term medical conditions; heart conditions, diabetes and chronic obstructive pulmonary disease (COPD) from an African and Caribbean heritage felt less supported from health services they received than patients from White British groups.

A qualitative snapshot was carried out that focused specifically on African and Caribbean residents with long term conditions - running a focus group for 39 people between April - June 2015. The recommendations of the study were presented to the CCG Strategy and Development Committee and an Equality Objective has been developed to include the recommendations.

The CCG Primary Care Programme Board has overseen progress with the action plan to support this objective which during 2016 has focused on ensuring accurate ethnic coding at a practice level. This is because improved coding that is consistent and of high quality is likely then to be provide improved information to support understanding the inequalities that groups face and identifying the gaps in provision or indeed any culturally sensitive provision that might be required. For Lewisham's GP practices, in September 2015, 69% of records were coded using the 16+1 codes and in February 2016 this rose to 87.5% as a result of the data cleansing exercise.

Future plans include further cultural competency training in primary care, and a follow-up focus group to gain further views from the BME community.

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

The CCG has a diverse workforce that is representative of its population at most levels in the organisation.

In 2015 Lewisham CCG conducted a Staff Survey that has been developed to include EDS2 Goal 3 Outcomes and WRES indicators. The main areas for improvement included equality of staff progression. An independent consultant was commissioned to review opportunities for staff progression and promotion in the CCG. The review identified no concerns about any particular group of staff being treated less favourably because of their protected characteristic (race, gender, sexual orientation, age, religion and disability). Recommendations that have been implemented during 2016 include greater transparency in ensuring access to

development opportunities, routinely promoting all vacancies internally, improving information on funding of training and development, and providing internal secondment opportunities. Greater clarity on individual and managers responsibilities has been made in the staff handbook and for the appraisal policy.

The CCG has joined the national staff survey and an updated action plan will be put in place when the results of the survey have been reported.

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

Lewisham CCG is working collaboratively with Lewisham Council and its local provider partners to achieve a sustainable and accessible health and care system for the population of Lewisham to improve health and care outcomes and reduce inequalities. The Health and Care Partners are leading the development of a whole system model which will better support people to maintain and improve their physical and mental wellbeing, to live independently and to access high quality care when they need it.

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

The ICT Steering Group, which supports the Health and Care Partners, is considering the scope of the Equality Analysis to be undertaken to assess the digital technology approach in Lewisham and the potential impact on ‘protected groups’ and inequalities. In Lewisham there is a commitment to introduce and develop technology that will change the way advice, support and care is delivered to achieve improved and consistent care, better prevention and allow more care to be delivered in the community. To achieve this, technology is being used to provide people with digital access to the advice, services, local activities and information they need to manage their own health and care more effectively, whilst also ensuring that health and care workers can securely access and enter the information they need at the point of care.

8. Lewisham CCG's Equality Delivery System performance in 2016

The EDS enables the CCG to:

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

The EDS has four Goals:

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

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

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

- **Maternity Services** are commissioned to provide the full range of antenatal, intrapartum and postnatal care for women and their families including scheduled and unscheduled care, outpatient, inpatient, community and home based services
- **Home Treatment Team for Adults with Mental Health (Working Age Adults)**
Lewisham Home Treatment Team service provides short term care and treatment at home for people in mental health crisis who would otherwise require an inpatient admission. The service is provided by SLaM (South London and Maudsley NHS Foundation Trust) and is part of SLaM's initiative of focusing upon recovery rather than just treating illness.
- **Community Anti-coagulation Monitoring Service** provides a patient centred service that manages a range of conditions including Atrial Fibrillation (AF), prosthetic heart valves, venous thromboembolism treatment and prevention, thrombotic disorders and other cardiac conditions.

During 2016, engagement was carried out with local stakeholders and staff in order to verify the process.

In September 2016 an EDS2 Stakeholder panel considered the evidence prepared by CCG commissioners and the service providers and awarded EDS grading for two of the services.

The EDS2 Grading External Stakeholder Panel reviewed two services

- Home Treatment Team for Adults Mental Health - Working Age Adults
- Community Anti-coagulation Monitoring service

Both services were robustly critiqued during the event and areas of good practice, excellent patient experience and good outcomes were revealed. However, there were also other areas regarding lack of evidence of accessing the services and patient experience that require attention. Therefore, providers of the services have been asked to produce further evidence to address the areas of concern that will be used to agree the final EDS2 grading.

It was not possible to review the Maternity Services on 28 September. A dedicated event is being convened in January 2017 and the results will be added to those for the HTT and Anti-Coagulation Service.

Indicative EDS2 Grades for Lewisham CCG in 2016 to date are as follows:

Fig. 2 Lewisham CCG Equality Delivery System (EDS) Grading for 2016

EDS2 Goals	Grading achieved In 2016
1 – Better Health Outcomes	ACHIEVING (indicative)
2 – Improved patient access and experience	ACHIEVING (indicative)
3 – A representative and supported workforce	To be confirmed
4 – Inclusive leadership	To be confirmed

A staff survey that contains some of the same outcomes of EDS2 Goal 3 that focuses on whether workforce is representative and supported has been carried out. The results together with staff engagement on the results of the survey will take place in January 2017.

The CCG has started the process of collecting data for EDS2 Goal 4 Inclusive Leadership and aiming to complete the process early in February 2017.

The grades and improvement plans for all four goals will be published on the CCG's website by March 31, 2017. They will be used to inform the CCG's operational and organisational development plans.

9. Lewisham CCG's Equality Case Studies

Case Study: Maternity Services

Maternity Services are commissioned to provide the full range of antenatal, intrapartum and postnatal care for women and their families including scheduled and unscheduled care, outpatient, inpatient, community and home based services.

As part of the contract quality incentive schemes – Commissioning Quality and Innovation (CQUIN) for 2014/15 and 2015/16 LGT have been working with local commissioners to develop appropriate care pathways for vulnerable women during pregnancy.

The CQUIN is based on NICE guidance. The guidance applies to all pregnant women with complex social factors and contains a number of recommendations on standards of care for this population as a whole. However, five groups of women were identified as exemplars:

- women with mental health problems
- women who misuse substances (alcohol and/or drugs)

- women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English
- young women aged under 20 - around one in 15 of all births are to young women under 20 and research shows that these young women and their babies have poorer access to maternity services and experience poorer outcomes than older women
- women who experience domestic abuse.

Generally outcomes in maternity care are good in the UK, but there is a large amount of regional variation, sometimes linked to demographic factors.

Development of the maternity tariff identified that women with high risk social factors identified at booking are considered as requiring more support during their episode of care and as such providers can claim a higher tariff. However it was not clear to commissioners that these women were being identified, or being offered / receiving additional support on a consistent basis.

The CQUIN incentivised the Trust to develop pathways and information for staff and women to support them accessing support as needed and to improve their experience of maternity services. The consistency of support being discussed was tested through audits of patient notes from samples of each of the groups of women.

This service area was selected as a case study because it focusses on improvements in care delivered to people who are more vulnerable because of the following protected characteristics:

Age (including children and young people), Pregnancy & Maternity and Race.

Development of a care pathway for women identified as having high or complex social risk factors in pregnancy which puts in place a number of agreed supportive interventions is in line with NICE guidance.

Specific issues that are addressed in the guidance include providing:

- the most appropriate healthcare setting for antenatal care provision
- practice models for overcoming barriers and facilitating access, including access to interpreting services and all necessary care
- ways of communicating information to women so that they can make appropriate choices
- optimisation of resources.
- Trust performance on evidencing that support was offered and provided to vulnerable women was jointly audited with Public Health Lewisham's Consultant Midwife. The audits highlighted a lack of consistency in practice between staff, as well as a need for strengthened policy and training to ensure that there was a Trustwide approach to improving access and experience.
- The Trust agreed an improvement action plan with commissioners as a result of the audit results which will deliver on the following improvements:
- Training for midwives on their responsibilities for managing women on the intermediate

pathway because they have Social Risk Factors, i.e. so they know they must direct the woman for appropriate support.

- The creation of a dynamic information resource for staff and women with information on support services available.
- Midwives increasing time spent in Children's Centres to be available to support vulnerable women.
- Better screening and assessment of social risk factors
- Development of policy to support the management of substance misuse in pregnancy.
- Information available to women in the top 10 languages spoken in the borough
- Trustwide promotion of the requirement to request a professional interpreter for women using maternity services to care homes with funding for an additional two pharmacists and a pharmacy technician.

Case Study: Home Treatment Team for Adults with Mental Health (Working Age Adults)

During a developmental phase in 2013, SLaM was involved in similar service configurations in other boroughs and came to understand that there was a strong link between the removal of resource and concerns about quality. Reduction in community investment tended to lead to increased caseload sizes, resulting in teams becoming focused almost exclusively on crisis work. This led to increased inpatient admissions and less proactive working with people using the recovery approach – thus leading to greater caseload sizes and relapse rates among service users who could have remained well.

Identifying these as possible risks to Lewisham services led the CCG and SLaM to reconsider the existing plan and to explore a proposal whereby resources were not removed from community services. Instead consideration could be given to the redesign of community team care pathways to make significant improvements to the rate of relapse and associated hospital admission rates. Such an approach would focus on diverting patients away from hospitable settings and providing treatment in the community thereby identifying financial efficiency related to inpatient beds rather than from community teams.

SLaM made the case that they could support patients with serious mental health problems in their recovery by reorganising their teams to deliver care based on the best evidence of what works, focusing on supporting the most unwell patients, helping to prevent them from relapsing and having to be readmitted to hospital.

SLaM also wanted to improve how they responded to people when they become unwell, either for the first time or in a crisis by aligning their teams with Lewisham's primary care neighbourhoods so that they could be more responsive to GPs during extended surgery hours and provide faster assessments of people in mental health crisis.

Lewisham Home Treatment Team service provides short term care and treatment at home for people in mental health crisis who would otherwise require an inpatient admission. The service is provided by SLaM (South London and Maudsley NHS Foundation Trust) and is part of SLaM's initiative of focusing upon recovery rather than just treating illness.

Specific elements of the service include:

- Age and current residence are the only barriers to accessing the service once a person has been identified as suitable for Home Treatment. Service users over the age of 65 are referred on to the Older Adults Team. Out of area service users are referred to their local team.
- The provision of an out of hours and weekend service enables service users to stay in employment and / or meet family commitments.
- Lewisham Home Treatment will extend its hours until 10pm from the 7th November 2016. This will allow more flexible visiting times and later supervision of night-time medication.
- A home based assessment and treatment service provides the least restrictive care and enables continuity of family and social support
- Home Treatment means that people with physical health and mobility problems can access the service in the same way as anyone else
- Providing care at home avoids some of the social difficulties associated with admission such as loss of tenancy or disruption to benefits
- Alternatives can be arranged if there are barriers to seeing a service user at home (i.e. to meet at the Outpatients Department or an agreed community facility)
- Interpreters are always arranged for service users and carers whose first language is not English
- Consideration is paid to issues such as gender and cultural factors when visits are allocated. Where possible we try to limit the number of staff a service user has contact with.
- People with co-morbid drug and alcohol problems are not immediately excluded from the service and co-working with local addictions services commonly takes place
- All service users accepted into the team are offered a physical health screen. There is a dedicated clinic providing assessment and psycho-education, particularly to high risk groups
- Home Treatment is a time limited, crisis service and is therefore limited in the amount of co-working and longer term recovery work that can occur, however there are established close links with relevant support organisations, for example: The Metro Centre, HIV Liaison Service, Carers Lewisham, Family Health Isis, Samaritans

At the EDS2 External Stakeholder Panel event on 28 September 2016, the Panel identified the following :

What is working well?

- The service is having a positive effect according to impact assessments.
- Discharge planning begins straight away; handover to other services is through face to face meetings to which carers are invited.
- High uptake of physical health checks, issues of self-neglect likely to be picked up

What is not working so well?

- There is evidence that BAME service users are less likely to be offered psychological therapies.
- Demographic data collection of service users is not extensive – currently only age, ethnicity and gender.
- Uptake of assessment survey is low – 30%. Are the teams capturing enough feedback to effectively evaluate the service?
- The HTT hasn't any way to be assured that people are being identified for treatment from the team in an equitable way

The CCG and SLAM are developing an action plan to address the areas that are not working well.

Case Study: Community Anti-coagulation Monitoring Service

The Lewisham Health Limited Liability Partnership has provided a Community Anticoagulant Service (CACS) since 2006 with patients stabilised by University Hospital Lewisham referred to six specialist community pharmacies.

The importance of an anticoagulation service to Lewisham is supported by the following statistics:

- Lewisham residents have lower life expectancy with heart attack and stroke – 26% deaths under 75 years
- 46.5% Lewisham population is BAME and at greater risk of diabetes, hypertension and stroke

A pilot was commissioned to

- extend the services to improve patient access providing transport or DN/ postal service for patients with restricted movement.
- see how the service could be reconfigured for transport and housebound patients.

Approximately 240 housebound and 130 transport patients were part of the pilot.

The benefits of the pilot include:

- 4-step pathway ensures smooth transition from secondary to primary care
- Extending service to domiciliary patients improves access for groups that may have previously been excluded
-

At the EDS2 External Stakeholder Panel event on 28 September 2016, the Panel identified the following :

What's working well:

- Pharmacists receive same training as registrars at hospitals
- Convenience of local services, eases access, saves time
- Service extended to housebound thereby further improving access
- Personalised service and care described as excellent which leads to service users feeling informed and supported in decisions around their care and provider very positive experiences of their care.
- Pharmacists maintain good relationships with GPs
- Safety and safeguarding is good partly due to good communication between the hospital, GPs and pharmacists.
- Monthly audit of pharmacists state all clients must be controlled with an 80% medical safety score.
- All pharmacists offering the service are part of the Healthy Living pharmacists scheme

What's not working well:

- The numbers of BAME services users is low and it is known that 46.5% Lewisham population is BAME and at greater risk of diabetes, hypertension and stroke

- If Transport is cut this will affect vulnerable people.
- Translations for people whose first language is not English.
- Healthy Living Pharmacists scheme is not publicised well, people find out from Carers Lewisham.
- Demographic data collection of service users is not extensive – currently only age, ethnicity and gender.

The CCG and the Pharmacies are developing an action plan to address the areas that are not working well.

Case Study: HIV Care & Support (mainstreaming services to remove stigma)

Following a consultation exercise across Lambeth, Southwark and Lewisham on proposals to change how people living with HIV access care and support services, Southwark CCG, Lewisham CCG and Lambeth Council agreed to decommission certain HIV-specific support services that operated across the three boroughs and instead strengthen pathways into local mainstream support services. The following HIV-specific services ceased to be commissioned after 2016:

- First Point (assessment and signposting) provided by Metro
- Counselling provided by the Terrence Higgins Trust
- Advice and Advocacy provided by the Terrence Higgins Trust

The following services are already working with people living with HIV and, following the cessation of the HIV specific service listed above, will now be the pathway to care and support for all people living with HIV in LSL:

- Assessment and signposting provided by the Positive People's Network at Metro
- Counselling:
 - Urgent/Complex HIV specific assessment/intervention provided by the HIV Liaison Service at the South London and Maudsley NHS Trust
 - Enduring mental health care provided by Community Mental Health Teams
 - Non-urgent talking therapies for anxiety and depression provided by Improving Access to Psychological Therapies (IAPT) teams
- Advice and Advocacy provided by borough based mainstream advice services
 - Lewisham Advice Network
 - One Lambeth and Every Pound Counts
 - Southwark Advice Centres and Citizens Advice Southwark

The following HIV specific care and support services will remain and additional funding is provided to the Positive People's Network to provide capacity to deal with new responsibilities in assisting service users in meeting their needs through the new pathways.

- The Positive People's Network at Metro
- Support for Children and Families provided by PPC/Metro

These proposals were the next stage in implementing recommendations of an NHS-led review of HIV care and support services in 2011. The review aimed to ensure provision for HIV care

and support was modernised to reflect the changing needs of people living with HIV in line with the epidemiological changes of HIV and advances of treatment.

The consultation commenced in May 2016 and ran for 8 weeks. Healthwatch in each borough were engaged at the outset to ensure that service users would feel confident about accessing engagement events and ensure that people living with HIV who don't use the affected services could provide their views online.

At the close of the consultation, 203 surveys had been completed, of which 18% were from Lewisham residents. The demographics of respondents are broadly in line with the overall profile of people living with HIV in the 3 boroughs although Lewisham respondents were far more likely to be Black African, more likely to be mixed race and less likely to be white British compared with Lambeth and Southwark. The majority of respondents from Lewisham, unlike Lambeth and Southwark, identified as heterosexual. The proposal receiving strongest support, from Lewisham residents, was to maintain the Peer Support Service and this was followed by the proposal to maintain the service for families. Where proposals concerned decommissioning current services, a majority of Lewisham respondents were opposed. Compared with Southwark and Lambeth, opposition to all decommissioning proposals was stronger in Lewisham.

Transition planning has been undertaken through the consultation exercise to identify mitigations that can be taken to ensure that the new pathways:

- have the capacity to meet the additional demand for their services,
- have been provided with additional training on the needs of people living with HIV
- and can be monitored to assure that the pathways function properly

Implementation of the transition plans is being overseen by a steering group comprising of clinicians, stakeholder organisations and service users which meets every 3 months through 2017.

Case Study: Child and Adolescent Mental Health Transformation Programme

Background

In Lewisham, the local mental health provider, South London and Maudsley (SLaM) NHS Foundation Trust is jointly commissioned by NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Local Authority to deliver mental health services for adults and children.

National and Local Drivers

National and local drivers have mobilised the need for change within our existing service offer, with implications for both the CCG and the local authority.

'Future in Mind' (FiM) was published by NHS England and the Department of Health in March 2015, setting out a series of proposals to improve outcomes for children and young people with mental health problems, emphasising the need for joined up provision and commissioning. It also outlined the need to transform children and young people's mental health services. FiM proposals were endorsed by the Five Year Forward View for Mental Health which was published earlier this year, which highlights the following priorities: -

- Improving outcomes for children and young people will require a joint-agency approach, including action to intervene early and build resilience as well as improving access to high-quality evidence-based treatment for children and young people, their families and carers.
- The national target for the NHS of reaching at least 70,000 more children and young people annually from 2020/21 is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%.
- In delivering this expansion within community-based services, CCGs should commission improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people.

These national drivers have been impeded by a need to deliver savings against the local authority contribution to the overall CAMHS budget.

Consultation with Stakeholders

In order to deliver the level of transformation required, extensive consultation with stakeholders (including children, young people and their families) has been undertaken, in the form of workshops, surveys, focus groups etc.

In 2015 and 2016 two surveys were undertaken by the Children's Society to measure wellbeing amongst children and young people in Lewisham.

Details of the surveys:

- 2,024 children took part in the first survey in 2015 from 13 primary schools, 3 secondary schools and 2 specialist units.
- 1,465 children took part in the follow-up survey in 2016 from 4 secondary school and 11 primary schools
- A number of schools (3 secondary and 5 primary) were involved in both surveys but the majority of participating schools only took part in one wave.
- A number of focus groups were facilitated with targeted cohorts of children and parents, such as the Children in Care Council, the Youth Offending Service User Panel and parents accessing Parent Support Group (a local voluntary sector organisation).

Key findings:

- Most children in Lewisham are relatively happy with their lives as a whole, but 11% of children (in both the 2015 and 2016 surveys) had low overall wellbeing. This proportion is similar to the national average.
- In Lewisham, children's wellbeing declines with age. Also, children who say they are disabled or have difficulties with learning, and those who live in workless households or say that their family is not well off have lower average well-being than other children. These patterns are typical of our national research.
- Children's levels of happiness with many aspects of their lives are similar in Lewisham to the national average, while for appearance, the future and money/possessions, children in Lewisham were happier than average. However, children in Lewisham were less happy than the national average with school. Between the 2015 and 2016 surveys,

children's average scores for every aspect of life either improved slightly or stayed the same.

- Children in Lewisham generally expressed positive views about their local area, close to or above than the national average. They had notably higher satisfaction with their area in general and the facilities in their local area, but were slightly less satisfied with their safety and freedom in the local area. The patterns were similar in both surveys, although there were small increases in the average scores for all aspects of the local area between 2015 and 2016.

Impact of Consultation

Findings from wider stakeholder engagement including both surveys, has resulted in the development of local priorities to respond to identified need, which aim to improve quality and access into mental health services for children and young people:

- **Promoting resilience, prevention and early intervention** through enhanced digital platforms and peer support programmes. Digital resources can be accessed universally from home, school and community settings to improve resilience amongst our young people and have been adapted to meet the needs of young people and parents with vulnerabilities. Commissioned peer support programmes are co-facilitated by young people and parents that have previous or existing mental health concerns.
- **Improve access into effective support** by developing a waiting list initiative to eliminate referral to assessment waiting times and by altering access routes into the clinical service. The transformed offer will enhance the opportunity for outreach support in schools and other community settings, which include the development of a young people's health wellbeing service, accessible to young people aged 10 upwards who are showing early signs mental health concerns.
- **Care for the most vulnerable** by increasing capacity and offering enhanced and flexible models of delivery for those most in need, i.e. looked after children, young people involved with the youth justice system and children with disabilities. New models of delivery have been developed in partnership with young people affected by such issues.
- **Developing the workforce** through a range of capacity building / training programmes to enhance evidence based knowledge within the workforce. This will in turn improve quality of provision from universal services such as schools, children's centres to more specialist support such as children's social care.

Implementation of these transition plans are being overseen by the Mental Health and Emotional Wellbeing Programme Board which comprises of clinicians, stakeholder organisations and service users and will meet every two months through 2017.

Case Study: Reducing Harm from Community Acquired Pressure Ulcers

NHS Lewisham CCG's Adult Safeguarding team are at the vanguard of our work to protect vulnerable adults from risk of harm. Adults of all backgrounds and with all of the nine protected characteristics are vulnerable at some stage in their lives and our work to reduce the incidence of pressure ulcers is particularly focussed on those adults that are vulnerable because of their age, disability or illness. Users of services in residential, nursing, domiciliary

care and supported living environments are at high risk of acquiring pressure ulcers.

Pressure ulcers have a profound impact on vulnerable adults in terms of suffering, pain and disfigurement. Older adults that are unwell take longer to heal and open wounds are at risk of infection. The impact of a pressure ulcer on an individual's body image and on the person's family can be devastating. However pressure ulcers are preventable in many cases with good preventive care and NHS Lewisham CCG and our partner organisations are committed to supporting carers to reduce the incidence of pressure ulcers in all care settings.

In Lewisham we have been working very closely with our colleagues in the Local Authority and Lewisham and Greenwich NHS Trust to improve the prevention and management of pressure ulcers and to streamline and unify the safeguarding and quality assurance processes. We have established two Pressure Ulcer Panels. The Lewisham and Greenwich NHS Trust Pressure Ulcer Panel reviews all pressure ulcers attributed to services provided by the Trust (community services and acute services) and a Community Pressure Ulcer Panel reviews all those acquired in residential / nursing and domiciliary care. This also includes supported living environments.

These Panels review incidents reported as pressure ulcers and where indicated request first a synopsis and on review of the synopsis, if necessary request a Root Cause Analysis Investigation (RCA), from the relevant service of the pressure ulcer, agreeing where necessary escalation to Serious Incident reporting, developing protection plans and identifying lessons learned. We have integrated the investigation and review process into our safeguarding systems. The pressure ulcer synopses and RCAs are carried out as a Section 42 Safeguarding Enquiry. Concerns related to other aspects of care are managed through the Lewisham Multi Agency Adult Safeguarding Case Conference (MAASC). We now have a single process for pressure ulcers involving one investigation, one review meeting and one agreed action plan / protection plan / outcome.

The learning that has come from our service's investigations is being shared through training and best practice development work. We are already seeing changes in practice in many parts of the health and social care system that has produced a marked reduction in the number of new reported pressure ulcers. There is still a long way to go to ensure that adults that are vulnerable to pressure ulcers because of their age, illness or disability are fully protected from harm related to pressure ulcers and the changes that are being made today need to be fully embedded in sustainable everyday good practice. NHS Lewisham CCG will continue to lead and support this work during 2017 / 18 and we are developing new resources and training opportunities to extend our reach and the improvement work to protect vulnerable adults across the entire scope of Lewisham health and social care.

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

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

In 2015/16, two patient engagement events were held and a survey was distributed to patients through the SEL CCGs' communications and engagement leads and the resulting feedback was incorporated into the new service specification.

In 2016/17, an information pack detailing our response to the patient feedback received – in the form of 'you said, we did' – and the more recent developments to the IUC design, was produced and shared with the SEL CCGs' communications and engagement leads for distribution through their usual patient engagement channels. Additionally, patient groups were identified for further targeted engagement. These groups were identified on the basis of those who had access issues (Deaf or hard of hearing; patients for whom English is not their first language; patients with learning disabilities) and groups that the equality impact analysis had highlighted as not having been engaged with so far (e.g. LGBT). The following activity was undertaken:

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

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

In order to reduce inequalities between patients, with respect to their ability to access health services, and with respect to the outcomes achieved for them by the provision of health services; the new Integrated Urgent Care Service specification states that:

Black, Asian and Minority Ethnic (BAME) patients - the provider must work with the commissioner's communications and engagement leads to promote the service to underrepresented groups and must improve capture of ethnicity data.

Hearing patients where English is not their first language - the provider must work with the commissioner's communications and engagement lead to promote the service to underrepresented groups. Also there will be improved access and staff training for patients with specific issues such as non-English first languages

Deaf and hard of hearing patients and **Service promotion to underrepresented groups** - the provider must work with the commissioner's communications and engagement lead to promote the service to underrepresented groups. The service must be advertised to the deaf and hearing impaired in a very visual way, using plain English and avoiding the use of jargon.

Deaf-friendly language - the Integrated Urgent Care Service must be able to deliver a good quality service and adapt its model to include patients with hearing impairments. The service must develop deaf-friendly language.

Accessible information standard - the provider is legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services. More information can be found at: <https://www.england.nhs.uk/ourwork/accessibleinfo/>

BSL interpretation service - the provider must provide a direct dial in (DDI) line for referrals from the British Sign Language service and prioritise these calls above other calls waiting. Also It is a requirement that these calls will be tagged (subject to patient consent) following the first call and consent to improve the response for these patients will be sought.

There will be improved access and staff training for patients with specific issues such as hearing impairment – training must cover the full spectrum of hearing loss, including use of simplified language and language that BSL users will understand in context.

Mental Health patients and Warm transfer to Mental Health Help Lines and use of Mental Health Care Plans - in accordance with the mental health concordant, the provider will work with local mental health services (Oxleas and SLaM) to ensure the Integrated Urgent Care Service intervenes early and identifies appropriate callers to refer to local mental health help lines. The Integrated Urgent Care Service must ensure call handlers manage patients in line with local mental health crisis plans when they are available.

Also the Integrated Urgent Care Service must work in partnership with mental health services in order to:

- Ensure clinicians in the Integrated Urgent Care Service have access to mental health crisis plans.
- Ensure call handlers and staff working in the virtual clinical hub are appropriately trained in mental health care and are aware of the specialist services available in SEL for mental health patients, (for example, paediatric psychiatric liaison services, emergency treatment centre clinics) and they must have an in-depth knowledge of the local mental health crisis lines. Access to these services will be via the Directory of Services.
- Agree referral protocols for mental health patients in crisis, including warm transfer to mental health crisis lines.
- Participate in networks of support to manage patients in crisis.
- Complete end-to-end patient pathway reviews to ensure patient pathways continue to improve.
- Identify mental health callers for focused patient experience feedback on access for mental health patients.

In addition to the above, the service must work with local mental health services and

commissioners to further develop these arrangements to better meet patient needs. Senior clinicians and GPs within the service must be aware of direct referral pathways for specialist mental health advice and liaise with local care networks to review and improve mental health pathways.

There will be improved access and staff training for patients with specific issues such as Mental health.

Patients with disabilities - physical disabilities; Learning disabilities - staff training and call tagging - there will be improved access and staff training for patients with specific issues such as:

- physical disabilities
- learning disabilities

It is a requirement that these calls will be tagged (subject to patient consent) following the first call and consent to improve the response for these patients will be sought.

The provider will provide an improved supportive response for patients who have learning disabilities or whose conditions require higher levels of support. This will be through the creation of effective and efficient levels of integration between services, incorporating:

- Improving local patient pathways
- Smooth handoff between services
- Ensuring that information for patients (e.g., summary care records, Special Patient Notes and care plans) is effectively shared and must be used for high-risk vulnerable patients.
- Seamless transfer of information and referrals for the whole journey from the start of the Integrated Urgent Care Service call to the conclusion of that episode of care.

Accessible information standard - the provider is legally required to follow the Accessible Information Standard.

LGBT and Sexual orientation and gender identity monitoring - the service must capture sexual orientation and gender identity monitoring data within the patient satisfaction questionnaires and as it relates to patient engagement activity.

Service promotion to underrepresented groups - the provider must work with the commissioners' communications and engagement lead to promote the service to underrepresented groups. Groups such as Metro should be engaged with to ensure advertising is targeted successfully.

LGBT Training - there will be improved access and staff training for patients with specific issues such as LGBT. Also the service should use the Directory of Services and other local resources, to promote LGBT-specific voluntary services which can offer wraparound support that adds another layer to patients' wellbeing.

10. Our Partnerships

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

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

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

10.1 South East London Sustainability and Transformation Plan

In December 2015, health and care systems were asked to come together to create their local blueprint for implementing the Five year Forward View, for the period up to March 2021, known as Sustainability and Transformation Plans (STPs).

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

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

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

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

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

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

10.2 Our Healthier SEL Equalities Steering Group

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

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

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

10.3 Consolidated Elective Inpatient Orthopaedic service

OHSEL is exploring the benefits and feasibility of a consolidated elective orthopaedic service for inpatient operations in south east London. The OHSEL ESG has overseen the commissioning and delivery of an Equality Analysis of elective orthopaedics care in south east London. The analysis showed that the following groups are particularly impacted by the potential changes: older people, disabled people, females, people undergoing gender reassignment, people from a white ethnic background, people from a black background, people in economic and social deprivation and carers. The report also highlighted that people with different disabilities have different needs, and for those with learning disabilities, epilepsy or cerebral palsy, evidence exists to demonstrate disproportionate need. This will be further explored with stakeholders representing disability as engagement continues.

In the public consultation phase of the work, the analysis suggested that OHSEL considers asking questions on issues such as the location and access of services, the design of services and monitoring and feedback. This will enable OHSEL to understand to what extent location, the design of services and how feedback is captured is important to patients. The social demographic analysis demonstrates difference in population groups across the CCGs. The north west of OHSEL, including Lambeth, Southwark and Lewisham tend to have higher densities of deprivation and those with a disability. In comparison, the south of the study area tends to have higher densities of the older people and carers. In planning the programme of public consultation, OHSEL may want to undergo consultation activities focused on certain groups in specific areas, according to the trends identified in this paper.

11. Our Main Provider Organisations

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

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

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

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

11.1 Lewisham & Greenwich NHS Trust

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

Lewisham & Greenwich NHS Trust has been implementing the Equality Delivery System to evaluate their equality performance. The outcome and recommendations from the EDS are to be published in 2016. Equality and diversity progress in Lewisham & Greenwich NHS Trust can be found at their website - *awaiting update from LGT*

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

11.2 South London and Maudsley NHS Foundation Trust

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

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

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

SLaM developed Equality Objectives for 2013-16 and has been working to achieve these objectives to ensure equal access to its services for all the communities that it serves and building fairness and equality into its working environment.

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

11.3 Friends and Family Test

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

NHS Provider	Month/Year	Percentage that would recommend service
Lewisham & Greenwich NHS Trust (In Patient)	September 2016	94% (of 1,309 responses)
Lewisham & Greenwich NHS Trust (Community)	September 2016	89% (of 2,202 responses)
South London and Maudsley NHS Foundation Trust	September 2016	90% (of 1,325 responses)

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

In addition to the core clinical and outcomes data, CQRGs review the results of the Friends and Family test and other sources of patient feedback. In 2015-16, the CCG identified that Lewisham and Greenwich NHS Trust were underperforming when it came to responding to complaints within the agreed timescale. The CCG provided significant support which has led

to an improvement in their performance from a low of 20% to the current position where 80% of complaints are responded to within the agreed timescale.

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. Safeguarding in Commissioning

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

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

- Number of safeguarding referrals made,
- Percentage of staff compliance in training in safeguarding,
- Percentage of compliance in DBS (Disclosure and Barring Service) checks

The CCG attends the Safeguarding boards of South London and Maudsley NHS Foundation Trust (SLaM) and Lewisham & Greenwich NHS Trust (LGT) so to enable the CCG to challenge performance at both meetings.

In addition the CCG holds a quarterly Health Safeguarding sub group, which is a conference style forum where information and learning can be shared. Private providers e.g. Nursing Homes and private hospitals also are invited to this.

The CCG employs Designated Nurses and a Doctor and they will give safeguarding supervision to the Named Doctors and Nurses in the provider organisations across Lewisham. The CCG also employs a Nursing Home compliance nurse who supports nursing homes and has developed a quality dashboard for self-completion.

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

13. Complaints

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

- Liaison with our patients
- Understanding of the types of concerns affecting Lewisham residents
- Feedback for CCG staff
- Handling complaints as close to the patient/source as possible, for the best outcomes

- Accuracy reporting of issues or concerns so that CCG can be warned earlier of gaps or failings in services.
- Wider engagement with our community

Complaints numbers for 1st April 2015 – 21st March 2016:

- Total interactions: 118
- Formal complaints requiring a CCG response: 35
- Equality and Diversity monitoring forms received back: 5

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

- In response to a complaint received regarding the delay in assessing a patient for eligibility for NHS Continuing Healthcare funding, the CCG established an on-going training programme so that both health and social care officers are more familiar with the NHS Continuing Healthcare legislation and processes. In addition the Lewisham CCG Continuing Healthcare Panel review deferred cases each week and updates are sought from the responsible assessing team as required.
- In response to the complaint relating to the discharge planning arrangements of a patient, training and development has been introduced to increase staff knowledge and competence when handling complex cases and new protocols for interagency working and communication between parties, in particular between CCGs, have been implemented.
- In response to the complaint regarding the arrangements for the Primary Care Joint Committee meetings, all venues are vetted to ensure the facilities are adequate for a meeting in public.
- In response to the complaints regarding the decommissioning of the Primary Care Acupuncture and Osteopathy Service delivered by Wells Park Surgery further details were provided about how the CCG commissions services including the policies and clinical evidence, and the alternative community services available in Lewisham.

14. Workforce Race Equality Standard

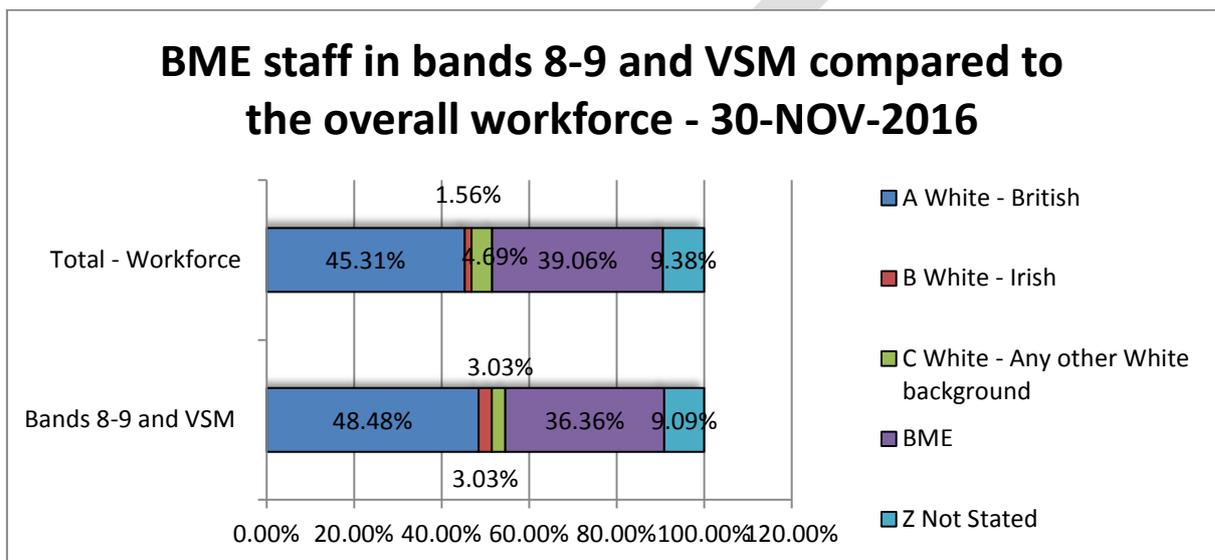
The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015. The WRES is based on new research on the scale and persistence of such disadvantage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

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

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

14.1 Workforce Race Equality Standard in Lewisham CCG

Lewisham CCG has gathered data against the nine WRES metrics for 2016. The data does not have to be published due to the small numbers reported and to protect staff identity under the Data Protection Act. However, the CCG has agreed to publish the metric regarding BME staff in bands 8-9 and VSM (Very Senior Management) compared to the workforce overall – please see chart below for details



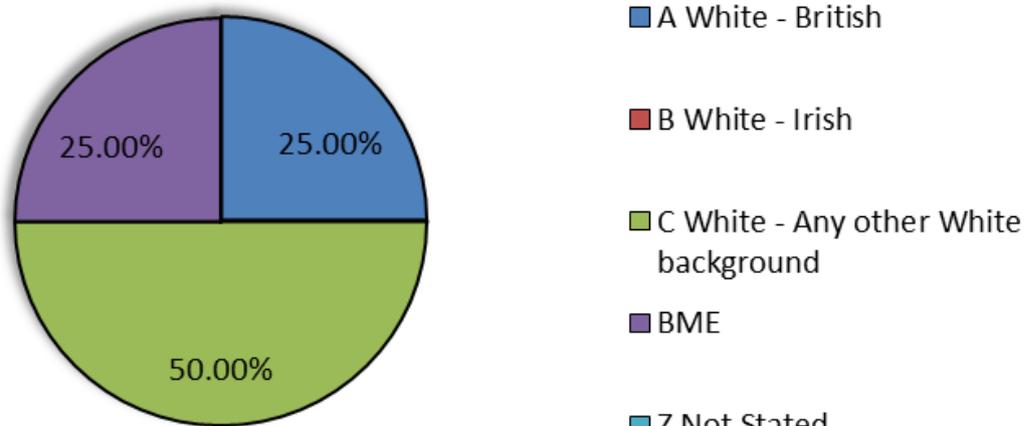
Analysis:

The percentage of BME staff in bands 8-9 and VSM is 36% which is 3% more than in 2015 and is still reasonably close to the CCG representation of BME employees in its workforce that is 39.06%.

The percentage of BME Governing Body members is also 25% which is 8% less than last year and less than the percentage of BME staff in bands 8-9 and VSM.

The CCG has noted that both BME figures do not reflect the percentage of BME people in the Lewisham population which is 46.5 %.

Governing Body composition (ethnicity) 30-NOV-2016



14.2 Workforce Race Equality Standard in Lewisham CCG's Providers

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

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

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

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

15. Lewisham CCG Workforce Information

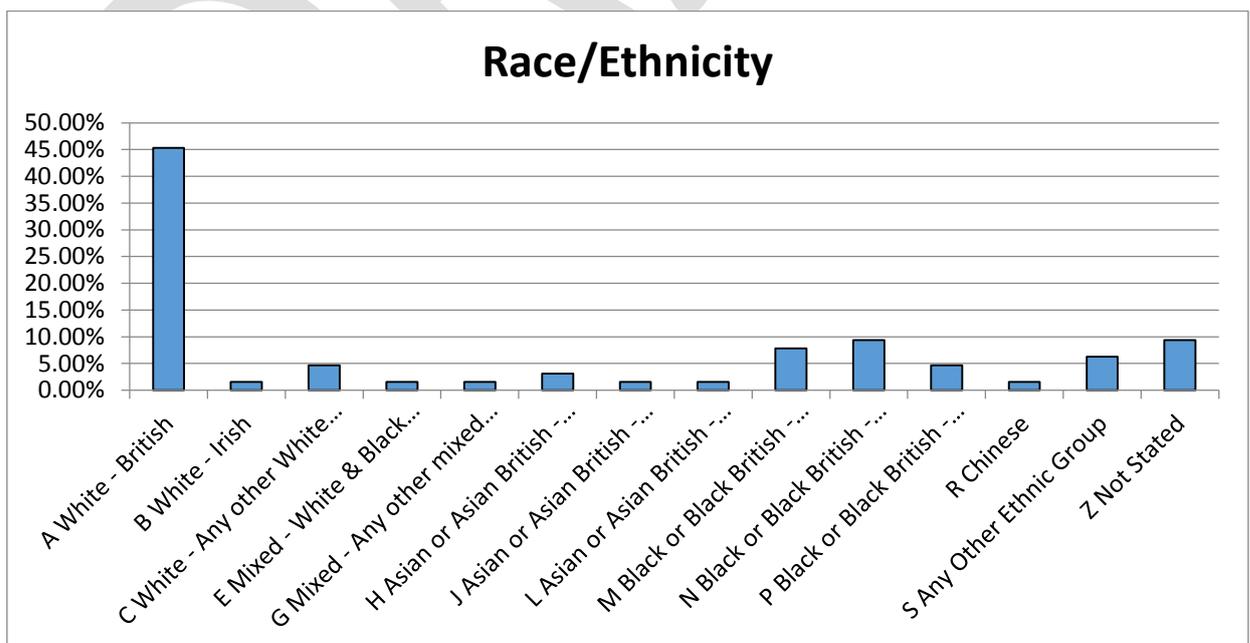
The Public Sector Equality Duty requires that information on the make-up of the workforce must be published where public authorities have 150 or more employees. The data does not have to be published by organisations with less than 150 employees to protect staff identity under the Data Protection Act. Lewisham CCG has a total of 73 employees and also purchases additional commissioning support services from South East Commissioning Support Unit.

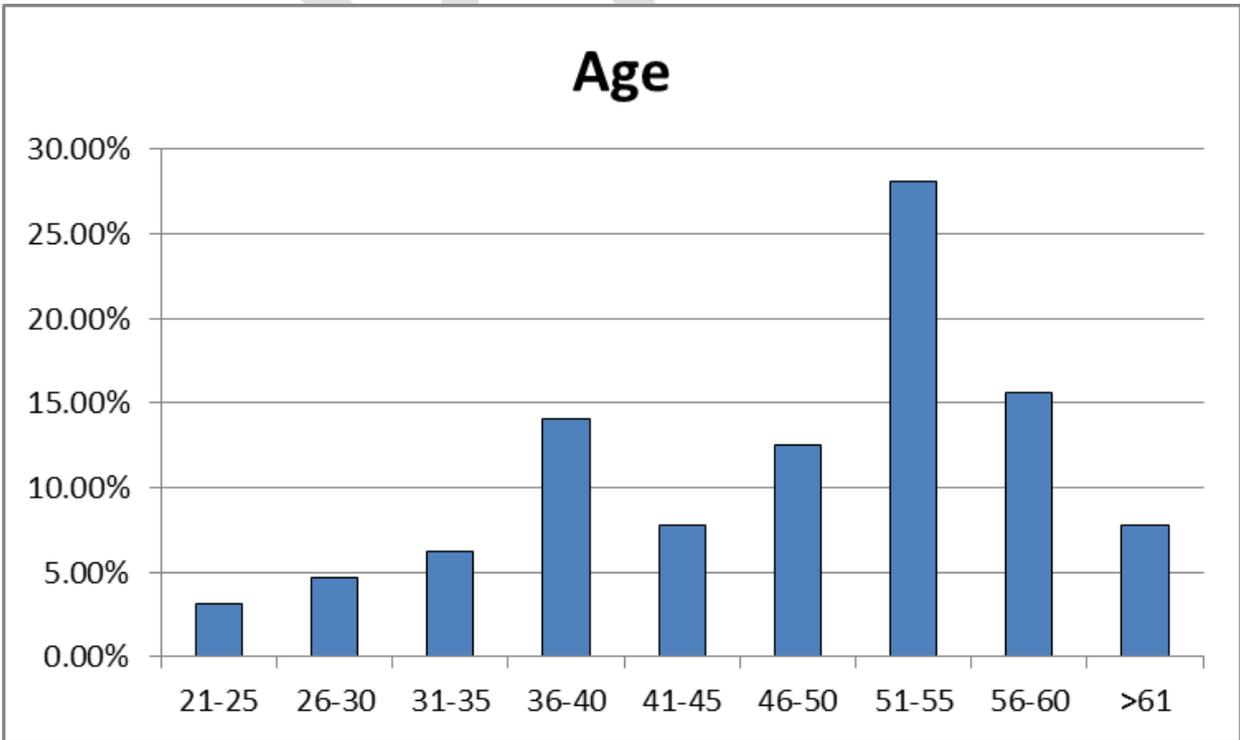
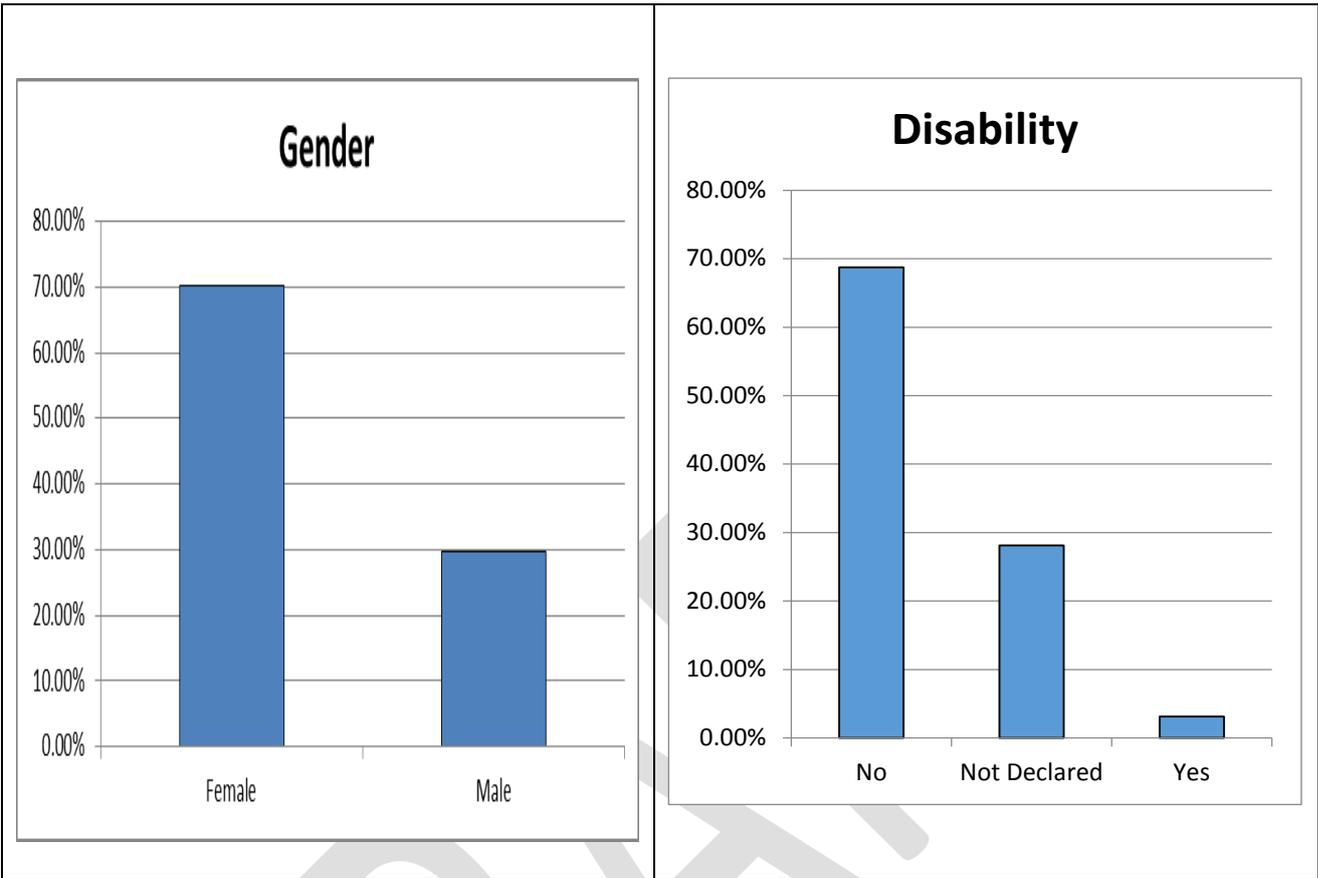
The workforce is a critical factor in the effective delivery of Lewisham CCG business. A quarterly workforce monitoring report is submitted to the senior management team of the CCG including workforce information relating to numbers of staff in post, turnover and sickness absence and an equalities profile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

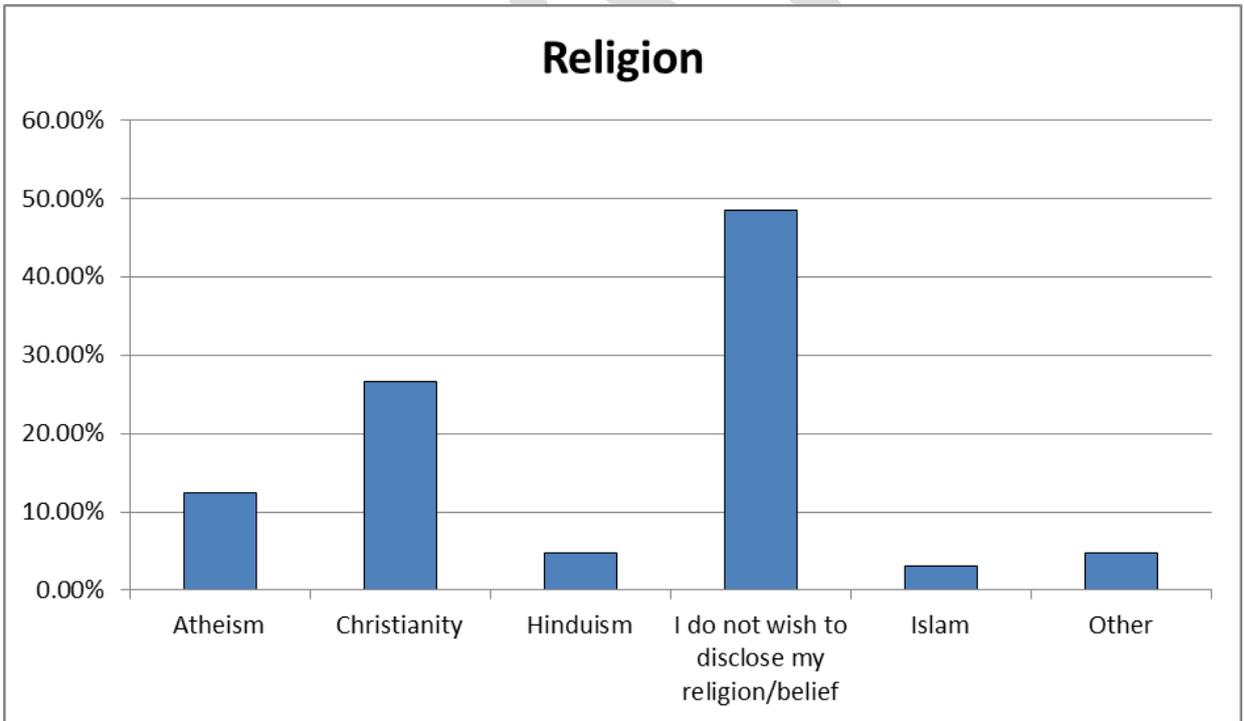
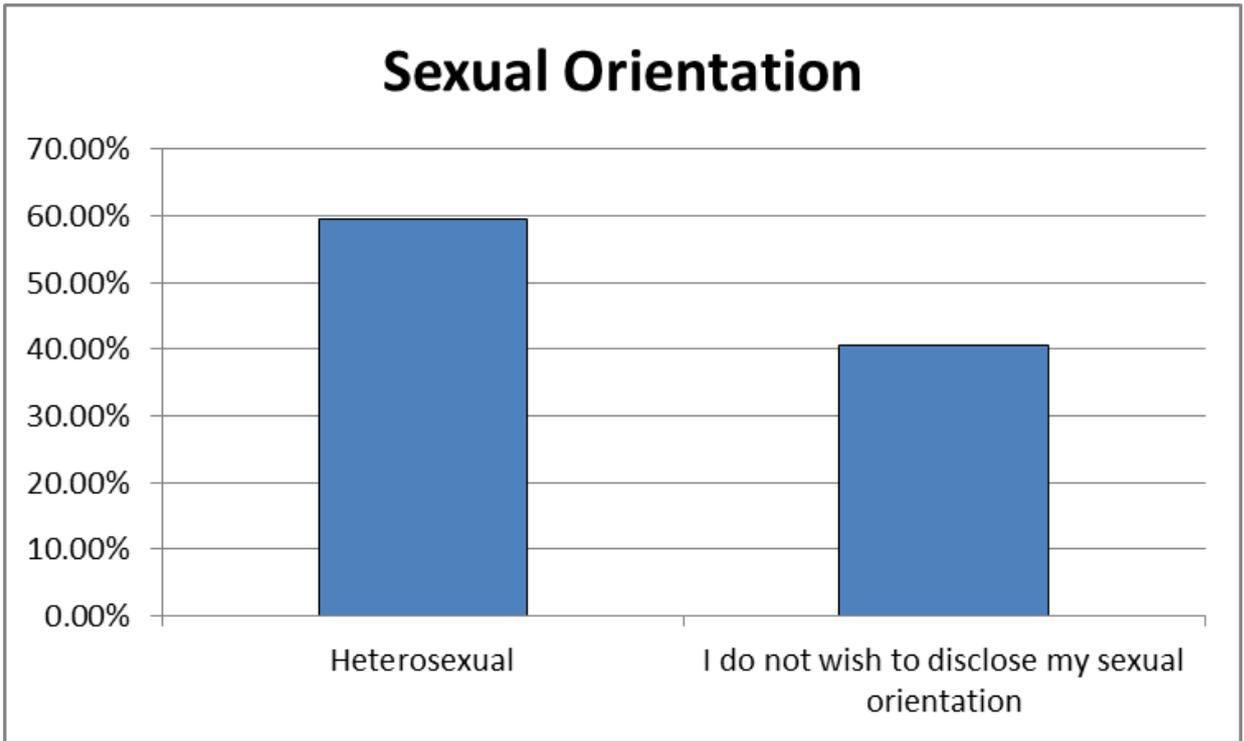
15.1 Lewisham CCG Workforce Race Equalities profile

Although Lewisham CCG has no legal duty to publish our workforce data, as the CCG employs less than 150 staff, the CCG has chosen to do so as part of our good practice. The following tables are a snapshot profile of the organisation (by percentage), relating to six of the nine WRES metrics for 2015 as at 30th November 2016. Monitoring will continue to identify any priority areas to address.

The data below for Race/Ethnicity shows that the CCG has a representation of BME employees in its workforce of 39.06% compared to the demographics (according to the 2011 National Census) BME people make up of around 46.5% of Lewisham's population. This is an improvement on 2015 figure, and the CCG is working towards reflecting the communities that it serves at all levels of the workforce.







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

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

During 2016, both CCG Staff and Governing Body members have attended a range of training sessions, workshops and inductions as detailed below:

Type of Training	Who Attended	Delivered by:
Equality and Diversity briefing for new staff as part of induction Throughout 2016.	Commissioners, Patient and Public Participation staff	Senior Associate, Equality & Diversity, South East CSU
Equality Delivery System briefings and workshop January – April 2016	Lewisham Public Reference Group	Senior Associate, Equality & Diversity, South East CSU
Equality Delivery System and the CCG experience in 2015 presentation May 2016	All CCG Staff who attended staff meeting.	Senior Associate, Equality & Diversity, South East CSU
Equality Analysis Training workshop covering the theory and reviewing exemplar EAs. July 2016	CCG Staff that signed up to attend.	Senior Associate, Equality & Diversity, South East CSU
Strategy and Development Workshop Embedding equalities in the CCG December 2016	Governing Body members	David Abraham, Senior Clinical Director, Lewisham CCG Governing Body member Deputy Director (Strategy & Organisational Development) Senior Associate, Equality & Diversity, South East CSU
Presentation on how Lewisham CCG implemented and utilised EDS2 in their organisation in 2015. The NHS England EDS2 Sub Group agreed that the Lewisham experience should be captured and promoted as a good practice example for others to learn from. September 2016	NHS England EDS2 Sub-Group meeting	Senior Associate, Equality & Diversity, South East CSU

DRAFT

16. Useful Information

Name of document	Location
Lewisham's Partnership Commissioning Intentions 2017-19	http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/LCCG%20Governing%20Body%2010%20November%202016%20V1.pdf
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 2016	 <p>Lewisham Health Profile 2016.pdf</p>