



# **Lewisham Clinical Commissioning Group**

## **Public Sector Equality Duty**

### **Annual Report**

**January 2015 – January 2016**

*Version 13.1*

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**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.**

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

## 1. Foreword

During 2015, NHS Lewisham CCG has worked 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 improving its performance in the area of equality.

This report brings together evidence, activities and recommendations that demonstrate how Lewisham CCG has continued to improve its equalities performance in 2015.

Highlights of achievements in 2015 include:

- Improved performance for 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.
- More Equality Analyses have been completed which have improved decision making
- Commissioning and delivery of research project to understand better the differences in experience of patients with long term conditions in primary care services
- Award-winning Joint Commissioning, working with the Burgess Autistics Trust, has made real difference to people's lives and reduced inequalities
- Increased wide reaching engagement throughout the borough

This year's 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 fortunate to have strong partnerships with Lewisham Council, NHS providers, the voluntary and community sector and others and we will continue to work together to deliver the change and improvements that are required.

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.

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 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 which we commission from hospitals, community services and other providers of care.

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

**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 tackling health inequalities and promoting equality are effective and followed
- opportunities are created and protected for patient and public involvement and engagement.

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

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

The **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 their working practices
- Ensuring that the Governing Body, staff and member practices remain up to date with the latest thinking around diversity management and have access to appropriate resources, advice, and informal and formal training opportunities

All **line managers** have responsibility for:

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

### **Lewisham CCG 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 chaired by the Chief Officer with membership including representatives from the directorates and teams in the CCG and progress is reported to the CCG Strategy and Development Committee.

## **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 to 318,000 by 2021; 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 27,400 residents are above 65 years of age and over 3,650 are aged over 85 years. This latter group is often the most complex and therefore bears a very high proportion of care costs.

#### **4.3 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.

Social housing comprises just under a third of all households in the borough. The private rented sector, the fastest growing housing sector in the borough, comprises some 24% of all households.

There are nearly 40,000 one person households in Lewisham which is a higher proportion of one person households 34% compared to 30% in England of which nearly a third are aged 65 and over. Also Lewisham has a higher proportion of lone parent households (11%) compared to London (9%) and England (7%).

#### **4.4 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*

#### **4.5 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.

#### **4.6 Gender**

Males comprise 49% of Lewisham's population, females 51%.

Life expectancy is 7.7 years lower for men and 6.6 years lower for women in the most deprived areas of Lewisham than in the least deprived areas.

#### **4.7 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.

#### 4.8 Lesbian, Gay, Bisexual

Of the total Lewisham population, 3.2% or 9,344 people are estimated to be lesbian, gay or bisexual. *Office of National Statistics 2013 (percentage in London)*

#### 4.7 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, but the death rate in Lewisham Central ward is significantly higher than the Lewisham average.

#### 4.8 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*

#### 4.9 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.lewishamisna.org.uk](http://www.lewishamisna.org.uk)

## 5. Lewisham's Partnership Commissioning Intentions 2016/17

Last year was the first time that a joint Commissioning Intentions was produced covering all local health and care services for Lewisham people. It was a single plan for the two year period 2015/16 and 2016/17, with one set of priorities for all commissioned services across the CCG and Adult Social Care in Lewisham.

Lewisham Partnership Commissioning Intentions for 2016/17, build on last year's Joint Commissioning Intentions, and have been informed greatly by the feedback received from the public during 2015, 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 "Our Healthier South East London" consolidated strategy.

'Partnership Commissioning Intentions' are described as such to emphasise that the intent is to strengthen the CCG's partnership work with the public and its local partners. In 2016/17 the focus will be on **how the CCG will work differently** and more effectively with the public and our providers to implement a stepped change in the way health and care is delivered in Lewisham.

Lewisham's Partnership Commissioning Intentions has two parts – one for Adults and one for Children and Young People.

The joint Commissioning Intentions were developed within the framework set out by the Health and Wellbeing Strategy. The refreshed Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in September 2015, which highlighted three interdependent broader priorities for 2015-18:

- To accelerate the integration of care
- To shift the focus of action and resources to preventing ill health and wellbeing and promoting independence
- Supporting our communities and families to become healthy and resilient

This year's Partnership Commissioning Intentions are a continuation of the journey to deliver the above strategic priorities and take forward the work started in 2011, to develop and deliver an integrated health and social care model.

In Lewisham, the Adult Joint Strategic Commissioning Group is responsible for overseeing the development of the commissioning intentions for Adults, working closely with the Adult Integrated Care Programme Board (AICPB), Adult Social Care (ASC), Public Health and Lewisham CCG. Similarly the Children and Young People's Commissioning Group is responsible for overseeing the development of the Lewisham's' Children and Young People's Plan (*see page 11 for further details*)

Health and care commissioners and providers jointly recognise that Lewisham's health and care system needs to change to develop a system in Lewisham which works seamlessly across physical health, mental health and social care, and one which is focused on the whole population and cares effectively for all adults and children throughout their lifetime.

It is recognised that the current system is not sustainable and is not achieving the health and care outcomes that it should:

- too many people die early from deaths that could have been prevented by healthier lifestyles
- too many people live with preventable ill health
- there are significant health inequalities in Lewisham

The Partnership Commissioning Intentions summarises what the commissioners working with Lewisham people and providers, are doing and planning to do to respond to these challenges.

For each of the following six local commissioning priorities the Partnership Commissioning Intentions for Adults sets out the proposed key areas for our commissioning work programme now and in 2016/17:

- Prevention and Early Intervention
- GP practices and Primary Care

- Neighbourhood Community Teams
- Enhanced Care and Support
- Urgent and Emergency Care
- Planned Care

In addition supporting strategies – Workforce, Information Technology and Estates – are key to enabling successful delivery of transformational change across the health and care system.

The Partnership Commissioning Intentions demonstrate how the partnership organisations are working towards meeting the three aims of the general duty of the Equality Act 2010 to eliminate discrimination **(1)**, advance equality of opportunity **(2)** and foster good relations between people who share a relevant protected characteristic and people who do not share it**(3)**.

Below are examples of how this is being/will be achieved by designing, redesigning and delivering services that focus on the needs of older and young people, people with physical and mental health issues, people who need more help to navigate the NHS services, people with long term conditions:

### The Partnership Commissioning Intentions 2016/17

#### Neighbourhood Community Teams

##### Aim

- To provide co-ordinated support and care for people with long term physical and/or mental health conditions and vulnerable people, with their carers, families and communities to effectively manage their own care, where possible, and maintain their independence

##### Examples of What we are doing:

- piloting the co-location of a Neighbourhood Community Team in one of the neighbourhoods in Lewisham **(1 and 2)**
- developing case management and key workers for those people with complex needs to support them to be more in control of their own care **(1 and 2)**
- Enhancing the range of community mental health services and interventions that are tailor-made to the needs of individuals and their aspirations for long term recovery and providing support to reduce relapse and need for hospital re-admission and the reliance on adult mental health inpatient beds **(1 and 2)**

#### Enhanced Care and Support

##### Aims

- To develop a coherent and co-ordinated set of services which avoid unnecessary admissions into a hospital or care home and facilitate early discharge into the community /home.
- To develop integrated physical/ mental health and social care pathways above and beyond “core” services, delivered in the most appropriate setting for the service user which optimises levels of independence.

##### Examples of What we are doing:

- streamlining the NHS funded continuing care process by the development of single assessment and review pathway, offering Personal Health Budgets to eligible clients
- increasing 7 day working arrangement to increase discharges at weekends

- implementing a new service model for domiciliary care with a focus on outcome based commissioning and neighbourhood lead providers
- developing Extra Care services and Older Adults Housing to support people to stay in their own homes and out of residential and nursing care for longer. This will increase the availability of adapted and single level accommodation and the commissioning of 'care on demand' services to support a higher range of needs than those traditionally associated with Extra Care. **(1 and 2)**
- expanding the scope of the Mental Health Crisis service to more effectively support people at times of crisis in line with the local Crisis Care Concordat plan. **(1 and 2)**
- improving patient experience by enhancing the local service offer for mental health crisis care by establishing a whole system approach comprised of A&E Psychiatric Liaison, Peer Support & 24/7 Crisis Telephone Line **(1 and 2)**
- Implementing a community malnutrition care pathway **(1 and 2)**

### Planned Care

#### Aim

- to ensure all people who need planned care the same quality of care and outcomes. Planned care is treatment that is planned in advance, such as an operation that is booked on a certain date

#### Examples of What we are doing:

- Improving the quality of hospital referrals and also patient experience of the appointment booking process (including proactive offer of choice) through the two year Referral Support Service pilot which will be fully evaluated to inform long term commissioning intentions.
- Improving the patients' experience and delivering value for money by re-specifying the service requirements and evaluating the different models of commissioning and contracting for Musculoskeletal and Physiotherapy services. **(1 and 2)**
- Improving cancer care, working in partnership with the London Cancer Alliance by:
  - earlier detection of cancer and increasing access to diagnostics
  - reducing the variation in cancer care in hospitals **(1 and 2)**
  - supporting people with and beyond cancer
- Reviewing the following clinical planned care pathways with the intention to commission these services differently in 2017/18:
  - Dermatology
  - Gynaecology
  - Ophthalmology

### Supporting Strategies – Workforce, Information Technology and Estates

Our ambition is for Lewisham to be considered by our staff to be a great place to work by:

- ensuring that all staff are appropriately trained to be caring, compassionate and understanding the importance of language and cultural differences **(1, 2 and 3)**

Our ambition is to maximise the potential of technological advances to support:

- people who use our services to have access their health care record electronically
- people to look after themselves and self-manage their long term conditions by providing more appropriate information and greater use of technology

Further details on Lewisham Partnership Commissioning Intentions for 2016/17 can be found at the link below:

<http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/LCCG%20Governing%20Body%20meeting%2012%20November%202015%20final.pdf> Pages 85-144

## Lewisham's Children and Young People's Plan 2015-18

Lewisham has a strong history of partnership arrangements and these have led to significant improvements across every outcome area. This plan demonstrates the continued commitment of partners to work together to ensure our services are of the highest quality, continually improving to make more of a difference to our children, young people and their families. It focuses the Children and Young People's Strategic Partnership's future work on improving a number of key outcomes where evidence shows the need to continue to improve and, in particular, where partnership action is required to improve the lives and life chances of Lewisham's children and young people.

The plan identifies four outcomes and the priority actions which support them.

<b>Lewisham's Children and Young People's Plan 2015-18 Priority Outcome Areas</b>
<p><b>Build child and family resilience</b></p> <ul style="list-style-type: none"><li>• In order to maximise outcomes, we want all our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.</li><li>• Secondly, we want our parents/ carers and young people's workforce to be equipped to identify and respond to mental health emotional well-being needs amongst children and young people, intervening early and preventing needs from escalating.</li></ul>
<p><b>Be healthy and active</b></p> <ul style="list-style-type: none"><li>• We want our children, young people and their families to be healthy and active, confident and able to make healthy choices and to understand how this can improve their development and wellbeing.</li><li>• Through the delivery of our CYPP, we will improve and maintain the health and wellbeing of our children and young people, reducing health inequalities.</li></ul>
<p><b>Raise achievement and attainment</b></p> <ul style="list-style-type: none"><li>• We will promote the highest aspirations and ambition for all our children and young people across the partnership, particularly to close gaps and secure social mobility.</li><li>• We want all of our children and young people to achieve highly, supported by the best education, employment and training opportunities.</li></ul>
<p><b>Stay safe</b></p> <ul style="list-style-type: none"><li>• We will work across the partnership to ensure that the right of every child to live in a safe and secure environment, free from abuse, neglect and harm is protected.</li><li>• We will identify and protect children and young people at risk of harm and ensure that they feel safe.</li></ul>

For more details of the partnership's performance against these outcome areas and the vision up to 2018, please click the link below to view the full Lewisham's Children and Young People's Plan

<https://www.lewisham.gov.uk/myserVICES/socialcare/children/Pages/Children-and-Young-Peoples-Plan.aspx>

## 6. Meeting the Public Sector Equality Duties in 2015

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.

Below are examples of the CCG's activities during 2015:

### 6.1 Carrying 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
- aid decision making

Equality Analyses carried out in 2015:

- Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS) – Coordinated Care 15/16
- Lewisham CCG Diabetes Strategy 2015/17
- HeLP-Diabetes (Healthy Living for People with type2 Diabetes)
- Commissioning GP Services for homeless people:
- Lewisham Winter Assessment Team (Pilot) 2015/16
- Enhanced GP support to homeless hostels in Lewisham
- Community Musculoskeletal and Chronic Pain Service
- Co-ordinated Care Service 2016-18
- Joint Commissioning Intentions for 2015/16 and 2016/17.

## Eliminating Discrimination and Advancing Equality of Opportunity

### 6.2 Re-commissioning Burgess Autistics Trust Advice and Support Service (read the full Case Study on page 19)

Generally, autistic people who have no other condition apart from autism tend to have little or no support and this service, provided by the Burgess Autistic Trust, is the only one of its kind in London. After an initial three year contract, in June 2015 Lewisham CCG commissioners carried out analysis of Service User experience and feedback that was used to inform commissioning of future services.

### 6.3 LIMOS (Lewisham Integrated Medicines Optimisation Service) (read the full Case Study on page 18)

LIMOS was developed and delivered in collaboration by NHS Lewisham Clinical Commissioning Group, Lewisham and Greenwich NHS Trust and the London Borough of Lewisham, involving independent sector Domiciliary Care Providers. LIMOS supports patients

with long term conditions to manage their own medicines better to enable them to stay in their own home for as long as possible.

#### **6.4 Lewisham Improved Access to Psychological Therapies (IAPT) - improving access for BME communities in Borough**

The Improving Access to Psychological Therapies (IAPT) programme is a national programme that aims to relieve distress and transform lives by offering NICE-approved interventions and treatment choices to people with depression and anxiety disorders. It also aims to improve the collection, recording and measurement of patient health outcomes.

An Equality Impact Assessment (EQIA) carried out in 2009 when Lewisham IAPT identified a range of equality strategies including:

- Raising the agenda of race and diversity specifically in relation to psychological therapies
- Raising the agenda of psychological therapies within the community and other organisations
- Developing cultural competencies in staff within IAPT and wider mental health services
- Aiding staff to support people from different cultural backgrounds at an earlier stage
- Creating and delivering training and development opportunities for mental health professionals and organisations. This included individual BME communities, for the purpose of growth, developing a sense of personal achievement and of ownership

Lewisham IAPT service has links with the following organisations, with the aim of promoting access for those who might find it more difficult: Asian Elders; Irish Community and Social club; Mount Zion church; Seventh Day Adventists; Grove Centre Church; FORVIL; Turkish Elders Group; Sydenham Seniors Club; 60 Up, Building Bridges. The service regularly uses interpreters, to facilitate access to talking therapies, for non-English speakers.

#### **6.5 Reducing differences in patients experience of primary care services**

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 study/snapshot was carried out that focussed specifically on African and Caribbean's long term conditions, running focus groups for 39 people between April - June 2015. The recommendations of the study were presented to the CCG Strategy and Development Committee and an Action Plan and a specific Equality Objective has been developed to address the recommendations of this report. The Equality and Diversity Steering Group is responsible for overseeing the work in this area.

## **6.7 Lewisham CCG Diabetes Strategy 2015/17**

Research shows that people from BME communities are at a greater risk from long term conditions such as diabetes, hypertension and stroke. In 2015 Lewisham CCG approved the Lewisham CCG Diabetes Strategy 2015/17 that was developed with input from the Diabetes Clinical Reference Group (DCRG). Desired outcomes of the Diabetes Strategy include:

- Increase in number of patients with type 2 diabetes attending structured education programme
- Equitable access to high quality diabetes care across all providers
- Self-management and self-care is encouraged and supported in the collaborative care planning process. Patients feel informed and empowered.
- Reduction in gaps between the prevalence and the predicted prevalence of diabetes by finding the undiagnosed.

The DCRG includes two patients' representatives thereby ensuring the patients' voice helps to shape services available for patients.

## **6.8 HeLP-Diabetes (Healthy Living for People with type2 Diabetes)**

Lewisham CCG commissioned this web-based self-management programme and structured education programme for all newly diagnosed patients, as part of the Diabetes Strategy.

HeLP-Diabetes was developed by a team of academics, NHS clinicians and patients. The programme takes a holistic view of activities faced by people with long term conditions and gives type-2 diabetes patients in Lewisham an alternative to DESMOND the only other available structured education for Diabetes.

## **6.9 Psychological Support for patients with Diabetes**

Key stakeholders including patients' representatives were invited to an event held in May 2015 to discuss options available to support patients with diabetes identified as needing psychological support. Based on the outcome/feedback from the event, an options paper recommending a hybrid model of three options has been developed and taken to the QIPP Scrutiny Group for approval. The hybrid model will ensure psychological support patients with diabetes and will link to the proposed Integrated Diabetes model in the future. *Source: Lewisham CCG Annual Engagement report 2014-2015*

## **Fostering Good Relations**

### **6.11 Lewisham CCG Public Engagement Network**

Lewisham CCG has formalised its approach to public engagement with the development of an 'engagement network'. This enables individuals as well as established groups to become part of a network which further develops relationships between local people and the CCG and offers opportunities for local people to engage with the CCG in a variety of ways. 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.

## 6.12 Lewisham CCG Public Reference Group (PRG)

The Public Reference Group (PRG) has been set up comprising about a dozen individuals, recruited specifically for the PRG. These volunteers, who have a range of backgrounds and characteristics, are being supported and facilitated to work closely with the CCG, taking the role of 'critical friends' and to ensure any decision making processes the CCG undertakes are open, transparent and in the overall interests of Lewisham's residents. The PRG will be evaluated to assess its impact on the CCG's decision making process.

## 7. Lewisham CCG's Equality Objectives progress in 2015

### **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 has developed an action plan to address the wider report's recommendations that includes the following actions:

- Improving ethnicity data recording and coding of GP patients to enable better understanding of need and any trends and prevalence of BME groups.
- For the London wide review of GP contracts the CCG has supported the recording of Ethnicity Coding as a mandatory requirement.
- Commission Cultural Awareness training programme for GP practices
- Supporting the development of a BME Focus Group.

The CCG Primary Care Programme Board will oversee the implementation of this objective.

**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 April 2015, it became mandatory for all CCGs to comply with the requirements of the Workforce Race Equality Standard (WRES) by collecting and analysing data on Black and Minority Ethnic (BME) and White staff. The Standard should highlight any differences between the experience and treatment of White and BME staff in the NHS with a view to closing the metrics through an action plan. An internal assurance report has been developed for the CCG's Equality and Diversity Steering Group and Clinical Quality Review Group. (please refer to Section 12 for more details).

In 2015 as in 2014 Lewisham CCG conducted a Staff Survey that has been developed to include EDS2 Goal 3 Outcomes and WRES indicators. The survey carried out in May 2015 was completed by 66% of staff (41 people). The independent report of the Staff Survey results states that "Lewisham CCG's staff survey shows considerable improvement from 2013/14, often scoring above the local and national benchmarks. The main areas for improvement are in equality of staff progression and working environment."

The report recommended that the CCG develops an action plan with staff to build on positive results and make improvements where required.

The CCG has a Staff Engagement Group that reviewed the results of the staff survey.

The CCG has also developed an action plan to address the areas for improvement. An independent consultant has been commissioned to hold workshops with staff and a report with recommendations is due before the end of 2015.

The CCG Equality and Diversity Steering Group will oversee the implementation of this objective including reviewing the findings of the independent consultant's report.

The Equality and Diversity Steering Group also has agreed that, reflecting the CCG's commissioning priorities, a further joint objective will be developed that relates specifically to the equalities considerations of delivering community based care within neighbourhood care networks, working with the Local Authority.

## 8. Lewisham CCG's Equality Delivery System performance in 2015

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:

- The **LIMOS (Lewisham Integrated Medicines Optimisation Service)** - a service that supports patients with long term conditions to manage their own medicines better to enable them to stay in their own home for as long as possible.
- The **Burgess Autistic Trust Information Advice and Support Service (BAT)** provides a unique service for people with autism and is the only one of its kind in London.
- **Lewisham Improved Access to Psychological Therapies (IAPT)** is a local version of a national programme that aims to relieve distress and transform lives by offering NICE-approved interventions and treatment choices to people with depression and anxiety disorders.

During 2015, engagement was carried out with local stakeholders and staff in order to verify the process.

In September 2015 an EDS2 Stakeholder panel considered the evidence prepared by CCG commissioners and the service providers and awarded EDS grading for each of the services. Please refer to Fig. 1 over leaf.

The Governing Body assessed the EDS2 Grading table (Fig. 1) and considered other relevant factors regarding how the services are perceived to be performing for Lewisham's communities and agreed that overall the EDS2 Grading for Goal 1 and 2 in 2015 is '**ACHIEVING**'. This means the CCG's commissioning of the three services reviewed resulted in people from many of the protected groups having good access and experience of the services compared to people overall, but there is still more to be done to ensure that all protected groups have good access and experiences.

Fig 1: Results for Goals 1 and 2 from Panel Grading Session on 18 September 2015

Results from Panel Grading Session – EDS2 Goal 1: Better Health Outcomes – 2015			
Outcome	Burgess Autistic Trust - Lewisham Information Advice and Support Service	LIMOS (Lewisham Integrated Medicines Optimisation Service)	Lewisham IAPT (Improving Access to Psychological Therapies)
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>ACHIEVING (Doing WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	<b>ACHIEVING (Doing WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>	<b>ACHIEVING (Doing WELL)</b> to <b>EXCELLING (Doing Very WELL)</b>
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>Not Applicable</b>	<b>EXCELLING (Doing Very WELL)</b>	<b>ACHIEVING (Doing WELL)</b> to <b>EXCELLING (Doing Very WELL)</b>
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>DEVELOPING (Doing OK)</b>	<b>EXCELLING (Doing Very WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	<b>Not Applicable</b>	<b>EXCELLING (Doing Very WELL)</b>	<b>ACHIEVING (Doing WELL)</b>

Results from Panel Grading Session – EDS2 Goal 2: Improved Patient Access & Experience – 2015			
Outcome	Burgess Autistic Trust - Lewisham Information Advice and Support Service	LIMOS (Lewisham Integrated Medicines Optimisation Service)	Lewisham IAPT (Improving Access to Psychological Therapies)
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<b>ACHIEVING (Doing WELL)</b>	<b>DEVELOPING (Doing OK)</b>	<b>ACHIEVING (Doing WELL)</b>
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	<b>ACHIEVING (Doing WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>
2.3 People report positive experiences of the NHS	<b>ACHIEVING (Doing WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>	<b>EXCELLING (Doing Very WELL)</b>
2.4 People's complaints about services are handled respectfully and efficiently	<b>ACHIEVING (Doing WELL)</b>	<b>DEVELOPING (Doing OK)</b>	<b>EXCELLING (Doing Very WELL)</b>
Overall Scoring	<b>6 Achieving 1 Developing 2 N/A</b>	<b>7 Excelling 2 Developing</b>	<b>5 Excelling 4 Achieving</b>

A staff survey has been carried out and the indicative CCG grade for EDS2 Goal 3 was agreed as '**ACHIEVING**', which means that the data available to the CCG supplied evidence for most of the protected characteristics therefore, overall most staff members from most protected groups fare as well as the overall workforce. The grade will be finalised after staff workshops have been carried out.

Therefore, EDS2 Grades for Lewisham CCG in 2015 to date are as follows:

*Fig. 2 Lewisham CCG Equality Delivery System (EDS) Grading for 2015*

<b>EDS2 Goals</b>	<b>Grading achieved In 2015</b>
<b>1 – Better Health Outcomes</b>	<b>ACHIEVING</b>
<b>2 – Improved patient access and experience</b>	<b>ACHIEVING</b>
<b>3 – A representative and supported workforce</b>	<b>ACHIEVING (Indicative TBC)</b>
<b>4 – Inclusive leadership</b>	<b>To be confirmed</b>

The CCG has started the process of collecting data for EDS2 Goal 4 Inclusive Leadership and aiming to complete the process early in 2016.

The grades and improvement plans for all four goals will be published on the CCG's website by March 31, 2016. They will be used to inform the CCG's operational and organisational development plans.

## 9. Lewisham CCG's Equality Case Studies

<b>Case Study: LIMOS (Lewisham Integrated Medicines Optimisation Service)</b>
<p>LIMOS was developed and delivered in collaboration by NHS Lewisham Clinical Commissioning Group, Lewisham and Greenwich NHS Trust and the London Borough of Lewisham, involving independent sector Domiciliary Care Providers. LIMOS was developed to address a gap in service provision identified in the local population providing a formal pathway for the referral of patients with medicines-related problems for assessment, support and follow-up by a specialist pharmacy team across health and social care boundaries. LIMOS supports patients with long term conditions to manage their own medicines to enable them to stay in their own home for as long as possible.</p> <p>An Equality Analysis carried out for the overall service identified that most vulnerable service users (and potential service users) were at risk of medicine errors or problems were least supported and were unable to access support through community pharmacy.</p> <p>Following the implementation of LIMOS:</p> <ul style="list-style-type: none"> <li>- Patients and carers have a safe system which allows them to maintain independence and in control of their own medicines</li> <li>- Care workers have regained confidence/skill in giving medicines from original packs</li> </ul>

and can ask someone from the LIMOS team about any queries, concerns.

- Health and social care staff have a support system and are off aware of alternatives to MCAs (multi-compartment compliance aids)

#### **Service User Testimonial:**

##### **Daughter/carer of Service User:**

“My experience with LIMOS has been overwhelming and extremely beneficial. I have had an extremely difficult and stressful time with regards the decline in my father’s health, which has resulted in my father being in and out of hospital since January. There have been some serious issues surrounding my father’s medication and there has been regular changes surrounding his medication dosage. Thankfully with the regular liaison, support and supervision from staff at LIMOS I can honestly say this helps my father, and they are contributing reason why my father has not returned to hospital.

Apart from feeling at ease with the monitoring of my father’s medication I have also learnt a great deal regarding the medication that my father takes. LIMOS is an extremely important and valuable service for people such as my father.”

In July 2015 the LIMOS team won a HSJ (Health Services Journal) Patient Safety Award in the management of Long Term Conditions category, and they were highly commended in a second category of Medicines Management. They also won the HSJ Value Award.

An Outline business case has been agreed for extension of service to care homes with funding for an additional two pharmacists and a pharmacy technician.

#### **Case Study: Burgess Autistic Trust Information Advice and Support Service (BAT)**

Lewisham has the highest prevalence of children with Autism spectrum disorder (ASD) known to schools of all local authorities in England. In response to the Autism Strategy, in 2012, Lewisham Council and Lewisham Primary Care Trust commissioned Burgess Autistic Trust (BAT) to set up an information, advice and support service for adults with autism and their families.

Generally, autistic people who have no other condition apart from autism tend to have little or no support and this service is the only one of its kind in London.

After the initial three year contract, in June 2015 commissioners carried out analysis of Service User experience and feedback that was used to inform commissioning of future services.

The newly redesigned service was based on Provider and Commissioner Service User survey preferences and includes:

- Drop in sessions
- Initial review meeting
- Employment Support
- Telephone and email support
- Independent Living skills training
- Peer support groups for both Autistic clients and their families
- Enquiries and signposting/Information Advice and Support

Outcomes to be delivered for Service Users by the newly redesigned service include:

- Independent Living skills
- Employment
- Social skills development
- Reduction of social and emotional isolation

**Service User Testimonials:**

***Father/carer of service user***

“The Hub has no restrictions and people with challenging behaviour have been allowed to use the services. The Hub is based in an old GP surgery in Lee High Road and it is fully accessible. A newsletter is sent to all the members each month. There is a calendar of events to include all different types of people and interests.”

***Mother/carer of service user***

“My daughter now knows how to cook and has a range of recipes that she feels confident to try. She wasn’t able to do cooking before going to BAT. “

**Case Study: The 2014/15 Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS)**

The 14/15 LNPCIS was a local improvement scheme in Lewisham which all local GP Practices participated in to provide an enhanced level of care to their patients. GP Practices were encouraged to advance care in numerous clinical specialties, predominantly by working collaboratively in their neighbourhoods. The LNPCIS focused on diabetes, cancer, COPD, hypertension, PPI, flu, pneumococcal and childhood immunisations as well as having an element of PPI (patient & public involvement). The following examples highlight the positive impact the scheme had on benefitting all patients, including those with protected characteristics under Equalities Guidelines:

- Flu Vaccinations for Pregnant Women
- ✓ Lewisham's uptake of flu immunisations for pregnant women increased from 31.5% in 2013 to 46.4% in 2014/15. This is the best improvement in London and at the end of the season we sat in 4<sup>th</sup> position across all CCGs. Pregnancy is one of the listed protected characteristics, and the LNPCIS through this outcome had a positive impact on this group.
- Neighbourhood PPGs
- ✓ Under the scheme GP Practice Patient Participation Groups (PPGs) met for the first time together in their neighbourhoods to discuss primary care access, collaboration and PPGs themselves. Those represented were a mix of:
  - Ages (although predominantly those aged 50yrs+)
  - Ethnicities (White/Afro-Caribbean/Asian etc)
  - Gender (Males & Females)
  - Disabled & Non-disabled
  - Sexual orientation (heterosexual & LGBT)

The Neighbourhood PPGs also discussed how to make individual PPGs more representatives of the patients they represent for future working, which is being bolstered in 15/16.

- Long Term Conditions

- ✓ Over 1,250 care plans were made with patients who have diabetes & COPD in 14/15 under the scheme. The scheme would have had a positive impact on particular ethnic groups who have a higher incidence of certain long term conditions (such as the Afro-Caribbean community and diabetes for example).  
The six most populous ethnic groups in Lewisham are White British (41.5%), Black African (11.6%), Black Caribbean (11.2%), White Other (10.1%), Black Other (4.4%) and Asian Other (4.3%) (*Public Health:2015*).
- Care Planning Training
- ✓ 84 local GP Practice clinicians (mainly GPs but also PNs & HCAs) were trained in the Year of Care approach to collaborative care planning. This would have had a positive impact on the elderly (who are more likely to have long term conditions) and particular ethnic groups.

## 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.

## 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. Reports including trends and benchmarking data are presented for discussion at the CCG's FLAG (For Learning and Action Group), which reports into the Delivery Committee. Any issues or queries are taken to the relevant Clinical Quality Review Group (CQRG) meetings with acute and mental health providers, ensuring any issues are discussed and address 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

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.

During 2015 the Trust held equality Partnership Time Events in November. The event was an opportunity to take stock, highlight progress made in achieving their equality objectives and to consider where to focus their attention over the next twelve months to continue to improve the experience and outcomes for service users and carers. The event showcased examples of the innovative work that is funded and/or delivered by the Trust, such as:

- Tree of Life workshops – with 75% of workshop participants from BME groups
- The Recovery College
- Tamil Refugee Sydenham Garden project

The Trust also took the opportunity to give a presentation on its Workforce Equality Objective incorporating the Workforce Race Equality Standard and Staff Survey Action Plan.

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

<http://www.slam.nhs.uk/about-us/policy-and-publications/equality/public-sector-equality-duty>

### 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)	October 2015	94% (of 1,682 responses)
Lewisham & Greenwich NHS Trust (Community)	October 2015	97% (of 595 responses)
South London and Maudsley NHS Foundation Trust	October 2015	90% (of 408 responses)

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

The CCG has seen an improvement in LGT Friends and Family Test (FFT) scores. The CCG holds LGT to account at the CQRG meetings. LGT have put in place a number of actions to improve patient experience which resulted in positive patient comments regarding staff, (being

professional, friendly, supportive and caring) and the environment (being clean and having good facilities).

A quality improvement priority for LGT (2015/16) is to further imbed the Friends and Family Test across community and out-patient services. All services will have FFT feedback by the end of March 2016. *Source: Lewisham CCG Annual Engagement Report 2014-2015.*

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. Complaints

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

- Better liaison with our patients
- Better understanding of the types of concerns affecting Lewisham residents
- Clearer feedback pathway for CCG staff
- The handling complaints as close to the patient/source as possible, for the best outcomes
- More accurate reporting of issues or concerns so that CCG can be warned earlier of gaps or failings in services.
- Better/wider engagement with our community

PALS and Complaints data is reported to the Governing Body via the For Action and Learning Group (FLAG) and the Senior Management Team are apprised of any immediate concerns or emerging themes.

From 1 April 2014 – 31 March 2015 the PALS & Complaints Teams recorded 125 interactions with patients, their relatives and MPs.

The complaints team send an equality and diversity questionnaire to all complainants with their acknowledgement. Of the 125 interactions, 26 were recorded as formal complaints requiring a response by the CCG. Of the 26 forms sent out 8 were returned. This means that while the information contained of interest, it is not possible to state that it is reflective of all those who have made a complaint.

The investigations into complaints about the CCG have resulted in changes and learning, for example:

- A complaint was received regarding the delay in response from the continuing healthcare team. The CCG has, as a result, reviewed communication processes and reinforced the importance of the generic email account being monitored daily and letters or emails of complaint being forwarded immediately to the CCG's Complaints Manager. Individuals will now be informed automatically when the continuing healthcare panel defers their decision for example if further information is required. The CCG is committed to listening to the concerns raised by members of the public about its staff and acting on them to improve the delivery of services.

- A complaint was received relating to the IFR panel's decision to refuse funding for a cosmetic procedure. The CCG facilitated a meeting between the patient, a member of the IFR panel, and their GP to further explain the rationale for the decision.
- A complaint was received regarding the end of life and palliative care at Lewisham Hospital. The CCG met with the individual and committed to further its commissioning plans for palliative care and gain further assurance from Lewisham and Greenwich Trust on their provision of local high quality end of life care.

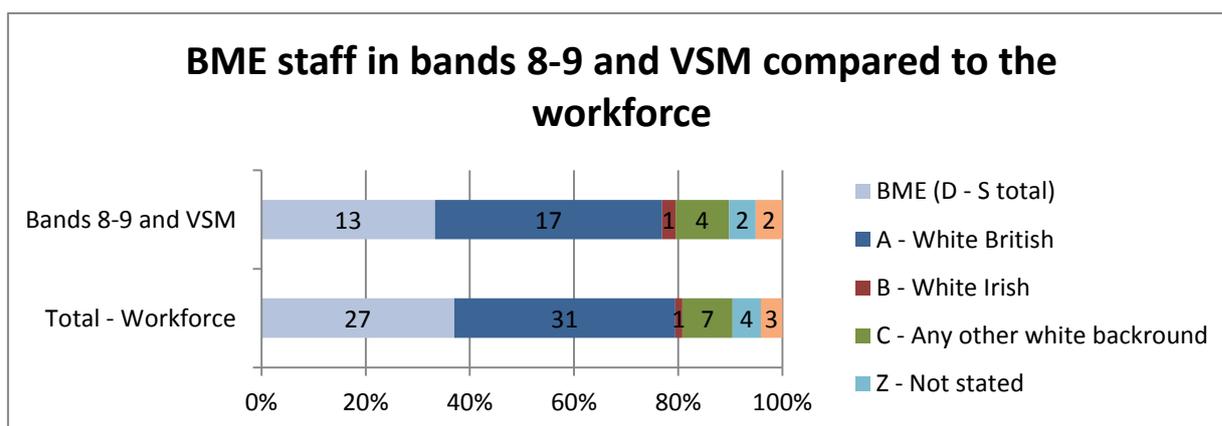
### 13. Workforce Race Equality Standard

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.

Lewisham CCG has gathered data against the nine WRES metrics for 2015. 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 33.3% that is close to the CCG representation of BME employees in its workforce that is 37%.

In 2015-2016, all CCGs will 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 will be prepared and reported to the CCG For Action and Learning Group (FLAG) meeting highlighting any areas of concern/ requiring further investigation/action.

In 2016 Providers 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. **(April 2016)**
- Publish Baseline data for March 31st 2016 on Trust web site and share with Board and staff **(May 2016)**

## 14. Lewisham CCG Workforce Information

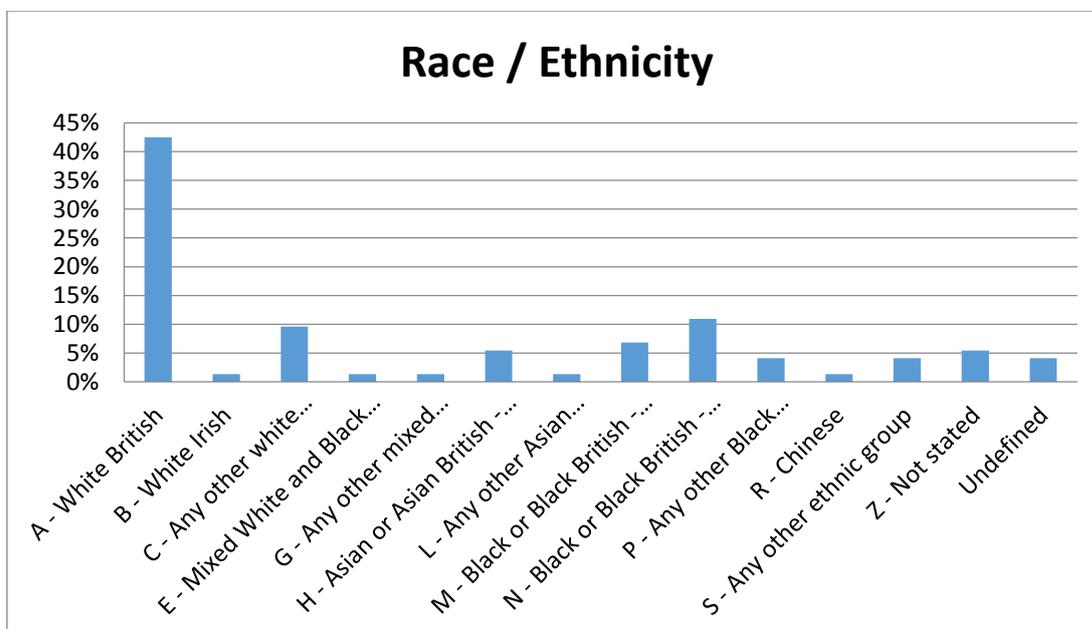
The Public Sector Equality Duty requires that information on the make-up of the workforce must be published where public authorities have 150 or more employees. The data does not have to be published with less than 150 employees to protect staff identity under the Data Protection Act. Lewisham CCG has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

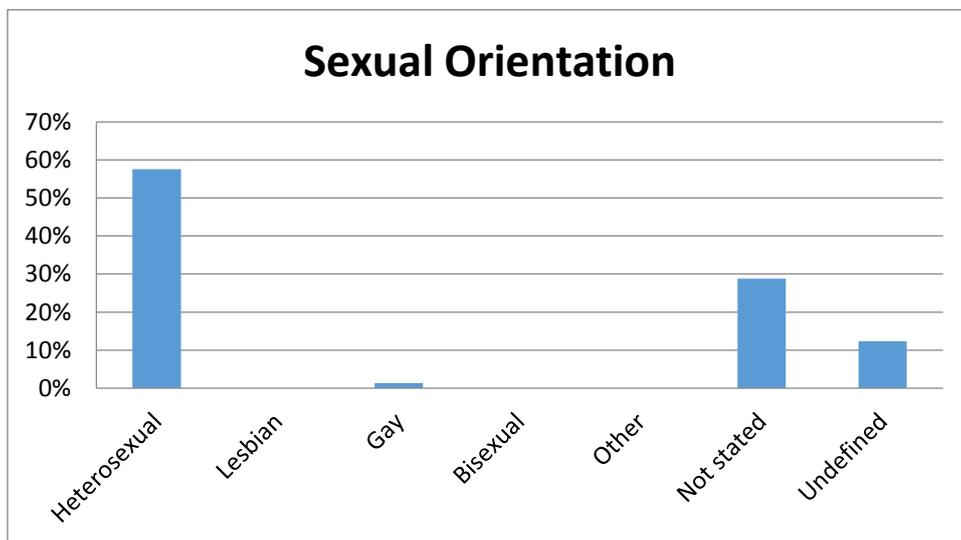
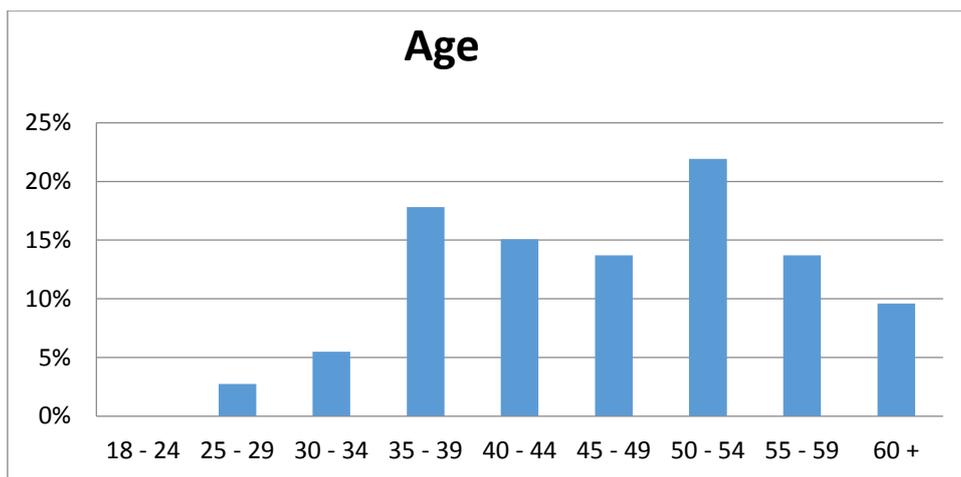
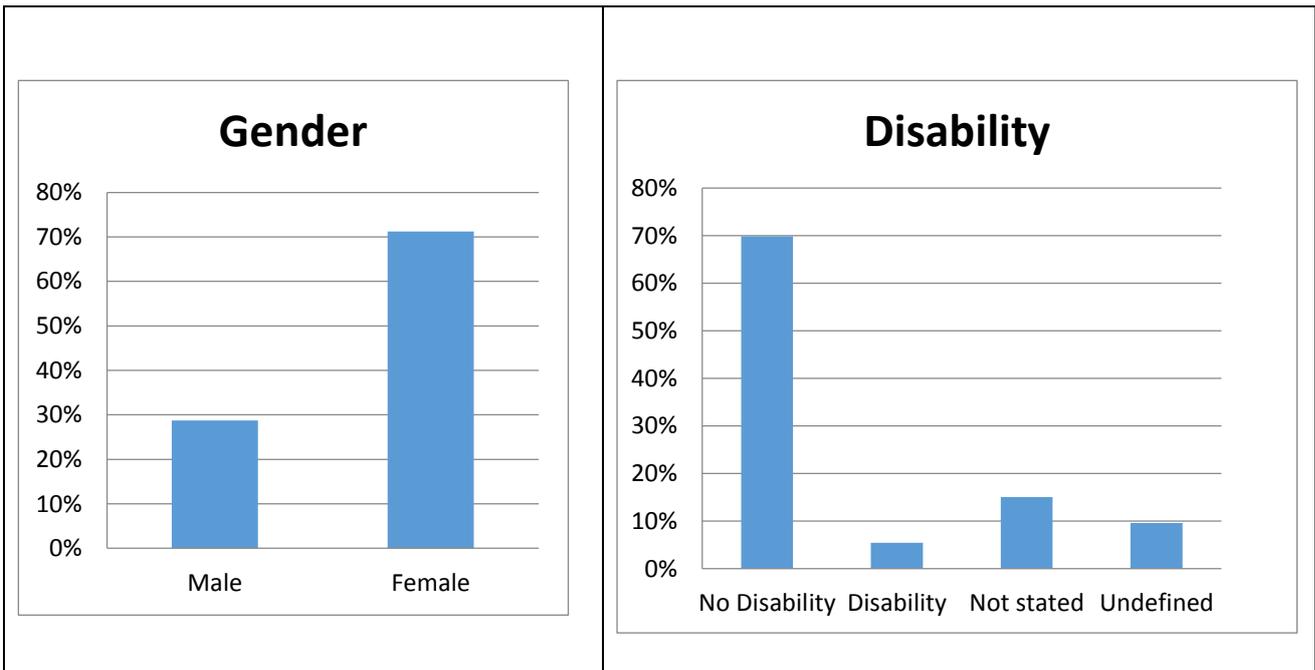
The workforce is a critical factor in the effective delivery of Lewisham CCG business. A quarterly workforce monitoring report is submitted to the senior management team of the CCG including workforce information relating to numbers of staff in post, turnover and sickness absence and an equalities profile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

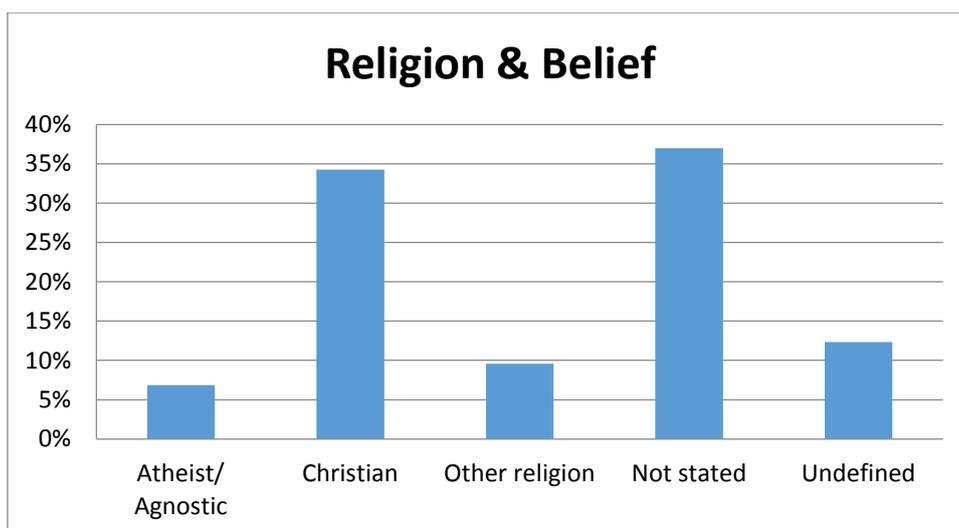
### Lewisham CCG Workforce Equalities profile

Although Lewisham CCG has no legal duty to publish our workforce data, as the CCG employs less than 150 staff, the CCG has chosen to do so as part of our good practice. The following tables are a snapshot profile of the organisation (by percentage), relating to six of the nine WRES metrics for 2015 as at 30<sup>th</sup> November 2015. 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 (37%) compared to the demographics (according to the 2011 National Census) BME people make up of around 46.5% of Lewisham's population. The CCG is working towards reflecting the communities that its serves at all levels of the workforce.







### Equality and Diversity Training for Lewisham CCG Staff and Governing Body Members

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 2015, 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 2015.	Commissioners, Patient and Public Participation staff  Governing Body Strategy and Development Chair	Senior Associate, Equality & Diversity, South CSU
Equality and Diversity Update - interactive briefing. Giving information on diverse communities of the borough, Equality Delivery System, Equality Analysis, Workforce Race Equality Standard  April 2015	All CCG Staff who attended staff meeting.	Senior Associate, Equality & Diversity, South CSU
Inclusive Leadership (Goal 4 of the Equality Delivery System) Workshop  June 2015	Governing Body members	London Leadership Academy

## 15. Useful Information

Name of document	Location
<b>Lewisham Partnership Commissioning Intentions for 2016/17</b>	<a href="http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/LCCG%20Governing%20Body%20meeting%2012%20November%202015%20final.pdf">http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/LCCG%20Governing%20Body%20meeting%2012%20November%202015%20final.pdf</a> Pages 85-144
<b>Lewisham's Children and Young People's Plan</b>	<a href="https://www.lewisham.gov.uk/myservices/socialcare/children/Pages/Children-and-Young-Peoples-Plan.aspx">https://www.lewisham.gov.uk/myservices/socialcare/children/Pages/Children-and-Young-Peoples-Plan.aspx</a>
<b>Joint Strategic Needs Assessment</b>	<a href="http://www.lewishamjsna.org.uk/reports">http://www.lewishamjsna.org.uk/reports</a>
<b>2011 census</b>	<a href="http://www.lewisham.gov.uk/inmyarea/Pages/Census-2011.aspx">http://www.lewisham.gov.uk/inmyarea/Pages/Census-2011.aspx</a>
<b>Lewisham Health Profile 2015</b>	 <p>HealthProfile2015Lewisham00AZ[1].pdf</p>