



South West London
Sutton and Merton Borough Teams

Equality Delivery System Grades and Objectives 2012 – 13 Year 1

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Approved: Clinical Commissioning (Delegation) Committee

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Equality Delivery System – NHS SW London - Sutton and Merton Borough

Contents

1. Executive Summary
2. Developing the Equality Delivery System
3. Consultation & Engagement
4. NHS Sutton and Merton Grades: Overall results for Goals 1 and 2
5. Equality Objectives - for the period April 2012 to March 2013
6. Publishing the Equality Delivery System
7. Monitoring and Reviewing the EDS
8. Comments and feedback

Appendices

Appendix 1 – Consultation and involvement

Appendix 2 – Action Plan Format

Appendix 3 – Background Information: EDS, Legal Framework for Equality & relationship to EDS

Appendix 4 – Acknowledgements

1. Executive Summary

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act brought all existing equality law into a single piece of legislation. Responsibility for meeting the public sector Equality Duty as set out in the Equality Act 2012 currently lies with the NHS Sutton and Merton Borough Team. This will pass to clinical commissioners from April 2013, subject to the passage of the Health and Social Care Bill.

The Department of Health's Equality Delivery System (EDS) is a tool for both current and emerging commissioner and provider NHS organisations – in engagement with patients, staff and the public - to use to review their equality performance and to identify future priorities and actions. It includes local and national reporting and accountability mechanisms.

As part of the Authorisation process Shadow Clinical Commissioning Groups (sCCGs) will be responsible for demonstrating their compliance with equalities duties through implementation of the Equality Delivery System. During this time of significant change NHS Sutton and Merton Borough Team continues to focus on one of the core principles of the NHS: to provide a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. We are therefore fully committed to promoting equality, diversity and inclusion in carrying out all our functions as a public body.

To support transition and transfer of responsibilities to clinical commissioning groups in 2013, NHS Sutton and Merton Borough Team are using the EDS - with the two borough aligned sCCGs and wider stakeholders to ensure that requirements under the legislation are implemented and embedded into mainstream business. The EDS provides a helpful framework on which to take the work forward and the NHS Sutton and Merton EDS steering group will continue to drive this agenda, monitor engagement and progress, taking into account the latest legislation.

The purpose of equality objectives is to improve the focus and transparency of activity in meeting the general equality duty. This report provides our grades against the EDS goals and outcomes (Page 8) and two objectives arising from these grades (Page 9). It reflects where we are with our commitment to equality and diversity thus reducing inequalities in health and health care for people in Sutton and Merton. Evidence for the grading process showed much existing good work and also identified gaps from which the grades and objectives for year one have been derived. The approved equality grades and objectives will be published on the NHS South West London website by 6th April 2012, in order to comply with the specific duties under the Equality Act 2010.

Bearing in mind that many of the issues related to protected characteristics are deep-rooted and difficult, it will take time to fully address these. In developing our equality objectives we have tried to ensure that they are challenging but achievable. An action /implementation plan for the next year will be drawn up with our stakeholder group and published. We welcome any comments you have on the EDS and how we can improve our work on equality.

2. Developing the Equality Delivery system

NHS SW London has given a strong commitment to promoting equality by having an Equality Sub Committee chaired by a Non Executive member.

There is a continued emphasis on engagement with partner organisations in this work and ensuring a range of involvement of stakeholders, public representatives for equality and local people in developing and delivery the EDS.

NHS Sutton and Merton Borough Team is part of the NHS South West London Cluster of five PCTs. The Borough Teams are responsible for addressing Goals 1 and 2 therefore the grades and objective contained in this report relate only to these. The Cluster team is responsible for addressing Goals 3 and 4 and grades will be published separately.

This work is seen as on-going and developing process, integral to business with current and future NHS structures.

3. Consultation and Engagement

NHS Sutton and Merton Borough Team is committed to working with patients and the public in developing equality work, including taking account of the needs and views of local people and stakeholders.

The EDS is based on a view of local stakeholders and NHS Sutton and Merton commissioners and clinical leads.

Consultation has been carried out as follows:

12 October 2011	LINKs awareness raising meeting held
November 2011	Local EDS steering group set up
4 January 2012	South West London launch of EDS
By 31 January 2012	Evidence collection complete and information on Equality Act compliance published
16 February 2012	Sutton and Merton grading workshop (notes – Appendix 1).
21 st March 2012	Clinical Commissioning (Delegation) Committee approved the grades and objectives

The EDS steering group comprises clinical commissioner leads from Sutton and Merton and NHS Sutton and Merton commissioning staff, including public health, equalities and patient involvement leads. The group's remit is to facilitate implementation of the Equality Delivery System (EDS) to deliver positive outcomes for patients, communities and staff. Contributions to the discussion and agreement on the grades were received from local stakeholders.

4. NHS Sutton and Merton Grades: Overall results for Goals 1 and 2

Notes from the grading workshop (Appendix 1) provide the background to how the grades were reached. The analysis of the outcome had to cover each protected group, and be based on comprehensive engagement, using reliable evidence.

Goal 1 Better health outcomes for all	Outcome	Agreed grade with stakeholders
	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing, and reduce health inequalities	Developing
	1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Developing
	1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Underdeveloped
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	Developing
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Achieving

Goal 2 Improved patient access and experience	Outcome	Agreed grade with stakeholders
	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Achieving
	2.2 Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment	Developing
	2.3 Patients and carers report positive experiences of their treatments, care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	Developing
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.	Developing

5. Equality Objectives - for the period April 2012 to March 2013

The following objectives have been developed to ensure NHS Sutton and Merton / Shadow CCGs have a clear set of equalities priorities. These objectives have been developed in partnership with stakeholders.

Objective 1: Develop data collection and analysis systems to capture information across protected groups, to improve monitoring of public health and commissioning activity to ensure equitable access to healthcare.

Objective 2: Ensure that information arising from the Joint Strategic Needs Assessment is used in a systematic way to commission services effectively and equitably across the population of Sutton and Merton.

The action plan is under development. It is likely to be published in May 2012, once further consultation has taken place with stakeholders and by which time it is expected that clinical commissioning groups are established in shadow form.

6. Publishing the Equality Delivery System

The EDS objectives and grades will be published on the NHS SWL website and Sutton and Merton Shadow CCGs websites once they are set up. We will also continue to publish information about the results of equality assessments, equality objectives and equality data on an ongoing basis.

7. Monitoring and Reviewing the EDS

Subject to passage of the Health and Social Care Bill, during 2012/13 the steering group will work towards transfer of statutory responsibilities to clinical commissioning groups. During this transition year, pending full authorisation of sCCGs, responsibility for overseeing the implementation, reviewing and monitoring of our EDS objectives rests with the EDS Steering group, working closely with external stakeholders, public health, and clinical commissioners to ensure that objectives are built into mainstream business.

The EDS objectives and action plans will be reviewed and updated annually, with a full review at least every four years in accordance with the guidelines, set by the Equality Delivery Council. The EDS steering group will provide reports to NHS Sutton and Merton Management Team and SWL Cluster teams with a full report on an annual basis.

8. Next Steps

An action /implementation plan for the next year will be drawn up with our stakeholder group and published, the expectation being that together NHS Sutton and Merton Borough Team and future organisations will review, set and publish new (or revised) objectives and action plans in a 1-4 year cycle thereafter. While it will clearly not be possible for us to resolve all inequality issues in each cycle, it is our aim to begin to address the most significant issues identified in conjunction with our stakeholders.

9. Comments and Feedback

We welcome comments and feedback on the EDS. We would like to know how effective this scheme is in promoting and delivery equality and to receive comments for improvement in this work. Comments and feedback can be sent:

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Appendix 1

Consultation and involvement - who we consulted with and what they told us

Equality Delivery System – Grading process report Notes captured from meetings held 16 and 24 February 2012.

In February 2012, NHS Sutton and Merton Borough Team involved a range of local interests in a grading process to determine the final Equality Delivery System (EDS) grades for Sutton and Merton in 2012/2013.

Participants represented a range of specialist and general interests in health, health inequalities and protected characteristics:

Aboo Kohealtee – Sutton LINK

Sally-Anne Yeats – Sutton Housing Partnership (LGBT)

Patricia Anderson – Merton Unity Network (BAME)

Dave Hobday – Merton LINK

Barbara Price – Merton LINK and Crossroads Care (Carers)

Barry Causer – NHS Sutton and Merton Borough (Public Health)

Keshlin Thangavalu – Sutton Clinical Commissioning Group (CCG)

Sima Haririan – Merton Clinical Commissioning Group (CCG)

Wasia Shahain – NHS Sutton and Merton Borough

Joan Adegoke – NHS Sutton and Merton Borough

The background to the EDS was introduced, with an update on the journey so far.

Gaps identified by AK on teenage group/young people and how to engage with them. How are young people with learning disabilities being included?

Action: Build into future engagement plan for EDS.

Benefits derived so far from EDS – gathering of evidences has helped in putting together report that was published in January.

The focus of the grading was on Goal 1: Better Health Outcomes for All and Goal 2: Improved Patient Access and Experience. Both Goals look at services, patients, carers and communities.

Local authorities conduct an annual resident's survey, where a sample of population is questioned, part of this focuses on health and wellbeing. Would be worthwhile to see responses; segmented data available.

Grading system

The grading process will be used to compile the final outcome and develop equality objectives for the identified protected groups.

Action: Participants will be kept informed of progress after the grading process, with an opportunity to feed into the development of Equality Objectives and the supporting action plan.

PA asked if evidence gathered applied across the two boroughs and identified disparity between weighting of Sutton and Merton evidence. It was explained that evidence related to both boroughs, but will mention if evidence is borough specific.

Evidence grading

Goal 1

Outcome 1.1

Local authority data from Children's Schools and Families e.g. Every Child Matters would provide additional evidence in this area.

1.1.1 Developing (higher) rather than Achieving

Participants highlighted that though services are commissioned, in reality they may not be delivered or met for all the protected groups. Specifically with regards to some BME groups e.g. those with sickle cell and thalassemia. Information was shared on Health Diversity programme run by the Merton CCG. Community champions have been recruited to communicate with the communities, particularly Tamil and Polish communities.

Importance of communicating good work, so communities are aware – if communities do not think organisations are achieving, then how can organisations be achieving? Gaps identified are that commissioned services need to be cascaded to relevant organisations in the community for them to reach the identified groups. Example is that of BAME community which are not yet reached, and develop means on how to change perception.

Action: widely share good news and practice with partners and public.

1.1.2 Developing (lower)

1.1.3 Undeveloped rather than Developing; evidence provided is information driven and does not demonstrate how actual gap on health inequalities is being narrowed through services provided. Further work required to share the information in the Joint Strategic Needs Assessment (JSNA) to communities. More work should be done on identifying local authority evidence sources.

1.1.4 Developing (higher); further evidence should be considered under age relating to dementia care and early years needs assessment. View shared by one participant that levels of engagement at Sutton and Merton occasionally perceived as tokenistic, involving the usual suspects and there should be more focus on engaging general public. Consider how information is shared more broadly. Another participant countered general representation positive, but more thought should be given to which reps would be the most appropriate for specific engagement activities.

1.1.5 Undeveloped due to lack of evidence across the groups. Under 'maternity' include Merton CCG's bi-lingual health advocacy project re: women's health and maternity input especially for Tamil and Polish communities.

1.1.6 Achieving as demonstrated through the evidence provided. How though are QIPP and other strategic programmes demonstrating their impact on health inequalities?

Overall grading – Developing

Outcome 1.2

1.2.1 Developing (lower); general issue raised that people with mental health needs (whether age or disability related) do not have their needs met, and how will NHS health checks help support people with mental health disabilities?

1.2.2 Undeveloped; not able to demonstrate evidence across a range of services

1.2.3 Achieving; reservation on level of engagement and how many of the groups engaged with e.g. Equality Scheme consultation. It was explained that this had involved over 70 stakeholders and groups across a range of protected characteristics. Evidence needs to be developed, seek information from local authorities and voluntary sector. Further engagement required with young people, young people with learning disabilities, and people with mental health disabilities to address physical health needs as these are not being treated due to stigma. Attitudes need to be addressed first, before tackling wider issues. Health Diversity project cited as an example of good practice successfully embedded within Merton. LGBT community – young people already feel certain level of acceptance, more important we challenge staff attitudes. Evidence should focus on assurance that we are equitable.

1.2.4 Developing; add Duty to Involve report & Equality Scheme to evidence

1.2.5 Undeveloped

Overall grading – Developing

Outcome 1.3

Outcome deemed undeveloped across the board due to a lack of supporting evidence. Transitions between different parts of the health system were recognised as weak generally. LINks completed a discharge planning report which highlights key issues and recommendations. Participants felt the commissioning organisations role is to facilitate discussions with providers to find innovative solutions to this pervasive and long standing issue. Carers still not treated as team members in care planning, further work needs to be undertaken to coordinate with carers.

1.3.1 Undeveloped; add maternity KPI's to evidence and investigate transitions for older people under age.

1.3.2 Undeveloped

1.3.3 Undeveloped; Duty to Involve report covers all area of service changes. Almost 20 areas covered which highlights how the organisation engages.

1.3.4 Undeveloped

1.3.5 Undeveloped

Overall grading – Undeveloped

Outcome 1.4

Participants raised a question around 'assurance' and how we can demonstrate we are achieving this e.g. preventing abuse in care homes. There are examples of partnership work with the local authority in this area that should be reflected in the evidence.

1.4.1 Achieving

1.4.2 Developing; further evidence from local authority and voluntary sector should be available.

1.4.3 Undeveloped; Merton CCG expanded on engagement carried out with groups as part of the Health Diversity project. Add evidence from maternity services engagement project. There was a lack of evidence noted for Sutton. Overall both were deemed 'undeveloped'.

1.4.4 Developing; Add Merton CCG Health Diversity project and specific liaison with Epsom and St Helier on maternity, acute and accident and emergency re: Tamil and Polish communities.

1.4.5 Developing; Add Childrens and Adults Safeguarding. General point made that in interpreting this, organisations can only minimise risk and not eliminate. Merton LINK questioned whether this was 'achieving' rather than 'developing'.

Overall grading – Developing

Outcome 1.5

Discussion focused on how programmes benefit all sections of the population, and whether evidence adequately demonstrated this. For information, voluntary sector are involved in a piece of work around increasing take up of MMR vaccinations.

1.5.1 Achieving – Public Health highlighted that the way in which screening programmes are designed take into account certain risk factors such as age, gender, ethnicity etc. Group used example of breast screening programme and whether targeted work had been undertaken with South Asian women or people with learning disabilities. How is the effectiveness of screening programmes evaluated?

Action: Investigate how public health programmes are evaluated, for potential inclusion in action plan.

Even though the organisation showed from the evidences produced to reach groups, but the benefits derived needs to be identified and assessed.

1.5.2 Achieving

1.5.3 Achieving; add evidence 'mood and food' groups and health diversity project.

Gaps identified - How do we show that inequalities have been reduced? Though the organisation reaches out to, and engages with community, how are we assured of that we have made a difference? Public Health used example of Polish and Tamil community and outreach undertaken by the Polish bilingual health advocate.

1.5.4 Achieving; add evidence policies and procedures

1.5.5 Achieving

Overall grading – Achieving

Goal 2

Outcome 2.1

Noted this is a difficult area to evidence as groups and individuals not highlighted by protected characteristic.

2.1.1 Achieving; Group discussed the definition of 'readily access', taking into account language, cultural barriers etc. Quality Innovation Productivity and Prevention (QIPP) /Commissioning Strategy Plan (CSP) were highlighted and

how their implementation would support delivery of this area. Question raised around access of homeless/transient populations, particularly primary care.

2.1.2 Developing; Group questioned how much JSNA contains on maternity. Lack of evidence noted.

2.1.3 Achieving; comment to amend evidence under age to podiatry 'and foot care' services. Point was raised about community v organisational perception of success and assuring these are aligned.

2.1.4 Achieving

2.1.5 Achieving

Overall grading – Achieving

Outcome 2.2

2.2.1 Achieving; Gap - How do we monitor if patients get health checks? NHS Health checks to be added under race and sex categories. NHS constitution to be added to all categories. Noted that most people do not use PALS, therefore this evidence should be viewed as limited. View of carers that there is evidence to show they are not engaged in this area and that there are barriers to care support and planning. Through evaluation and audit, it is the commissioning role to monitor this. LINKs/HealthWatch have a potential role to play.

2.2.2 Undeveloped; changed due to lack of evidence for most protected groups. Add DH information leaflets in various languages. Noted that partnership work is in progress on a commissioning information portal.

2.2.3 Developing; noted that Sutton is on the lower end due to a lack of evidence, though assurance was provided that there are plans to expand the Health Diversity project to Sutton. Under disability, what evidence is available of work implemented for Sutton and Merton carers?

2.2.4 Developing; same comment as 2.2.3.

2.2.5 Undeveloped; it was highlighted that the BAME strategic plan would be a useful input here. Patients and carers require further support with information and signposting. Once diagnosed, no follow up support is given to patients and families.

Overall grading – Developing

Outcome 2.3

2.3.1 Developing (lower); definition of 'positive experience' was discussed, and what measurements are used to identify this. General point made that approach to and quality of patient experience widely varied. Importance of how views gathered have been used to make improvements. Results should be shared patients and carers to close the feedback loop.

2.3.2 Undeveloped

2.3.3 Developing; following PPI issues highlighted – how can we minimise a) tokenistic engagement b) 'usual suspects' representation and providing a more balanced view c) 'single issue' reps d) using individual views as a proxy for the views of the general population. Importance of assessing the value of individual contributions

2.3.4 Developing

2.3.5 Developing; partnership work with both boroughs were highlighted as examples of evidence to be included here. Merton LINK suggested this may be 'achieving' rather than 'developing'.

Overall grading – Developing

Outcome 2.4

PALS/Complaints process to be added to all areas as evidence. Point rose about using individual complaints positively, and ensuring they are used in relative proportionality to make changes and improve access to services. Suggestion was raised to explore potential of working with LINKs to evaluate the complaints service. Question was raised around feedback from Annual PALS and Complaints Report and how this is widely disseminated to partners for information. How could voluntary sector be better utilised as an 'early warning' system? Information could also be gathered from LINKs/Partners/Health and Wellbeing Board/OSCs etc.

2.4.1 Developing; questions raised about what systems are in place for monitoring complaints. Group informed of Datix system, and the collection of certain monitoring data which was collected and analysed on an annual basis within the PALS/Complaints Annual Report. Add Independent Complaints Advocacy Service to evidence.

2.4.2 Developing; what engagement and outreach takes place around access to PALS/Complaints? There are disparities in terms of access to this service. It was raised that London Borough of Sutton/Sutton Housing Partnership has produced awareness training in this area.

2.4.3 Developing

2.4.4 Developing

2.4.5 Developing (lower); Gaps identified – Monitoring data for some protected groups are not captured by PALS and Complaints service. Sexual orientation has been a protected characteristic for some time, though issues regarding sensitivity of data capture may have prevented this.

Action – to insert or devise means of capturing data on sexual orientation and investigate how to collect data for other protected groups.

Additional outreach activity and/or awareness session to groups on how to address concern is advised.

Overall grading – Developing

Considerations for the Equality Objectives and action plan

A range of issues were captured during the grading process; the significant gaps highlighted are:

1. Data collection and analysis; developing this to ensure this is captured across protected groups
2. Monitoring public health and commissioning activity to ensure this benefits all sections of the population

Key inputs to include in ongoing development:

- Sutton and Merton Single Equality Scheme
- Black and Asian Minority Ethnic (BAME) Strategic Plan
- London Boroughs' of Sutton and Merton Corporate Equality priorities

See report for the final articulation of the objectives.

**Appendix 2
Action Plan Format**

Objective 1: Develop data collection and analysis systems to capture information across protected groups, to improve monitoring of public health and commissioning activity to ensure equitable access to healthcare.			
Action	Measure	Timescale	Lead – job title

Objective 2: Ensure that information arising from the Joint Strategic Needs Assessment is used in a systematic way to commission services effectively and equitably across the population of Sutton and Merton.			
Action	Measure	Timescale	Lead – job title

Appendix 3

The Equality Delivery System

The Equality Delivery System is a tool for both current and emerging commissioner and provider NHS organisations – in engagement with patients, staff and the public - to use to review their equality performance and to identify future priorities and actions. It includes local and national reporting and accountability mechanisms.

At the heart of the EDS is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance has been analysed, graded and an action plan will be determined.

Goal 1: Better health outcomes for all

Goal 2: Improved patient access and experience

Goal 3: Empowered, engaged and well supported staff

Goal 4: Inclusive leadership at all levels

The EDS helps ensure that everyone has a voice in how organisations are performing and where they could and should improve. This has been supported by Sir David Nicholson NHS Chief Executive and Chair of NHS Equality & Diversity Council.

The NHS has been sponsored and supported by the Equality and Diversity Council (EDC) to develop the EDS for the NHS, thus the EDS has been designed by the NHS for the NHS, to support the delivery of a service that is personal, fair and diverse. The EDS will support NHS organisations to drive up equality performance and embed equality into mainstream NHS business. It has been designed to help NHS organisations, in current and new NHS structures, to meet the requirements of the public sector Equality Duty.

The EDS will also support NHS organisations to meet the equality aspects of the NHS Constitution, the NHS Outcomes Framework, Care Quality Commission's Essential Standards, and the Human Resources Transition Framework. The EDS will be a key mechanism through which the NHS delivers its commitment to local transparency on performance, doing so through the active involvement of staff and the public in the setting of objectives and monitoring of performance for equality.

Legal framework for Equality & relationship to EDS

The Government's Equality Strategy 'Building a fairer Britain' is underpinned by the two principles of equal treatment and equal opportunity.

By eliminating prejudice and discrimination, the NHS can deliver services that are personal, fair and diverse and a society that is healthier and happier. For the NHS, this means making it more accountable to the patients it serves and tackling discrimination in the work place.

The Operating Framework for the NHS in England 2011/12 (December 2010) makes it clear that NHS organisations need to maintain progress on equality by fulfilling their statutory duties under the Equality Act and to deliver high quality care for patients.

In addition to the Equality Act, patients' rights to a comprehensive and fair NHS are set out within its founding principles; legislation such as the Health Bill 2009 which includes the NHS Constitution; and are now being refreshed and extended following the White Paper report, 'Equity and excellence: liberating the NHS' and the 'Future Forum'. There are also plans for the first time, to enshrine the reduction of inequalities in legislation within the Health and Social Care Bill.

The Equality Act

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act brought all existing equality law into a single piece of legislation. The new single equality duty continues to cover race, gender and disability, but is now extended to cover age, marital status and civil partnership, sexual orientation, religion or belief, pregnancy and maternity, and gender reassignment – commonly referred to as protected characteristics. The new duties are flexible, proportionate and less bureaucratic. They move away from detailed legislative description of process to focussing on outcomes and allow public bodies, such as NHS South West London, more autonomy to decide how best to deliver equality of opportunity.

The Act consists of general and specific duties:

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

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The specific duties required public bodies to publish relevant, proportionate information showing how they met the Equality Duty by 31 January 2012 and to set one or more specific, measurable equality objectives by 6 April 2012 and then at intervals of no more than four years.

Appendix 4 Acknowledgments

The author would like to take this opportunity to thank the following for their contributions and support during the developments of the EDS. In particular Wasia Shahain who led this process until mid- February when she was seconded to another role.

Participants in the Grading Workshop

Aboo Kohealtee – Sutton LINK
Sally-Anne Yeats – Sutton Housing Partnership (LGBT)
Patricia Anderson – Merton Unity Network (BAME)
Dave Hobday – Merton LINK
Barbara Price – Merton LINK and Crossroads Care (Carers)

NHS Sutton and Merton Equality Delivery System Steering Group

Wasia Shahain	Chair (until mid-February)
Ita Johnson	NHS SM Commissioning
Keshlin Thangavalu	Sutton Shadow Clinical Commissioning Group
Sima Haririan	Merton Shadow Clinical Commissioning Group
Dr Geoff Hollier	GP - Merton Shadow Clinical Commissioning Group
Martin Jones	NHS SM Finance
Bonny Rodrigues	NHS SM Public Health
Jackie Moody	NHS SM Business Support
Clare Lowrie-Kanaka	NHS SM Patient and Public Engagement
Tony Foote	NHS SM Business Support
Joan Adegoke	NHS SM Project support
Barry Causer	NHS SM Public Health

NHS SW London Cluster Equality Leads

Alison McMilan	NHS Kingston
Colin Smith	NHS Wandsworth
Jane Bailey	NHS Richmond

**NHS Sutton and Merton – Borough Team
Equality Delivery System Implementation Plan
Year 1 2012 – 13**

NHS Sutton and Merton Borough Team is part of the NHS South West London Cluster of five PCTs. The Borough Teams are responsible for addressing Goals 1 and 2, the implementation plan will only address these. The Cluster team is responsible for addressing Goals 3 and 4, the objectives and implementation plan will be published separately.

NHS Sutton and Merton Grades: Overall results for Goals 1 and 2

The [EDS Grades and Objectives Report](#) provides an overview of the process and evidence supporting the agreed grades and the identification of the objectives..

	Outcome	Agreed grade with stakeholders
Goal 1 Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing, and reduce health inequalities	Developing
	1.2 Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways	Developing
	1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Underdeveloped
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	Developing
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Achieving

	Outcome	Agreed grade with stakeholders
Goal 2 Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Achieving
	2.2 Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment	Developing
	2.3 Patients and carers report positive experiences of their treatments, care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	Developing
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.	Developing

Equality Objectives – Year 1 April 2012 – March 2013

The following objectives have been developed to ensure NHS Sutton and Merton / Clinical Commissioning Groups (CCGs) have a clear set of equality priorities. These objectives have been developed in partnership with stakeholders.

Objective 1: Develop data collection and analysis systems to capture information across protected groups, to improve monitoring of public health and commissioning activity to ensure equitable access to healthcare.

Objective 2: Ensure that information arising from the Joint Strategic Needs Assessment is used in a systematic way to commission services effectively and equitably across the population of Sutton and Merton.

This Implementation Plan takes into account the transfer of Equality Duties to Clinical Commissioning Groups from 1st April 2013. The Group will work with Sutton CCG and Merton CCG to develop timelines and action plans for equality compliance during the life of this document (May 2012 – March 2013). The plan will be monitored by the NHS Sutton and Merton Equality and Diversity Group until end of March 2012.

Objective 1: Develop data collection and analysis systems to capture information across protected groups, to improve monitoring of public health and commissioning activity to ensure equitable access to healthcare.			
Action	Measure	Timescale	Lead
1.1 Increase awareness of the requirements of the EDS with PCT and CCG staff and stakeholders, by developing robust communication processes and networks.	Demonstrated understanding and ownership of the EDS with improved outcomes for patients.	6-month action plans in place September 7 th 2012. Completed action plans March 2013	Equality and Diversity Group CCG Leads
1.2 Conduct a high level review of the current data collection across commissioning functions to identify gaps and good practice	Target areas are identified for development.	Review Process completed by 7 th September 2012	Equality and Diversity Group CCG Leads
1.3 Identify critical areas for data collection improvements and priorities for 2012/13 and beyond.	Achievable developments and work plan that will have a positive impact for all patients.	Report on review process and identified remedial actions by 21 st September 2012	Equality and Diversity Group CCG Leads
1.4 Work to ensure that good practice is embedded and transitioned to future commissioners (CCGs).	Effective use of equalities data to commission services appropriate to the populations needs and ensure compliance with Equality Duties.	Monitoring to start in October 2012 and to continue until March 2013 for PCT. Ongoing for CCG's.	Equality and Diversity Group CCG Leads

Objective 2: Ensure that information arising from the Joint Strategic Needs Assessment (JSNA) is used in a systematic way to commission services effectively and equitably across the population of Sutton and Merton.			
Action	Measure	Timescale	Lead
2.1 Conduct an initial review of the use of the JSNA and understanding of its value to underpin commissioning intentions.	Greater awareness amongst PCT and CCG staff.	Initial activity completed by July 14 th Ongoing process to identify new sources	Equality and Diversity Group CCG Leads
2.2 Work with Public Health to identify key areas of inequality in service provision in Sutton and Merton boroughs.	Clear understanding of areas of inequality in both boroughs.	August 24 th 2012	Equality and Diversity Group. CCG Leads
2.3 Prioritise key areas for action within 2012/13 and areas for future development with separate objectives for the boroughs of Sutton and Merton.	CCGs aware of the key issues. Data collated for PCT use until March 2013.	September 7 th 2012	Equality and Diversity Group. CCG Leads
2.4 Underpin the overarching PCT EDS implementation plan with separate plans for Sutton and Merton CCGs to take account of transition of responsibilities in April 2013.	CCGs make commission decisions taking into account evidence of health inequalities.	Monitoring commences 5 th October 2012. Reporting to fortnightly Equality Diversity Group meetings	CCG Leads supported by Equality and Diversity Group.
2.5 Transition: develop a 6-month action plan with timeline and milestone targets and use communication and training networks	Each borough JSNA is used to underpin service changes and inform commissioning discussions.	October 2012 – March 2013	Equality and Diversity Group. CCG Leads