



Public Sector Equality Duty

Annual Report

April 2013 - January 2014



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Preface

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

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

This report brings together information, evidence and recommendations which demonstrates how NHS Sutton Clinical Commissioning Group (CCG) is seeking to meet its statutory duties under the Equality Act 2010.

We have tried to show what steps we have taken to improve performance in this area, and are committed to building on successes and addressing gaps, in recognition that:

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

The contents covered describes how key business functions have taken into account equalities requirements, evidenced by relevant documentation and supporting information where required.

We will be looking carefully at how to integrate these findings into the strategic business and operational running of the CCG, using the Equality Delivery System as a tool to support and guide us over the coming year.

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Chair
Sutton Clinical Commissioning Group

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Acknowledgement: Thanks go to all colleagues from NHS Sutton Clinical Commissioning Group who contributed to this report.
Introduction

1) Background

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

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

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

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

- 1.3 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.

- 1.4 As a statutory public body, the NHS Sutton Clinical Commissioning Group (CCG) must ensure it meets these legal obligations and intends to do so by publishing information demonstrating how the organisation has used the Equality Duty as part of the process of decision making in the following areas:

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

- 1.5 With the introduction of the Equality Act 2010, Equality Impact Assessments have been abolished. A new tool has been developed and adopted to assess the impact of documents and services known as 'Equality Analysis', which there will be evidence of in this report.

2) Organisational context

- 2.1 NHS Sutton CCG was formed by 28 GP practices in the London Borough of Sutton in December 2011.
- 2.2 On 1 April 2013, NHS Sutton CCG took over the statutory responsibilities for planning and funding NHS services for the population of the London Borough of Sutton from NHS Sutton and Merton primary care trust.
- 2.3 As a relatively new organisation, Sutton CCG has been seeking to build on previous work to develop equalities. Progress has been made through developing our Equality Objectives, and we are in the process of carrying out NHS England's tool the Equality Delivery System. Further information can be found on page 15 of this report.

- 2.4 Sutton CCG purchases a range of services from South London Commissioning Support Unit (SLCSU), which supports the CCG to discharge our statutory responsibilities, including those within the Equality Act 2010.
- 2.5 NHS England will also provide strategic policy guidance and performance monitoring through its national Equality and Health Inequalities team.
- 2.6 This report will focus on the period April 2013 - January 2014, covering the following core business areas:
 - 1. Commissioning and Quality Innovation Productivity and Prevention (QIPP)
 - 2. Partnerships and Public Health
 - 3. Consultation and Engagement
 - 4. Complaints and Patient Advice and Liaison Service (PALS)
 - 5. Serious Incidents
 - 6. Safeguarding
 - 7. Contracts, Tenders and Performance Monitoring
 - 8. Workforce
 - 9. Equality compliance in 2012/13

3) CCG leadership

- 3.1 Sutton CCG has identified a Director of Quality to lead the equality and diversity work programme, with progress to be fed in through the Quality Committee to provide assurance.
- 3.2 A clinical equality lead has also been identified that has actively supported the development and delivery of equality work streams, particularly Equality Objectives.
- 3.3 The Governing Body has a Patient and Public Involvement Lay Member with extensive engagement knowledge and practice. The strong link with equalities is a helpful connection which will be used to strengthen the focus on these issues.

4) Commissioning

4.1 Commissioning Plans

Commissioning Plans have been produced to support the development of CCGs in line with requirements of the authorisation process. Sutton CCG has prepared plans which look carefully at population needs based on demographics, health inequalities and access to services. At the heart of our strategy is a key objective to improve outcomes for patients ensuring services are accessible and responsive to patient needs.

- 4.2 The Sutton CCG (SCCG) Operating Plan 2013-14 is a key strategic document describing how clinical commissioners in Sutton are working to transform and improve health services through a wide range of initiatives in commissioning areas. SCCG also work closely with Local Authority colleagues and other stakeholders to align strategies and improve health outcomes for residents

and patients through the Joint Health and Wellbeing board, the Joint Health and Wellbeing Strategy and other areas of partnership work, for example the joint post for Mental Health. The Operating Plan can be found in Appendix 1 (a).

- 4.3 The information used to develop the Operating Plan comes directly from the JSNA, including population demographics, key commissioning implications and substantial patient and public engagement. The key commissioning priorities cover: Integration and collaboration, Long term conditions management, Acute reconfiguration, Out of hospital care, Jubilee Health Centre and Mental Health.
- 4.4 As a result, Sutton CCG will be seeking to address the following issues in its commissioning of health services:
 - a) Stronger assurance that providers are meeting statutory duties on equalities as required by the Equality Act 2010.
 - b) Improved performance on data monitoring and analysis, to enable commissioners to assess equitable access to health services and health outcomes for people who share protected characteristics.
 - c) Clear performance indicators and targets for groups where specific problems have been identified in relation to health services access and health outcomes.

5) Quality Innovation Productivity and Prevention (QIPP) programme

- 5.1 QIPP is a national programme for the NHS aiming to make efficiency savings while delivering Quality, Innovation, Productivity and Prevention outcomes.
- 5.2 To support the delivery of Sutton CCGs QIPP programme, and provide an overview of the potential impact of any service changes on diverse groups in Sutton, Equality Analysis has been newly introduced in the development of QIPP schemes.
- 5.3 The Complex Older People's pathway is the first scheme to carry out Equality Analysis, with all QIPP projects requiring assessment in 2014/15. The completion of Equality Analysis is monitored by Sutton CCGs Service Re-design team.

6) Partnerships

6.1 Public Health

6.2 Joint Strategic Needs Assessment (JSNA)

Since 1 April 2013, Local authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare JSNAs and Joint Health and Wellbeing Strategies, through the Health and Wellbeing Board. The JSNA for Sutton is a public document and is currently published on a website that can be freely accessed at: <http://www.suttonjsna.org.uk/>. The current version was published in February 2013.

6.3 The JSNA provides the basis for the Joint Health and Wellbeing Strategy (JHWS), and is therefore central to the work of Health and Wellbeing Boards (HWBs).

6.4 The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce health inequalities. It is not an end in itself, but rather a continuous process of strategic assessment and planning. The core aim is to develop local evidence-based priorities for commissioning to improve the public's health and reduce inequalities. Outputs, in the form of evidence and the analysis of needs and agreed priorities, help determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

6.5 The JSNA is the main tool to monitor, identify and address and improve health inequalities in Sutton by breaking the link between Public Health outcomes and social deprivation. It contains comprehensive data and analysis of all aspects on the health and wellbeing of the population the borough, with a particular focus on inequalities between populations and how they can continue to be tackled. As well as a wealth of relevant statistics, the JSNA includes evidence, effective actions and a detailed commentary that describes the changing needs of our local communities and implications for commissioning services. This goes far beyond just the 'health' needs of our populations and contains the best information that the Local Authority and CCG are able to contribute on all of the aspects that impinge on the population's wellbeing.

6.6 The duty to undertake the JSNA was originally set out in Section 116 of the Local Government and Public Involvement in Health Act (2007). The Health and Social Care Act 2012 amended that Act to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs and Joint Health and Wellbeing Strategies (JHWSs). CCGs, NHS England, and Local Authorities' plans for commissioning services are expected to be informed by relevant JSNAs and JHWSs.

6.7 2013-14 update of the JSNA

Following the major restructure of the NHS and the establishment of a new Public Health team as part of the London Borough of Sutton, the new JSNA project plan has been developed to ensure that it adds value through a genuinely action-focussed approach so that information on population-based health and social care needs inform strategic commissioning and planning effectively and efficiently across organisations.

6.8 Key points in the project plan for the forthcoming JSNA are as follows:

A clear focus on:

- What works
- What is cost effective
- Outcomes and targets
- What is the evidence that we can do something about each topic
- It will prioritise actions: i.e. it will set out ten priority issues that the Health and Wellbeing Board should focus on to achieve step change

- It will aim to break the link between inequalities and social deprivation – with the strong expectation that this is possible

6.9 The aim is that the new enhanced Sutton JSNA will be:

- More navigable
- In real time
- Easier for all organisations to author/edit/contribute
- It will prioritise explicit actions – e.g. the development of priorities for further action by the Health and Wellbeing Board
- There will be ownership far beyond Public Health, i.e. as many appropriate people and organisations as possible will design, author and contribute to their part of the JSNA to a proforma that will be provided by Public Health
- Accessible through the LB Sutton website
- It will link to other relevant strategies so as to set the JSNA in a wider context

6.10 **Approach**

A multi-agency steering/project group for Sutton has been established comprising representatives from all of the organisations and departments that will contribute to the JSNA. This group is chaired and led by a Consultant in Public Health. The project group's priority focus is to engage with commissioners to ensure that the JSNA meets the needs of the population of Sutton. This includes identifying the lead on each issue, topic or section, i.e. to establish joint ownership of the process.

6.11 **Equality and Diversity in the JSNA**

The format of the forthcoming website will be according to a series of individual Data Sheets, arranged under seven sections as follows: Demographics, Children and Young People's Wellbeing, Adult Health and Wellbeing, The Wider Determinants of Health, Long Term conditions, Health Protection, and Social Care Services.

6.12 Within these sections is detailed information on Protected Characteristics including Ethnicity, Age, and Disability. In addition, there is a focus on inequalities in health and wellbeing of the population of Sutton throughout the JSNA process in keeping with its purpose as stated at the start of this section, i.e. to improve the health and wellbeing of the local community and reduce health inequalities. This will be presented according to each topic included in the JSNA.

6.13 **Health impact and needs assessments**

A range of health and equality impact assessments have been undertaken to identify the needs of different sections of the population.

6.14 **LiveWell Sutton**

NHS Sutton and Merton re-commissioned the LiveWell service in 2012 prior to transition. The new providers deliver a free health improvement service where clients set their own achievable goals with motivational support. This facilitates behaviour change which will ultimately improve health and

wellbeing and reduce health inequalities in Sutton. It also provides simple referral routes for community and health professionals.

- 6.15 For the start of LiveWell an external agency was commissioned to undertake a public and stakeholder programme of engagement to identify the needs, barriers and facilitators for local citizens to choose to lead a healthy lifestyle. 'Healthy lifestyle' was defined as: Physical activity, anti-smoking, food choices, sexual health, alcohol consumption and positive mental well being. This was supported by the completion of a full Equality Impact Assessment (EIA) which identified a focus for the researchers in order to target diverse groups and communities in the study.
- 6.16 The new service provider has a target to train and support 25 health champions identified from local communities plus a new cohort of health trainers to deliver the interventions.
- 6.17 The EIA indicated some challenges in engaging specific groups. These include a poorer uptake amongst lower age groups and fewer referral opportunities for those individuals from a lower socio-economic class.
- 6.18 A number of actions are being taken to address these issues such as attending more male orientated events, finding a greater amount of activities and support groups that promote healthier lifestyles amongst younger age groups, plus identifying and advertising free or subsidised activities available to local residents on the LiveWell website, and newly launched APP.
- 6.19 NHS Health Checks
The NHS Health Check programme is a national programme to reduce the risk of heart attack, stroke, diabetes and kidney disease. It is a free check on the NHS and it is for people aged 40-74 who are not already diagnosed with these diseases.
- 6.20 Sutton and Merton Public Health previously commissioned local GP practices to deliver the NHS Health Check programme with 92% of the GP practices participating. To ensure universal coverage, three pharmacies were commissioned in Sutton to deliver the health checks. The pharmacies were selected on the basis of geography and population need. These are now being expanded to six pharmacies with training in December and service launch in January 2014.
- 6.21 Local market research was commissioned to test out promotional concepts with key target groups. These groups were identified with a higher risk of cardio vascular disease: Afro Caribbean, South Asian and males of working age particularly from the routine and manual working groups. The concept '*I'd like to check*' was selected via focus groups as the message people related to the most. The new promotional materials have been used at community events - Jubilee Health Centre official opening, Sutton Seniors Forum, South Mitcham Community Centre.

6.22 Public health initiatives

In late 2012 / early 2013 the Sutton and Merton Public Health Directorate commissioned five social marketing projects. These projects were to research local provision, barriers and motivations, and provide recommendations on how to address:

- Healthy eating among children under five
- Breastfeeding levels
- Physical activity in young adults
- Use of physical health services by people with severe mental illness.

- 6.23 The main common insight generated by the desk, stakeholder and target audience research was a need for greater local coordination and leadership on these key health issues. In addition, young parents are the target audience for breastfeeding, childhood immunisations and healthy eating so there is considerable potential for joint working on these issues. A summary report can be found in Appendix 1 (b).

7) Health and Wellbeing Boards

- 7.1 The Sutton Health and Wellbeing Board (HWB) is a partnership of local councillors, officers of the council, CCG clinicians and executive managers, public health consultants, HealthWatch and representatives from the voluntary sector. The Sutton HWB became a statutory Board from 1 April 2013.
- 7.2 The purpose of HWBs is to deliver strategic local leadership in health and wellbeing, informing the commissioning of health and social care services in their borough area, and encouraging joined up services across the NHS, social care, public health and local partners.
- 7.3 Sutton HWB has developed a Health and Wellbeing strategy, which has used information from the Joint Strategic Needs Assessment to identify a vision, priority areas and specific outcomes for improving health and wellbeing and reducing health inequalities for the population of Sutton. This forms the basis for establishing commissioning priorities for collective action by local commissioners. The Sutton Health and Wellbeing strategy can be found [here](http://www.sutton.gov.uk/CHttpHandler.ashx?id=18919&p=0). (<http://www.sutton.gov.uk/CHttpHandler.ashx?id=18919&p=0>)
- 7.4 A review of the progress that has been made through the Health and Wellbeing programme has been undertaken. The position statement by the Health and Wellbeing Board can be found [here](http://www.sutton.gov.uk/CHttpHandler.ashx?id=18310&p=0). (<http://www.sutton.gov.uk/CHttpHandler.ashx?id=18310&p=0>)

8) Bi-lingual health advocacy service

- 8.1 The Bi-Lingual Health Advocacy Service has been provided by Sutton and Merton Community Services since 1 April 2013. The service has continued to raise awareness of how to navigate health services with seldom heard groups and migrant communities.

8.2 The programme focuses on improving access to services and tackling health inequalities for local migrant Tamil, Polish, Pakistani and Indian communities through bi-lingual advocacy. Activity in Sutton has centred on pockets of deprivation across the borough.

8.3 The main objectives of the service are to:

- Educate patients on how to make appropriate use of NHS services
- Identify communication tools and strategies to support migrant health needs
- Reduce A&E episodes through targeted interventions within primary care, which has successfully enabled patients to make better decisions.
- Identify where patients can benefit from interventions and support strategies

9) Consultation and Engagement

9.1 Legal Duties

The Health and Social Care Act 2012 places a statutory duty on NHS commissioning organisations regarding patient and public participation. CCGs must promote the involvement of patients and carers in decisions which relate to their care or treatment. The second duty relates to the requirement for NHS commissioners to ensure public involvement and consultation in commissioning processes and decisions.

9.2 Overview

As part of NHS England's *A Call to Action*, Sutton CCG has been reviewing its engagement activities during 2013. These activities also inform a south west London service reconfiguration programme known as *Better Services Better Value*. A summary of key events can be found in Appendix 1 (c).

9.3 The summary highlights that activities have been diverse and wide-ranging with respect to engagement with user groups, including carers, mental health service users, people with dementia, parents, young people, local residents and key partners such as Healthwatch.

9.4 Areas to further develop our engagement have been identified, including ethnic minority groups, condition-specific groups and people from deprived communities. These are gaps we will seek to address through our Equality Delivery System assessment process (see page 15).

9.5 **Patient Reference Group**

We aim to continually improve the ways in which we involve local people, and one of our key mechanisms is through our CCG Patient Reference Group, which draws its membership from a number of practice-based Patient Participation Groups. The PRG is well-established and represented by a range of patients across Sutton, who meet to discuss, challenge and influence decisions on areas of work within the CCG. The PRG terms of reference can be found in Appendix 1 (d).

- 9.6 The CCG has commissioned Healthwatch to support the development of patient participation groups within Sutton GP practices.

10) Complaints and Patient Advice and Liaison Service (PALS)

- 10.1 The PALS and the Complaints Service deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by SCCG. Since October 2013, Equality and Diversity monitoring forms have been sent with acknowledgment letters to complainants. This will be an important source of information helping us to identify whether certain groups experience problems disproportionately to other groups.
- 10.2 SCCG uses South London Commissioning Support Unit (SLCSU) to provide these services.
- 10.3 Equality monitoring is undertaken as part of evaluation of these services, and the information gathered will be analysed, brought together in Quality reports so trends and themes can be identified and addressed.
- 10.4 The Complaints policy sets out the process for accessing Complaints services to ensure flexibility, access and increased provision of patient information. This document can be found in Appendix 1 (e).
- 10.5 Information on PALS and Complaints is available on the SCCG website [here](http://www.suttonccg.nhs.uk/page1.aspx?p=4). (<http://www.suttonccg.nhs.uk/page1.aspx?p=4>)
- 10.6 Advocacy – independent advocacy is available to all patients. The ICAS (Independent Complaints and Advocacy Service) provider will ensure that any other support e.g. interpreters is also available to our patients.

11) Interpreting service

- 11.1 The CCG commissions an interpreting service that supports patients in Sutton. The services commissioned from different providers supports face to face and telephonic interpreting services. The CCG also commissions a sign language service.
- 11.2 This service enables those with interpreting needs to access and increase knowledge of local health services, improving the health and wellbeing of marginalised communities and supporting community cohesion.

12) Serious Incidents (SI)

- 12.1 South London Commissioning Support Unit (SLCSU) began providing Serious Incident (SI) Management on behalf of Sutton CCG from 1 April 2013.
- 12.2 The SLCSU is looking into how it can report SI's using the relevant protected characteristics. Once this information becomes available SCCG will investigate any trends that demonstrate variances in experiences/incidents of patients with protected characteristics.

13) Safeguarding

- 13.1 CCGs currently hold statutory responsibility for children's safeguarding. New guidance, the NHS South West London Safeguarding Children Through Commissioning Guidance, Standards and Clinical Indicators (2012) and the NHS Commissioning Board, Safeguarding Vulnerable People in the Reformed NHS, Accountability and Assurance Framework (2013) details the safeguarding responsibilities of commissioners and commissioned organisations/providers.
- 13.2 The Safeguarding Vulnerable Adults strategy in Sutton seeks to raise awareness and address issues across a range of areas, including race, age, disability, sex and carers. Further information on adult safeguarding can be obtained from the following website:
- [Sutton Safeguarding Vulnerable Adults](https://www.sutton.gov.uk/index.aspx?articleid=10823)
(<https://www.sutton.gov.uk/index.aspx?articleid=10823>)
- 13.3 CCGs have taken on new responsibilities around children's and adult safeguarding post-authorisation. Each CCG has been required to demonstrate that they have appropriate systems and sufficient capacity in place for fulfilling their duties for safeguarding; equality analysis has been undertaken as policies have been developed.
- 13.4 The requirements Sutton CCG has addressed are outlined below:
- Training staff to recognise and report safeguarding issues
 - Securing the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood
 - Having a safeguarding adults lead and a lead for the Mental Capacity Act, supported by relevant policies and training

14) Tenders, Contracts and Performance monitoring

- 14.1 Ensuring the contracts and tendering process includes specific requirements around equalities provides assurance that commissioners and providers are taking account of their responsibilities. It also enables the organisation to monitor how different communities access services and establish mechanisms to address any inequalities. By coupling this with effective performance measures, we can aim to monitor health outcomes for the population. This is an area of development for Sutton CCG and one we hope to focus on in 2014.
- 14.2 In order to ensure that our Providers have met their responsibilities under the Equality Act, we request that an Equality Analysis is undertaken as part of any service change. For example, a proposal around the relocation of Sutton Hospital services was scrutinised at the Governing Body for its impact on equalities, and for the quality of engagement carried out. The assessment can be found in Appendix 1 (f).

- 14.3 In 2013, Sutton CCG participated in a procurement process and as part of this areas were identified where specific attention may need to be paid with regards to the protected groups. Equality clauses have been developed to include in specifications, and providers have been required to provide evidence of equality policy, training and reasonable adjustments where relevant. Wherever possible patients are involved in the co-production of service specifications and included on panels where new tenders are considered.
- 14.4 Equality analysis on the following tender:
- GP out of hours services (July 13) is available in Appendix 1 (g)
- 14.5 The Department of Health national contract is routinely used by the CCG. This follows a review of contracts last year which showed wide variation in use of contract templates. The national contract includes provider requirements around 'equity of access, equality and no discrimination' and 'pastoral, spiritual and cultural care. Further evidence will need to be gathered to demonstrate how providers meet these requirements. NHS south west London Equality Analysis guidance states all new contracts and service specifications require equality analysis.

15) Community Commissioning

- 15.1 There are 31 service specifications within the community services contract which is hosted Merton Clinical Commissioning Group. All the community contracts contain performance indicators on:
- Reducing inequalities
 - Reducing barriers
 - Improving service user and carer experience
- 15.2 Providers are required to comply with equality requirements and report on these measures through the annual corporate report. Further evidence will need to be gathered to demonstrate how providers meet these requirements. The next steps will be to use the data collected to identify differential access for different groups to community services, with development of targeted actions to redress any inequalities.

16) Equality and Diversity Progress in 2013

16.1 Equality and Diversity Strategy

Sutton CCG developed an Equality and Diversity strategy to support delivery of their legislative responsibilities as a future public body, an employer and a commissioner of services as part of the CCG authorisation process. This can be found in Appendix 1 (h). The strategy will be due for review in early 2014.

- 16.2 The implementation plan which underpinned this strategy outlined how the CCG proposed to meet our equality duties: providing equality and diversity

training, ensuring Equality Analysis assessments are conducted on all documents and services, developing patient participation groups to represent communities, utilising the JSNA and other data sources to identify gaps in service provision and ensuring Human Resources (HR) and employment policies are in line with the Equality Act 2010 and implementing the Equality Delivery System (EDS).

- 16.3 This information has been used in the development of Equality Objectives for Sutton CCG, ensuring that implementation is consistent and responsive to the CCG's priority areas.

16.4 Equality Objectives

Sutton CCG has been pro-actively developing its strategic vision for equalities since February 2013. A full report can be found in Appendix 1 (i).

- 16.5 The development process was carried out in four stages: data collection, data analysis, engagement and action planning and review. Extensive data gathering was used to develop a series of 'equality themes' for the CCG, including the 2012 Annual Equality Report, the previous PCTs findings of the Equality Delivery System (EDS), the JSNA and London Borough of Sutton Equality and Diversity Plan.
- 16.6 Internal and external engagement took place to prioritise the equality themes, which culminated in a patient and public event held in February 2013. The information gathered was used to develop the following objectives (*Fig 1*).

Fig 1: Equality Objectives for Sutton CCG mapped to EDS goals

Linked to EDS Goal	Core Equality Objectives 2013-2017
1 – Better Health Outcomes for all	Develop Commissioning plans and activities which have assessed the impact of equalities
2 – Improved patient access and experience	Develop Patient Engagement strategies which represent and involve the diverse communities of Sutton
3 – An empowered, engaged and well supported workforce	Identify baseline of disaggregated staff views on current workforce issues (including health and wellbeing, bullying and harassment)
4 – Inclusive leadership at all levels	Ensure staff and Governing Body members are trained appropriately in equalities roles and responsibilities

16.7 An action plan to support implementation of these objectives has been developed. The contents of the plan for Year 1 (2013/14) can be found in Appendix 1 (i, page 23).

16.8 Each year we will review actions that have been achieved and add new actions based upon our four Core Equality Objectives in partnership with internal and external partners.

16.9 Equality Delivery System (EDS)

In 2011, the Department of Health introduced a new tool for monitoring equality outcomes called the Equality Delivery System. Sutton CCG has decided to adopt this to assess its own equality performance.

16.10 The following commissioning priorities have been identified for the CCG's EDS assessment: Improving Access to Psychological Therapies, Complex Older People Pathway and the Jubilee Health Centre.

16.11 Workforce and leadership are being given further consideration in light of the significant changes to the NHS commissioning structure, in order to address goals 3 and 4 of the EDS.

16.12 Sutton and Merton Borough PCT, the former local commissioning body, carried out an EDS assessment in 2012 (Appendix j) which has been helpful in indicating areas where the CCG may need to focus. In particular, 'Changes across services for individual patients are discussed with them, and transitions are made smoothly' was highlighted as an undeveloped area in the PCT, and will be given particular attention when the CCG undertakes its own assessment in early 2014.

17) Workforce information

17.1 The Public Sector Equality Duty highlights that information on the make-up of the workforce must be published where public authorities have 150 or more employees; Sutton CCG has a total of 22 employees.

17.2 Our workforce plans, as described in our Equality Objectives action plan, include: Equality Awareness and Equality Analysis covered on the statutory and mandatory training programme – both of which are available and/or have been provided – Equality Act awareness with Governing Body members and developing a baseline of staff views on key workforce issues.











17.3 During 2013 there has been a programme of policy review and development for all our HR policies; including completion of Equality Analysis assessments. All policies will be uploaded onto a staff intranet which is currently in development and being launched in the new year. This will promote ease of access and ensure consistency of documentation used.

18) Summary of progress in Sutton CCG in 2013

A summary of positive examples of strategy, policy and practice in Sutton CCG are highlighted below which we will look to build on in the coming year:

- Inclusion of Equality Analysis in QIPP / Commissioning workbooks and completion of assessment for Complex Older People's pathway
- New Equality Analysis tool introduced and training provided to all commissioning managers
- Established Patient Reference Group and work with Healthwatch to develop practice-level Patient Participation Groups
- Evidence of range of patient engagement carried out in development of commissioning activities
- Joint work with Public Health to reduce health inequalities through range of commissioned projects (LiveWell, GP health checks, social marketing)
- Re-development of JSNA to ensure real-time access to data and improve navigation which should assist commissioners to better use public health data.
- Robust development of Sutton CCG Equality Objectives and implementation plan
- Equality Delivery System – three commissioning priorities identified, namely IAPT, Complex Older People's pathway and the Jubilee Health Centre, and assessment process underway.

Appendix 1: List of embedded documents

a) Sutton CCG Operating Plan and Commissioning Priorities	 NHS Sutton CCG - Plan on a page_V3 11
b) Public Health Sutton and Merton Social Marketing summary report	 Sutton_and_Merton_ Social_Marketing_Sun
c) Summary of 2013 engagement activities	 Sutton_CCG_ACTA_ Engagement_Templat
d) Patient Reference Group terms of reference	 Sutton_CCG_PRG-Ter ms_of_Reference-27
e) Complaints Policy	 SCCG Complaints Policy GB 04.09.13.pr
f) Equality Analysis – Sutton Hospital	 131105-Sutton_Hosp ital_Protected_Group
g) GP out of hours service equality analysis	 Out of hours service Equality Analysis May
h) Equality and Diversity strategy	 Sutton Equality and Diversity Strategy-Fir
i) Equality Objectives report	 SCCG Equality Objectives report FIN
j) Equality Delivery System	 2012 03 Sutton_Merton EDS C