



Sutton Clinical Commissioning Group Equality Objectives Report 2013-2017



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Preface

We are delighted to present this report sharing our vision for equalities from 2013-2017.

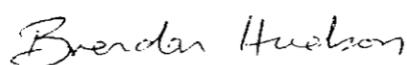
This year has been one of significant change in the NHS, and we are keen to ensure that throughout this period we deliver on the statutory requirements we are responsible for as a public body, an employer and a commissioner of services.

This report describes how Sutton Clinical Commissioning Group has developed its long term future Equality Objectives 2013-2017, in order to meet statutory duties under the Equality Act 2010. Much work has been undertaken by our predecessors, and Sutton CCG will continue to build on successes and address gaps identified.

Our intentions behind developing our Equality Objectives and Action Plan are firmly rooted in the understanding and 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 of dignity, tolerance and mutual respect should be created, maintained and experienced by all our patients, staff and members.

We will be proactive in our implementation of these Objectives, and our next steps are to work with our patients and partners in Sutton to use the Equality Delivery System as a tool to further support our understanding of equalities – please do join and help us realise these intentions.



Dr Brendan Hudson
Chair
Sutton Clinical Commissioning Group



Dr Chris Elliott
Chief Clinical Officer
Sutton Clinical Commissioning Group

1. Background

- 1.1 The NHS Constitution states that one of the core NHS principles is: “to provide a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief”. Sutton CCG is therefore fully committed to promoting equality and human rights in carrying out all our functions as a public body, an employer and a commissioner of services.
- 1.2 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
- 1.3 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.
- 1.4 The specific duties require public bodies to set specific, measurable equality objectives by 6 April every four years, supported by a plan for how the organisation will implement and monitor them. Equality Objectives must show how the organisation has developed and improved its performance in meeting the general duty.
- 1.5 Public bodies must also publish relevant, proportionate information showing how they meet the Equality Duty by 31 January each year. For more information on 2012/13 annual equalities progress please see [here](http://www.suttonccg.nhs.uk/page1.aspx?p=3) (Link: <http://www.suttonccg.nhs.uk/page1.aspx?p=3>).
- 1.6 Sutton CCG was authorised in February 2013, providing assurance the organisation was ready to assume its statutory responsibilities from 1 April 2013. The CCG has already shown how it proposes to meet these statutory obligations through that process, and further supports its intentions by publishing these Equality Objectives 2013-2017.
- 1.7 The Equality Delivery System (EDS) is a Department of Health tool for both commissioner and provider NHS organisations. The purpose of the tool is to review equality performance and identify future priorities and actions. For more information on legislation and link to the EDS please see Appendix 1.
- 1.8 A full Equality Delivery System assessment was carried out locally in 2012, and Sutton CCG is committed to the programme, working with partners in 2013/14 to carry out a fresh assessment to review equalities performance.

2. Organisational context

- 2.1 Sutton CCG assumed all statutory responsibilities from 1 April 2013..
- 2.2 Sutton CCGs vision is: “Working together to build the best affordable healthcare for Sutton”, and “aims to commission high quality cohesive healthcare services for the population of Sutton through joint working between

health and social care organisations, ensuring the patients' physical, mental and social well-being needs are met". Developing equality objectives are seen to be integral to supporting Sutton CCG meet its vision.

- 2.3 In 2012, progress was made using the Department of Health's Equality Delivery System tool as a way of meeting our duties in partnership with local stakeholders. Sutton CCG will undertake its first assessment during 2013/14.
- 2.4 Sutton CCG has purchased a range of services from the South London Commissioning Support Unit, to help the CCG discharge their 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.

3. Equality Objectives during 2012/13

- 3.1 2012/13 has been a transition year for the NHS, and reflecting this position, Equality Objectives were devised to cover a one-year period, supported by the Equality Delivery System (EDS).
- 3.2 Following assessment of the Equality Delivery System in February 2012 (Please see Appendix 2 for results), a set of Equality Objectives were developed to support the four goals of the EDS:
 - I – Better health outcomes for all
 - II – Improved patient experience and access
 - III – Empowered, engaged and well supported staff
 - IV – Inclusive leadership at all levels
- 3.3 The agreed Objectives for the transition year were as follows, with details of progress in Appendix 3:

Equality Objectives – Year 1 April 2012 – March 2013

The following objectives were developed to ensure Sutton Clinical Commissioning Group have a clear set of equalities priorities. These 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.

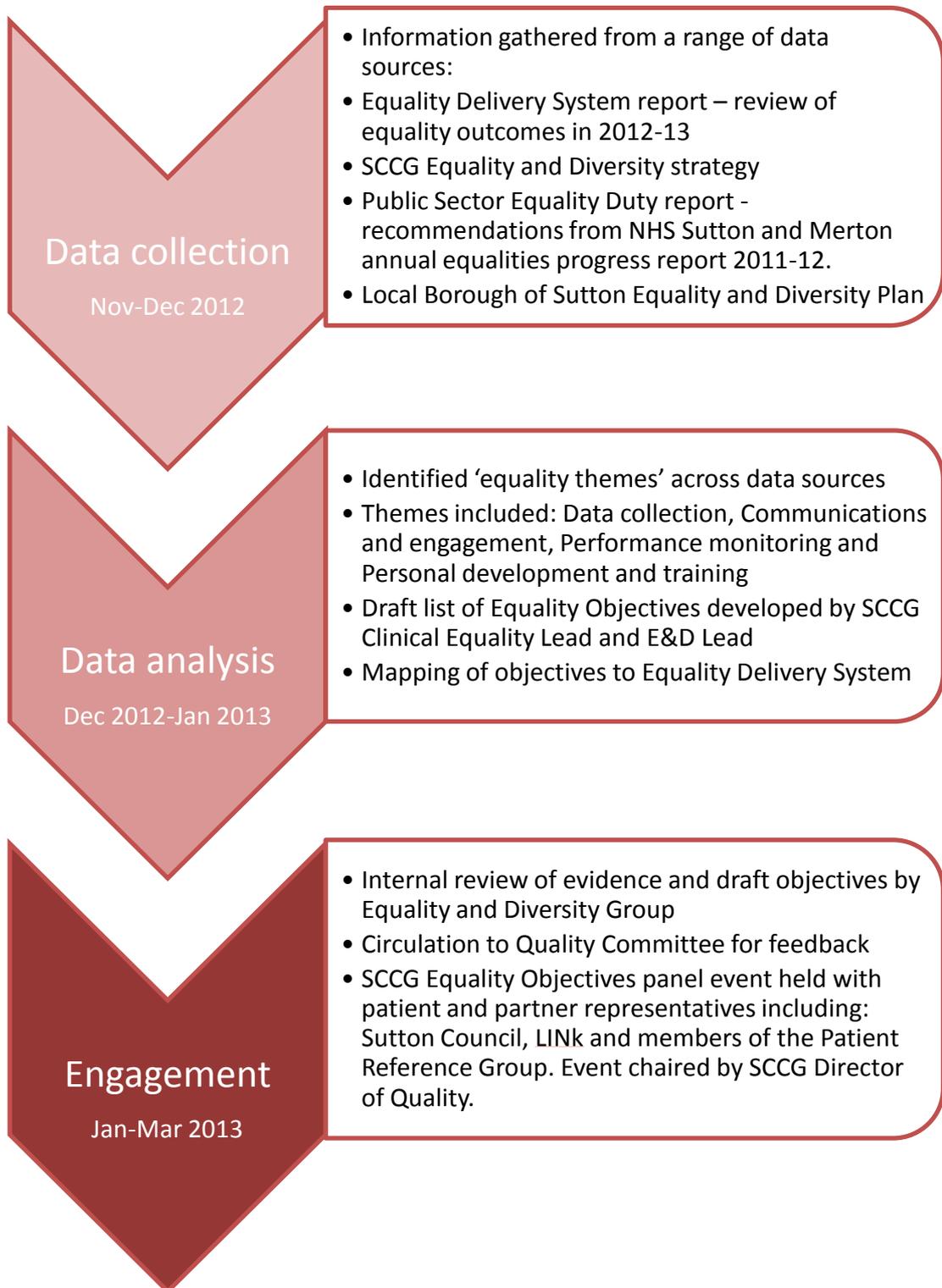
Objective 2: Ensure that information arising from the Joint Strategic Needs Assessment is used in a systematic way to commission services effectively and equitably across the population of Sutton.

Objective 3: Drive up the level of completed appraisals and personal development plans, with mid-year reviews taking place in September 2012.

Objective 4: Implement a training and development programme to provide cultural competency training for staff.

4. Developing Equality Objectives 2013-17

4.1 In November 2012, whilst developing as a CCG, we began work on developing our long term equality plans. A range of activities were carried out and the diagram below outlines the approach taken:





Consultation and engagement

- 4.2 Sutton CCG is strongly committed to working with patients, partners and colleagues to develop equalities plans. We are keen to continue this dialogue with local people and stakeholders, helping us take account of the needs and views of the population.
- 4.3 The former Equality and Diversity Group comprised clinical commissioner leads from Sutton CCG and NHS Sutton and Merton commissioning staff, including public health, equalities and patient involvement leads. The groups' remit was to facilitate implementation of a range of equalities initiatives helping to deliver positive outcomes for patients, communities and staff.
- 4.4 Members of Sutton CCG and the Equality and Diversity Group discussed a range of equality themes and identified a 'long-list' of draft equality objectives. These were prioritised based on what was known about the CCG and its current stage of development.
- 4.5 An Equality Objectives panel event was held in February 2013 for patients and partner representatives. Taking the diverse viewpoints of participants, Sutton CCG was able to 'test' the list of objectives helping us to select our long term equality priorities. Participants provided perspectives from a wide range of protected groups, including: age, gender, race and ethnicity and religion and belief. Full feedback from the event can be found in Appendix 4.

6 Equality Objectives 2013-2017

- 6.1 The following Core Equality Objectives have been developed with input from patients and partners to ensure Sutton CCG has a clear and flexible set of equalities priorities:

Core Equality Objectives 2013-2017

- | |
|--|
| 1. Develop Commissioning plans and activities which have assessed the impact of equalities |
| 2. Develop Patient Engagement strategies which represent and involve the diverse communities of Sutton |
| 3. Ensure staff and Governing Body members are trained appropriately in equalities roles and responsibilities |
| 4. Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment) |

- 6.2 An action plan to support implementation of these objectives has been developed following our patient and public engagement event in February 2013. The contents of the action plan for Year 1 (2013/14) can be found in Appendix 5.
- 6.3 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.

7 Publishing our Equality Objectives

- 7.1 The objectives and supporting action plan will be published on the Sutton CCG website (Link: <http://www.suttonccg.nhs.uk/>) once approved by the Governing Body. We will continue to publish information about equality assessments, equality data and the Equality Delivery System on an ongoing basis.

8 Monitoring and Reviewing our Equality Objectives

- 8.1 Progress of all equalities work will be reported through the Sutton CCG Quality Committee, chaired by the Board PPI lay member. The Equality Objectives action plan will also be monitored and reviewed regularly, allowing the CCG to appraise, set and publish new or revised objectives and supporting plans in a 1-4 year cycle.
- 8.2 We are commissioning an Equality and Diversity service from the NHS South London Commissioning Support Unit. In partnership we will develop future structures through which to deliver our equalities programme as appropriate.

9 Next steps

- 9.1 The table below outlines the high level activities we intend to undertake in the next 6 months to ensure we are meeting our statutory responsibilities and policy requirements related to equalities:

Action	Comments	Timeline
♦ Implement the Equality Objectives action plan	- Work with commissioners, partners and patients to deliver the agreed plan.	September 2013 – March 2014
♦ Review evidence to embed the Equality Delivery System (EDS)	- Gather new and review previous information and data across the organisation for the EDS. - Ensure EDS is incorporated in the business planning cycle.	September 2013
♦ Grade and publish Sutton CCGs Equality performance through EDS	- Sutton CCG will invite members and partners to assess evidence and agree grades in a range of areas.	December 2013 – March 2014

9.2 In order to support our work we have developed an approach which will support equalities work streams at all levels:

<p>> Strategy</p> <ul style="list-style-type: none"> - Commissioning and Operating Plans - Equality and Diversity Strategy - Communications and Engagement Strategy 	<p>> Leadership</p> <ul style="list-style-type: none"> - Overall responsibility lies with Sutton CCG Chief Operating Officer - Clinical and Operational Equality leads identified
<p>> Structures</p> <ul style="list-style-type: none"> - Progress will be fed through CCG Clinical Quality Committee - Patient Reference Groups - CSU Equality and Diversity Group 	<p>> Priorities</p> <ul style="list-style-type: none"> - Develop Equality Objectives & Plan - Equality and Diversity training - Implement Equality Delivery System - Equality Analysis assessments

10 Comments and feedback

10.1 Sutton CCG welcomes comments and feedback on these Equality Objectives. We would like to know how effective our work on equalities is, and are happy to receive comments for how to improve what we do.

10.2 Comments and feedback on the contents of this report can be sent to:

Wasia Shahain
 Equality and Diversity Lead
 120 The Broadway
 Wimbledon SW19 1RH

Email: w.shahain@nhs.net

Appendix 1: 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 and 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. Final Version Page 17 of 22

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 2: Equality Delivery System goals and grades

Overall results – 6 April 2011

Goal 1: Better health outcomes for all	Outcome	Agreed grade with stakeholders
<p>The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results:</p>	<p>1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing, and reduce health inequalities</p>	<p>Developing</p>
	<p>1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways</p>	<p>Developing</p>
	<p>1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly</p>	<p>Underdeveloped</p>
	<p>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</p>	<p>Developing</p>
	<p>1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups</p> <p>*This assessment is being reviewed in light of current immunisation data</p>	<p>Achieving*</p>
<p>Goal 2: Improved patient access and experience</p>	<p>Outcome</p>	<p>Agreed grade with stakeholders</p>

The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient 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 and 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

Goal 3: Empowered, engaged and well supported staff	Outcome	Agreed grade with stakeholders
The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs:	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Achieving
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Achieving
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Developing

	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Achieving
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)	Achieving
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Achieving

Goal 4: Inclusive leadership at all levels	Outcome	Agreed grade with stakeholders
NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions:	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Achieving
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Achieving
	4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	Developing

Appendix 3: Progress with Equality Objectives 2012/13

Equality Objective	Progress made since May 2012
<p><i>EDS objective 1:</i> 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.</p>	<ul style="list-style-type: none"> • Data collection survey was designed to capture relevant information from Commissioning and Public Health. • Data so far collected from: primary care and public health. • Awareness raised of data requirements across parts of the organisation. • Good data practice and areas for improvement will be identified along with priorities for CCGs to address in 2013/14 and beyond.
<p><i>EDS objective 2:</i> Ensure information arising from the JSNA is used in a systematic way to commission services effectively and equitably across the populations of Sutton and Merton.</p>	<ul style="list-style-type: none"> • A project was undertaken to split the JSNA by borough, in order to support both Sutton and Merton CCGs. • These have been used by both CCGs in their business development and planning. • A survey was designed following input by Public Health, which aimed to capture commissioning awareness, utilisation and suggestions for improvement of the JSNA. • Following review, the template will be uploaded online, for greater ease of access and analysis of results. The results will enable CCG to understand how the JSNA is currently used, promote its ongoing usage and identify areas where it is under-used, enabling CCGs to make better commissioning decisions based on the needs of the population.
<p><i>EDS objective 3:</i> In 2012/13, drive up the level of completed appraisals and personal development plans, with mid-year reviews taking place in September 2012.</p>	<ul style="list-style-type: none"> • In September 2012, appraisals were on track • Personal Data cleansed as part of the staff transition process. • Timescales for transition changed and staff have been moving into new posts from the beginning of October. • Each member of staff met with their Line Managers and Workforce support regularly through this process • Workforce data was collected up until 30th September. Analysed data in workforce report reflects this timescale.(workforce report Appendix 3) • Workforce transition process will be reported and added to this document as the documents are approved up until the 31st March.

<p><i>EDS objective 4:</i> Implement a training and development programme to provide cultural competency training for staff.</p>	<ul style="list-style-type: none"> • Line managers supported to ensure staff they line manage complete the online training • Training planned for CCG leadership development has had to be postponed due to the priorities of authorisation. • CCG Equality compliance Pack developed – each borough was able to handover their equality agenda by adapting this pack. • Equality training is envisaged as being delivered by the CCG/CSU equality leads in 2013. • It was not found to be feasible to develop and deliver a cultural competency training package and deliver as a training course in the constantly changing environment of transition.
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Appendix 4: Equality Objectives panel event feedback



Sutton Clinical Commissioning Group

Equality Objectives panel event
Tuesday 19th February, 2.30-5.00pm
Conference room, SCILL, 3 Robin Hood Lane, Sutton SM1 2SW

Present:

Joan Adegoke	NHSSM
Amatul-Jamil Ahmad	Ahmadiyyah Muslim Community Sutton Ladies
Hadi Ahmad	Ahmadiyyah Muslim Community Sutton Ladies
Thikra Ali	Sutton Racial Equality Council
Mary Hopper	SCCG Director of Quality
Dr Suki Kanthan	SCCG E &D Clinical Lead
Aboo Koheeeallee	Patient Representative Group / LINK
Janice McCulloch	Sutton LINK Manager
Faiqa Nasir	Ahmadiyyah Muslim Community Sutton Ladies
Shama Sarwar	Sutton Council, Policy and Projects
Wasia Shahain	South London Commissioning Support Unit, E&D Lead
Hilary Smith	Patient Representative Group / LINK
Vera Wells	Patient Representative Group

1 Refreshments and networking

2 Welcome and Introduction

Dr Kanthan welcomed all to the event and thanked participants for supporting Sutton Clinical Commissioning Group (SCCG) in developing its Equality Objectives. She talked through the day's event looking at progress made in the last 12 months, the vision for SCCG, developing Equality Objectives and the plans to achieve the set objectives.

Participants took turns to introduce themselves

3 How are we doing on equality locally?

On the progress made by the CCG, WS informed participants on the following:

- The system changes going on within NHS Sutton and Merton Borough team and how the internal Equality and Diversity Group has been working with the CCG to enable them to embed Equality and Diversity into their commissioning role, which they will soon be taking over from the PCT.

- Transition meeting scheduled to be held in March to discuss future working arrangements.
- Use of equality impact analysis in documents and services i.e. tender processes.
- Health Diversity Programme is an expanding programme which now covers Sutton and includes signposting, health promotion, providing outreach services to homeless etc. with significant progress re. access observed in obstetric support, cancer screening and having professionals talking to people in their homes.
- SK enlightened more on National Health Checks, a programme for screening of vascular disease in adults 40-74, and has been successfully rolled out by Public Health across Sutton and Merton. 12,000 have undertaken the check so far, with specific promotion carried out to target communities most at risk.
- Scores from the grading event carried out last year highlighted our present position on the Equality Delivery System – a Department of Health equalities tool – and areas for development. From 18 outcomes against the four goals, we are Achieving (Green) on 9, Developing (Amber) on 8 and Underdeveloped (Red) on 1.
- Equality Objectives 2011/12 have rolled over and been used to develop objectives for the current year as detailed on the spread sheet.

What is Sutton CCGs vision for equality?

4

Sutton CCG will be responsible for commissioning local health services from 1st of April 2013 with a vision 'to build the best affordable healthcare for Sutton and to commission high quality cohesive healthcare services for the population of Sutton through joint working between health and social care organisations, ensuring the patients' physical, mental and social well-being needs are met'.

To achieve the vision, our equalities approach is to develop:

- Strategy
 - Commissioning and Operating Plans
 - Equality and Diversity Strategy
 - Communications and Engagement Strategy
- Leadership
 - Handover to Sutton CCG Chief Operating Officer
 - Clinical and Operational Equality leads identified
- Structures
 - Progress will be fed through CCG Clinical Quality Committee
 - Patient Reference Groups
 - Commissioning Support Unit Equality and Diversity Group
- Priorities
 - Develop Equality Objectives & Plan

- Equality and Diversity training
- Implement Equality Delivery System
- Equality Analysis assessments

5 **Introduction to developing our Equality Objectives**

WS explained that SCCG have looked at key data sources to glean evidence that have identified broad equality and diversity themes. From this, a list of draft Equality Objectives has been developed covering a 4 year period. Discussion was opened out to group, to address the following questions: do we have the right equality objectives; are we missing any priorities; and what are your suggestions for developing actions to support the objectives? The purpose is to develop specific and measurable objectives.

6 **Discussion on how to develop our Equality Objectives**

Equality theme 1: Data collection

Relates to Objective 1 – Building data collection and evidence base (inc. service, complaints, PALS data etc)

Contributions from panel member as follows:

JM asked if PALS data is available for use in year 1, where will the data source come from in Year 2 taking into consideration that funding for commissioning organisations' PALS services will be taken over by HealthWatch.

WS explained data will include PALS and data collected by partner organisations. WS also highlighted that the JSNA is one of the main commissioning data sources, and has national data included where there is a lack of information at a local level about certain protected groups.

SS commented that community groups would be of help in filling data gaps. Also need to cross reference equality plans with the Health and Wellbeing Strategy to identify gaps.

TA agreed that data collection is useful as it will help highlighting where services are needed and how to provide for such services. Yet the issue of data gaps and to fill it remains. TA suggested a group is created to help collect data and fill gaps, focusing on Sutton-specific issues e.g. lack of infrastructure and networks for Lesbian Gay and Bisexual groups.

HS enquired how success will be measured in order to check that this objective has influenced commissioning.

JM asked if 'data collection' refers to building systems or working with partners to collect data.

WS explained data collection means a mix of both, developing current

systems, and building evidence base e.g. JSNA.

It was agreed by panel that data collection systems should be strengthened in Year 1, and data analysis should take place in year 2.

Equality

theme 2: Joint Strategic Needs Assessment (JSNA)

Relates to Objective 2 – Maximising use of JSNA in commissioning

WS asked if JSNA to be a stand-alone objective or should be joined to data collection?

SS suggested keeping JSNA as a separate objective but in correlation with data from other organisation such as HealthWatch.

Group agreed that the objective should be incorporated into the overarching data collection objective.

HS commented that objective should be more specific and measurable.

Equality

theme 3: Developing communication mechanisms with public and partners to increase E&D awareness

Relates to Objective 3 – Developing communication mechanisms with public and partners to increase E&D awareness

Questions and suggestions were raised as follow:

AK asked on how community will be enlightened on what CCG does?

TA suggested continuous updating and informing community of changes, utilising the CCGs Patient Reference Group, publications like Sutton Scene and Sutton Guardian etc. Awareness-raising can be conducted by other organisations if they are provided with the information – share info wherever possible. SCCG should develop key messages about organisation, as communities ‘on the ground’ do not know what the changes in the NHS mean for them.

SK explained it is the duty of GPs to inform and educate patients of any changes to services or what is required.

The group asked if information could be provided in different formats.

SS reminded the group that emphasis should be made on the communication of Equality and Diversity and not just general communication, but to see it is representative of the protected characteristics.

Equality

theme 5: Equality analysis

Relates to Objective 5 – Training and conducting Equality Impact Analysis

Group raised need to expand on who is being trained, when and what training is given. It was suggested that training on Equality Impact Analysis should be in year 1 to equip staff in the new organisation to continue the use of EA in the commissioning of services.

MH agreed that EA would need to be part of new structures and have it

there for those that may not be familiar with it. Scrutiny committee has a role to look at impact of any change which has to go through EIA. Group discussed whether there was a role for HealthWatch to monitor, quality assure and challenge EA's.

SS mentioned the Council's approach where EIA has been incorporated into the integrated impact assessment (IIA) tool, covering health, environment and equalities under the same remit.

Equality themes 6, 7, 8:
Patient and Public involvement (PPI)

Relates to Objectives 6 and 7 – Develop patient engagement mechanisms so they are representative and PPI in commissioning, design and procurement of services.

Objective 6: Question was raised on how to get all GP practices to have a Patient Reference Group (PRG).

JM highlighted that a PRG pilot had been running, and was now going to be rolled out across Sutton. HealthWatch will be running training for PRG members, and group suggested key messages around equality should be incorporated.

VW expressed her concern on how to get information through to patients with only few members on PRG forums, so there will be a need to set up a mechanism to engage with patients to increase involvement.

HS – reiterated the Terms of Reference for PRG needs strengthening so as to be more pro-active.

Objective 7: Group felt some of this activity may already be going on and suggested Objective 7 should be moved to year 1, whereby processes are reviewed in year 1, and actions are implemented in year 2.

Equality theme 9:
Learning from complaints

Group discussed and agreed learning from complaints to be embedded in data collection objectives.

Equality theme 10:
Safeguarding

Safeguarding was believed not to be a core E&D issue because it has its own resources and structures looking after it, though it could be linked as it focuses on vulnerable individuals who may fall within the protected groups.

Equality theme 11:
Monitoring equalities performance

Relates to Objective 11 – Develop equality key performance indicators to measure improvement in health outcomes.

This was agreed to start from year 1 so as to develop a baseline to measure the impact equalities is having on health outcomes, and in subsequent years to review progress.

Equality theme 12: Ban

This was not made into a separate objective as it may trigger or raise issues with other protected characteristics, as it has been singled out.

on age
discrimination

Panel agreed that it should be kept as a key priority on other broader objectives. There is a need to align themes with Health & Wellbeing Board priorities, and will require further consultation with Public Health colleagues to understand if this is a Sutton-specific issue.

JM highlighted that evidence on older people and mental health services access was available.

**Equality
themes 4, 13-
16: Human
Resources**

Relates to Objectives 14 and 16 – Training needs analysis; training provision; and appraisals and personal development.

Group agreed training needs analysis for the CCG board, staff and CSU staff is a good starting point for year 1, but some delivery should take place, with subsequent delivery in years 2 and 3. Where specific training needs emerge, potential to deliver should be explored to fill knowledge gaps. How appraisals are undertaken and embedded could be included in supervision and one to one meetings.

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What do we plan to do next?..... and how you can help!

Panel members were encouraged to support the CCG in its equalities activities, and in the most immediate case, send comments regarding their thoughts or amendments to the notes of the event. The priority will be to finalise Equality Objectives, and develop an action plan. Thereafter, SCCG will gather and analyse evidence in preparation for a new grading assessment as part of the Equality Delivery System.

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Evaluation and close

Warm thanks given to all participants for their contributions. Evaluation forms were circulated.

Appendix 5: Sutton CCG Core Equality Objectives and Action plan 2013/14

Equality Objectives		Actions	Lead/Timelines	Outcomes
No.	YEAR 1 (2013/14)	-	-	-
1	Develop Commissioning plans and activities where the impact of equalities has been assessed	1/Develop Equality Analysis toolkit to assess E&D issues 2/Develop and deliver EA training for commissioners to utilise tool in QIPP/Commissioning plans 3/Agree EA process and integrate in commissioning workbooks 4/Commissioners carry out Equality Analysis on all Commissioning Priorities 5/Use baseline of data and evidence gathered by commissioners to review core equalities issues and gaps for SCCG 6/Action planning to remove or reduce equalities issues and gaps in commissioning services 7/Conduct Equality Delivery System assessment	WS - June 2013 WS - July 2013 MM - August 2013 Commissioning leads - August - December 2013 MH/WS - December 2013 Commissioning leads - September 2013 MH/WS - December 2013	1/Consistent framework for assessments established 2/Commissioners supported to conduct assessments 3/Link to equalities to business planning cycle, including commissioning plans and activities 4/Gaps identified in service uptake for commissioning/service development 5/Strengthen commissioning outcomes for protected groups 6/Create baseline for improvement in core SCCG functions
2	Develop Patient Engagement strategies which represent and involve the diverse communities of Sutton	1/Review Communications and Engagement Strategy 2/Review arrangements for training, promoting, recruiting and selecting Patient Reference Group members 3/Develop KPI to monitor improvement in representation of PRGs 4/Raise awareness of requirements to engage in commissioning / procurement 5/Utilise Commissioning workbooks to identify and record engagement needs	Quality Committee - March 2014 MH/HealthWatch - October 2013 MH/HealthWatch - October 2013 MH/WS - 15 June 2013 (ongoing) MM/MH - December 2013	1/Gaps identified in engagement with protected groups 2/Patient engagement mechanisms are accessible and equitable 3/Demonstrates improvements in representation 4/Supports development of further PPE activities 5/Current and future engagement needs recorded

3	Ensure staff and Governing Body members are trained appropriately in equalities roles and responsibilities	1/Agree statutory/mandatory training needs with CSU training commissioner 2/Roll out e-learning ED module 3/E&D induction module developed and delivered 4/Equality Analysis training developed and provided 5/ED training for Governing Body members	WS - May 2013 Training Commissioner - Sept 2013 WS - September 2013 WS - 22 August 2013 MH/WS - March 2014	1/Gaps identified in service uptake 2/Raise awareness of core equalities issues 3/Staff and Board fully briefed on roles, responsibilities and tools to embed equalities
4	Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)	1/Annual staff survey is conducted and supported by all staff 2/Plan developed to address/monitor findings	HR business partner - March 2014 HR business partner - March 2014	1/Understand health and wellbeing issues for staff 2/Address and improve health and wellbeing for staff

Appendix 6: Acknowledgments

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NHS colleagues:

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Clare Lowrie-Kanaka, Patient and Public Engagement