Public Sector Equality Duty Annual Report
January – December 2017
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This report was prepared for NHS Sutton Clinical Commissioning Group by Yasmin Mahmood, Equality, Diversity and Inclusion Manager, NHS NEL Commissioning Support Unit. For more copies or a summary version of this document in an alternative format, please contact the CCG or CSU Lead.

Mary Hopper
Director of Quality
NHS Sutton Clinical Commissioning Group
Priory Crescent, Sutton
Surrey, SM3 8LR
Tel: 020 3668 1200
Email: M.hopper@nhs.net

Yasmin Mahmood
Equality, Diversity and Inclusion Manager
NEL Commissioning Support Unit
London, SE1 1ET
Tel: 07812 348197
Email: yasminmahmood@nhs.net

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<td>10/12/2017</td>
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Foreword

It is our pleasure to present NHS Sutton Clinical Commissioning Group’s Public Sector Equality Duty Report 2017. Over the past year, the CCG has coped well with the challenges and opportunities presented by the NHS Five Year Forward View and the establishment of the South West London Sustainable Transformation Partnership (STP) now known as the SW London Health and Care Partnership. The CCG has worked with pace and enthusiasm to implement the new working arrangements – while ensuring it continues to meet its statutory duties under the Equality Act 2010 and the Health and Social Care Act 2012.

Key developments over the past year include:

- A new set of Equality Objectives for 2017-21 have been developed through active engagement with key CCG stakeholder groups.
- To increase access to primary care, two new hubs have opened to provide residents weekend and evening appointments, thus giving them access to GPs all week.
- A range of patient and public engagement activities have taken place which have ensured engagement with those less involved in healthcare commissioning, including the Community Health Champions and Help Yourself to Health programmes.
- The CCG has actively supported the establishment of the Sutton Fairness Commission, a multi-agency partnership set up to support inclusion in the borough.
- The Sutton Uplift programme aimed at increasing access to primary mental health services has seen a steady increase in referrals from diverse communities.
- Results of benchmarking exercises, such as the Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2) continue to be acted upon.
- Key healthcare providers continue to be monitored on equality and diversity as part of the NHS Standard Conditions of Contract assurance process.
- Staff are supported through access to training and development, the Organisational Development Group, team meetings and an Employee Assistance Programme.

This report provides information on the full range of work undertaken by the CCG, with its partners, to minimise inequalities in employment and health care commissioning. We hope our residents and partners will continue to work with us to improve health care services in Sutton.

Dr Jeffrey Croucher  Lucie Waters  Dr Chris Elliott
Chair  Managing Director  Chief Clinical Officer
1. Introduction

1.1. The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act introduced general and specific duties for public bodies:

1.2 The general duty requires public bodies to show due regard to:
- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity and
- foster good relations between those who share a protected characteristic and those do not.

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

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

Both general and specific duties form part of the Public Sector Equality Duty (PSED).

1.5 Meeting the three aims of the general duty require public bodies to:\(^1\):

- work towards minimising or removing disadvantage,
- take steps to meet the needs of people from protected groups where these are different from others, and
- encourage people from protected groups to participate in public life or in activities where their participation is disproportionately low.

1.6 The Health and Social Care Act 2012 require public bodies to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);

- Ensure health services are integrated with health-related and social care services, to reduce inequalities in access to services or in the outcomes achieved. (s.14Z1);

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• Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (s. 14Z11);
• Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities (s. 14Z15).
• The Act does not define a list of groups impacted by the duties - any group experiencing health inequalities is covered. A whole population approach is taken, which means that CCGs and NHS England must consider the needs of the whole population for which they have responsibilities and identify inequalities within them.

Failure to meet the legal duties:

• CCGs could be challenged in several ways on whether the duties have been complied with, including through Judicial Review.
• A Judicial Review will test whether a decision was lawful and judge whether the duty has been complied with. It is likely to rely on evidence including, primary documentation, effective governance processes and risk management when making decisions.
• Robust processes and documentation of compliance with the duty mitigates the risk of challenge.
• As the health inequality duties are new legal duties there is currently no reported case law. However, principles emerging from a challenge to the Public Sector Equality Duty (PSED), namely the ‘Brown principles’, are also relevant to the health inequalities duties.

As a statutory public body, NHS Sutton Clinical Commissioning Group (CCG) must demonstrate how it is meeting its public sector equality duty in its decision-making, commissioning and employment practices annually.

This report provides examples of the CCG’s progress since January 2017 in a range of areas, including:

• Commissioning – by giving examples of how services are being commissioned to minimise inequality.
• Engagement - by highlighting the staff and patient engagement activity undertaken to consider equality, diversity and inclusion.
• Partnerships – to showcase how the CCG is collaborating with partners in the public, voluntary and community and private sectors.
• Workforce and employment – to understand employment practices adopted by the CCG to ensure staff are treated fairly and equitably.

2. Equality Objectives 2017-21:

Between July and October the CCG engaged with a range of stakeholders in the review and refresh of its equality objectives for 2017-21 with the support of its Equality and Diversity Steering group. They include CCG staff, its Quality Committee and partner organisations, including Sutton Centre for the Voluntary Sector and London Borough of Sutton.

The objectives for 2017-21 are:

Objective 1: Develop a schedule of strategies to complete EAs through programme office by March 2018.

Objective 2: Develop a baseline of providers reporting on equality duties by March 31st 2018 as part of Board Assurance on the CCG meeting its statutory duties.

Objective 3: Undertake targeted engagement with young people across different protected groups to prevent risk of self-harm and promote access to services.

Objective 4: Improve staff engagement and wellbeing through targeted interventions to promote well-being by March 2018.

The objectives will be reviewed and refreshed in keeping with changing circumstances annually and reported through the public sector equality duty report.

For details, see Appendix 1.
3. Regulatory Framework:

3.1 CCG Improvement and Assessment Framework

3.2 NHS England has a statutory duty under the Health and Social Care Act 2012 to conduct an annual assessment of CCGs. The CCG Improvement Assessment Framework (IAF) for 2016/17 replaces the earlier CCG Assurance Framework and aims to make CCGs more accountable to the public.

3.3 The framework links together the aims of the Five Year Forward View, NHS Planning Guidance, and the Sustainability and Transformation Plans (STPs) for each area, and focuses on 4 domains: Better Health, Better Care, Sustainability and Well-Led.

3.4 The Leadership domain reviews how the CCG is performing against 6 metrics:

- Sustainability and Transformation Plan.
- Probity and Corporate Governance.
- Staff Engagement Index.
- Progress against Workforce Race Equality Standard (WRES).
- Effectiveness of working relationships in the local system.
- Quality of CCG leadership.

3.5 Sutton CCG’s Assurance Rating for 2016-17 on Well-Led domain:

3.6 Sutton CCG was rated ‘Green’ (Good) for the Well-Led’ domain for the second consecutive year in 2016-17. The rating included a review of the CCG’s arrangements on collaborative working and meeting its equality duties.

3.7 Care Quality Assessment Inspections for key providers

3.8 The Care Quality Commission’s new wave of inspections that began in 2016 assesses health care providers for their progress on the Workforce Race Equality Standard under the ‘Well-Led’ Domain.
3.9 Sutton CCG’s key acute and community care providers received the following ratings under the Well-led domain:

- Epsom and St Helier University Hospitals was rated as ‘Requiring Improvement.’
- South West London and St George’s Mental Health NHS Trust was rated ‘Good’.
- The Royal Marsden NHS Foundation Trust was rated ‘Good’.
- Vocare who deliver the SWL Integrated Urgent Care contract was rated as ‘Good’
- St George’s University Hospital NHS Foundation Trust was rated ‘Inadequate’.

4. Strategic context: South West London Health and Care Partnership

4.1 Since April 2017, commissioners and providers in South West London have come together to form the South West London Health and Care Partnership (SWL HCP) to deliver the NHS Five Year Forward View.

4.2 The work of the SWL HCP is supported by four Local Transformation Boards (LTBs): Croydon, Kingston & Richmond, Merton & Wandsworth and Sutton. The LTBs will be overseeing the development and delivery of sub-regional commissioning intentions aligned to the SWL 17/19 commissioning intentions.

4.3 Sutton CCG is part of SWL HCP CCGs but has developed local commissioning intentions to meet the specific needs of its population by engaging with its key stakeholders, including GP members and patient groups.

4.4 In 2016/17, the CCG focussed on developing new models of care that look at both health and social care requirements of individuals in order to develop integrated, person centred services.

4.5 The CCG will continue to work with its LTB partners in 2018/19 to ensure a new model of care is established to develop accountable, holistic, multidisciplinary and person-centred care for people in Sutton. The Sutton Health & care model is being developed to ensure those with the greatest need receive a service that works collaboratively across partners.
5. Organisational Context

5.1 Sutton CCG assumed statutory responsibilities from 1 April 2013. It is a clinically-led membership organisation, which brings together 25 GP practices in the London Borough of Sutton to serve a population of around 200,000 (Sutton JSNA). The practices are located in three localities: Carshalton, Sutton and Cheam, and Wallington.

5.2 The CCG is responsible for purchasing the healthcare needs of the borough, which are delivered through GP Practices, acute hospitals, community healthcare and mental health service providers. The services it commissions include:

- Hospital services (for example, routine operations)
- Urgent and emergency care (for example, NHS 111, Out-Of-Hours GP Service, Urgent Care Centres and A&E departments)
- Services for people with mental health conditions
- Community health services (such as, district nursing)
- Rehabilitation services (such as physiotherapy)
- Services to support “fully funded NHS continuing healthcare”
- Primary medical services (GP services)

5.3 Sutton CCG works with a range of organisations to improve health and well-being and reduce inequalities in the borough. These include local NHS organisations - such as, hospitals, community services and pharmacists – London Borough of Sutton, the voluntary and community and independent sectors.

5.4 Sutton CCG’s key providers are listed in Table 1.1 overleaf.
Table 1.1 Sutton CCG’s Key providers:

<table>
<thead>
<tr>
<th>Provider</th>
<th>GP Services</th>
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<th>Community Services</th>
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<td>The Royal Marsden NHS Foundation Trust</td>
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<td>St George’s University Hospital NHS Foundation Trust</td>
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5.5 Sutton CCG was selected to be one of six Vanguard sites in the country by NHS England in 2015 to improve services for care home residents. The scheme, called Sutton Homes of Care, has aimed at offering care home residents joined-up health, care and rehabilitation services and continued to be a priority in 2017.

5.6 Since 2015, Sutton CCG has been directly managing the Continuing Health Care service for the borough. The CCG also purchases a range of services from NEL Commissioning Support Unit (including the Equality and Diversity service), which help the CCG meet its statutory responsibilities.
6. GOVERNANCE:

6.1 Governing Body members have collective and individual responsibility to ensure compliance with the public sector equality duty, which will in turn secure positive equality outcomes for it both as a commissioner of services and an employer of staff.

The Governing Body provides strategic leadership for equality and diversity by:
- Ensuring that equality is a consideration in Governing Body discussions and decisions.
- Leading by example by actively championing equality and diversity, attending meetings with patients and community groups and promoting good practice.

6.2 The CCG’s Governing Body Lay Member has oversight on equalities and patient and public involvement respectively.

6.3 The CCG’s Quality Committee receives quarterly equality and diversity updates. It is supported by an Equality and Diversity Steering Group, which has been set up to oversee the implementation of the equality and diversity work plan and make recommendations to the Quality Committee.

6.4 Governing Body members are responsible for ensuring that different sections of the local population have opportunity to inform the commissioning process.

6.5 The Managing Director is responsible for ensuring that necessary resources are available to progress equality and diversity within the organisation and regulatory frameworks are implemented.

6.6 The Director of Quality has operational responsibility for:
- Developing and monitoring the implementation of working practices that ensure that equality and diversity are part of the commissioning cycle.
- Working with NEL Commissioning Support Unit (CSU) to support the CCG in implementing its public sector equality duty.
- Ensuring that the Governing Body, staff and member practices remain up to date with the latest thinking around diversity management and have access to appropriate resources,
advice, and informal and formal training opportunities.

6.7 All line managers have responsibility for:

- Ensuring that staff have access to relevant and appropriate promotion and training opportunities.

- Highlighting training needs arising from requirements of this framework and associated policies and procedures.

- Supporting staff to work in culturally competent ways in an environment free from discrimination.

- Supporting the CCG meet its equality objectives

6.8 All staff are expected to adhere to the CCG’s vision on equality, diversity and inclusion and support its equality and diversity work plans.

6.9 Governance on equality, diversity and inclusion

6.9.1 An Equality and Diversity Steering Group was established in June 2016 to oversee the implementation of the CCG’s equality and diversity work plan. The group meets quarterly and has taken the lead in shaping the Equality Objectives 2017-21, implementing the EDS2 and WRES action plans for 2016/17, developing a framework for provider assurance and facilitating staff training and development.

6.9.2 The group acts as a sub-committee of the Quality Committee and includes the following members:

- Independent Nurse Lead on the Governing Body
- Director of Quality
- Assistant Director of Quality and Nursing
- Patient and Public Engagement Manager
- Representation from the Commissioning Team
- Representation from the Safeguarding Team
- Performance Improvement Manager
- Representation from the finance team
- Equality, Diversity and Inclusion Manager from NHS NEL Commissioning Support Unit
7. **Our Communities**

7.1 **About Sutton**

7.1.1. This section sets out the demographic profile and the health and wellbeing of the people of Sutton. A wealth of further information and intelligence is available about all aspects of the health and wellbeing of our population in the Sutton Joint Strategic Needs Assessment (JSNA) available at: [http://data.sutton.gov.uk/sutton_jsna/](http://data.sutton.gov.uk/sutton_jsna/).

7.1.2 There were 191,123 people living in the London Borough of Sutton at the time of the 2011 census. This number is projected to rise to 223,300 by 2024. The most recent population estimate for 2016 is 202,220 residents. The GP registered population was 191,670 people at January 2017 (the resident and registered population differ slightly as a small proportion of residents in Sutton are registered with a GP practice in another borough and vice versa).

7.2 **Ethnicity**

- 21% of the Sutton population are from Black, Asian and Minority Ethnic (BAME) communities, while 8% are from non-British White communities (often other European communities and White Irish). Overall, 29% of the population are from diverse ethnic groups.

- The extent of diversity depends on age. There are 72% of younger people in Sutton aged 0-24 years from white ethnic groups. This compares to 49% in London, and 79% in England.

- For the Sutton population aged 25-64 years, 79% are from white ethnic groups compared to 62% in London and 86% nationally.

- In those aged 65 years and over, 91% in Sutton, compared to 78% in London, and 95% in England, are from white ethnic groups.

- Polish, Tamil and Urdu are the most common languages spoken in Sutton primary schools after English.
7.3 Religion or Faith

- At the 2011 Census 58% of people living in Sutton reported their religion as Christian, followed by 25% who identified no religion and 4% who declared themselves Hindu and 4% Muslim. Sutton’s profile of religious affiliation is closer to the national profile than to London.

7.4 Age

- Children and young people aged 0-19 years comprise a quarter of the population. Their numbers are projected to rise by 16.6% over the decade from 2014 to 2024. This is a bigger increase by comparison with London which has a projected increase of 14.8%, and 7.8% for England.

- Sutton has an ageing population with people over 65 comprising 15.1% of the population. This population is projected to rise by 19.7% from 2014 to 2024. Those aged over 85 years comprise 2.2% of the Sutton population.

- The percentage of the population aged between 0-19 and 35-44 years is higher than for England and increasing at a faster rate. This suggests inward migration to the borough. There are implications in that the demographic profile of new arrivals is likely to differ from the current population, for example inward migrants might be either more or less deprived compared to the present demographic. Some of this is likely to be influenced by housing and business development plans for the borough, for example from the Sutton Plan.

7.5 Disability

- 14.3% of people living in Sutton reported having a limiting long-term illness at the 2011 census - similar to London (14.2%) but a lower proportion than for England (17.6%).

- The attainment gap between children with special educational needs and their peers at Key Stage 2 is wider in Sutton compared to England. However, overall attainment for children with statements for special needs is higher (better) than the average for London and England.

7.6 Sexual orientation

- If Government estimates that the lesbian and gay population comprises approximately 5% to 7% of people were applied to Sutton, there would be between 7,800-10,900 adults in
the borough, though this does not include bisexual or transgender individuals.

7.7 Deprivation

- Sutton is less deprived compared to most places in England and is one of the least deprived London boroughs. However, it has some small areas that are in the 20% most deprived in the country. At borough level, it ranks 215 out of 326 boroughs nationally according to the Index of Multiple Deprivation 2015 (where 1 is the most deprived and 326 is the least deprived). The Sutton wards that include areas in the most deprived quintile are Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central. Sutton has one area that ranks in the most deprived decile of England, in Beddington South.

7.8 Health inequalities

- Overall Sutton is a healthy place, with longer life expectancy for males, similar life expectancy for females, and similar rates of infant mortality to the national average.

- Over the last decade, life expectancy in Sutton increased by around 4 years for men and 3 years for women between 2001-03 and 2013-15. Life expectancy increased over this time period from 77.2 years to 80.8 years for men and from 80.6 years to 83.5 years for women. This is similar to London and slightly better than for England.

- The life expectancy gap for men in the most deprived areas compared to those in the least deprived areas in 2013-15 is 7 years. The gap for women was 5.4 years. This is the Slope Index of Inequality (SII) – a measure of the social gradient in life expectancy, i.e. the number of years that life expectancy varies taking account of deprivation.

- Sutton’s Infant Mortality Rate (IMR, deaths in the first year of life) has been rising (getting worse) in recent years, though remains in line with London and England. Sutton’s IMR is 3.6 infant deaths per 1,000 live births, which is similar to London (3.4) and England (3.4).

- Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing. This indicator informs our understanding of the proportion of HIV infections undiagnosed. Sutton’s rate, although improving over time, is higher than both London and England (though statistically in line). 47.9% are late diagnoses.
7.9 Child poverty

- Child poverty is relatively low and levels of educational attainment compare well.
- Sutton has less long term unemployment compared to national and regional rates.

7.10 Mortality

- Cancer and circulatory disease remain the major killers for those aged under 75 years. Along with respiratory disease and diabetes, they are among the main causes of long-term illness and disability.
- Cancer accounts for the highest proportion of early deaths (under 75 years) with a Directly Standardised Rate of 133.8 per 100,000 deaths in 2013-15, similar to the national average.

8. Sutton CCG’s Vision and Commissioning Intentions for 2017/18

8.1 Vision

8.2 During 2016/17, Sutton CCG updated its vision statement in consultation with staff, GP members and Practice staff. Its focus is to commission high quality healthcare that meets the physical and mental wellbeing needs of its population, through joint working with health and social care organisations.

8.3 The refreshed vision statement is: “Achieving the best affordable health and wellbeing for people of Sutton”.

8.4 The values that guide the CCG’s work are:

- Innovative – we use the creativity of our membership, staff and stakeholders to continuously improve
- Professional – we act with consistency, responsibility and transparency
- Compassionate – we actively demonstrate, care and compassion for others
- Collaborative – we work in partnership to make a difference

8.5 Commissioning Intentions 2018/19
Sutton CCG’s commissioning intentions for 2018/19 will focus on the following areas:

- **Urgent and Emergency Care**: The focus will be on implementing the Sutton Health and Care Model with LTB partners, working initially on a reactive model to avoid admissions and discharge patients in a timely manner in addition to other priorities such as:

- **Primary Care**: commissioning will focus on proactive care and enhanced capacity working at scale using GP federation and work streams that streamline and offer better quality patient care. This will include roll out and evaluation of social prescribing across health and social care, including a greater emphasis on self-care and well-being and continued development of the extended hours access service.

- **Mental Health**: commissioning will focus on parity of health – joining up approaches to mental and physical management including those that fit with the Sutton Health and Social Care model. Other areas of focus include continued work on improving access to different patient cohorts to dementia and national targets on Improving Access to Primary Care (IAPT). Supporting multi agency work on reducing self-harm and suicide across Sutton is another key priority.

- **Children and Young People**: commissioning will review all children and young people’s services, including the main partnership approaches to working with children and especially complex children to ensure we have the right services in the right places to meet demands.

- **Learning disabilities**: commissioning will build upon the work undertaken as part of the Learning Disabilities (LD) Summit in March 2017 to design services that are simple to navigate, effective and easy to access. Other areas of focus will include: review of the LD clinical health team and how it fits into other LD services in Sutton and ensuring we have strong processes in place for people with LD so that they can access the right services.

- **Planned Care**: the focus will be to continue close working with Epsom and St Helier University Hospitals NHS Trust (EHST) through the QIPP/CIP group on planned pathways, to ensure the CCG has the most efficient and effective pathways in place, reducing outpatient appointment and where appropriate moving care to a community or primary care setting. These include the following pathways:
  - Diabetes
  - Respiratory
  - Gynaecology
  - ENT
  - Dermatology
  The CCG will also explore different ways of working, including new and innovative health-based technology that could benefit patients.
• **Integrated Community Care:** the commissioning for integrated community care will require ESTH, Royal Marsden NHS Foundation Trust (RMH) and South West London and St George’s Mental Health NHS Trust (SWLSGMhT) to continue to work as part of the Sutton LTB to deliver a new model of care that builds on the principles of an accountable care system, including:
  
  • Ensuring residents are more proactive about their own health care, particularly those with Long Term Conditions (LTC).
  
  • Developing models of care that deliver healthcare closer to or at a residents’ home.
  
  • Ensuring an integrated approach to admission avoidance and discharge to assess that patients are in hospital for as short a time as possible.
  
  • Embedding the learning from the ‘red bag’ Sutton Vanguard scheme into other pathways of patient cohorts.
  
  • Looking at enablers to integration such as changes in workforce, use of technology to design more effect ways of working with patients.

9. **Meeting the Public Sector Equality Duty between January and December 2017:**

The CCG has addressed its public sector equality duties through a range of activities, including:

• Refresh of its Equality Objectives for 2017-21 through internal and external engagement with staff, Governing Body members and partner agencies.

• Its commissioning intentions (which include the Quality, Innovation, Productivity and Prevention - QIPP programme which give due regard to equality analysis).

• Ensuring equality analyses are completed on key strategies and service changes.

  Implementing the Equality Delivery System (EDS2), NHS Workforce Race Equality Standard (WRES) and raising awareness on other standards, such as the upcoming Workforce Disability Equality Standard.

• Monitoring key providers for their compliance on equality and diversity.

• Partnerships, patient and public engagement programmes, programmes to improve access to primary care and collaborative work with the voluntary and community sector.
- Supporting people with language and communication difficulties through access to translation and interpretation services.
- Training, engagement and well-being programmes for CCG staff.
- Safeguarding standards for children and vulnerable adults.
- Patient Advice Liaison Service (PALS) and complaints processes.
- Reporting and responding to Serious Incidents.

Below are examples of key work undertaken in commissioned services to reduce inequalities:

**Better Care Fund – Integrating Health and Social Care to improve outcomes for people with learning disabilities and Mental Health problems**

Sutton CCG’s plans for its Better Care Fund (BCF), which integrates health and social care programmes through pooled funding and partnership working with London Borough of Sutton, were formally approved by NHS England in October 2017.

The approval was assurance that the plan was jointly agreed by the CCG, London Borough of Sutton and the Sutton Health and Well-Being Board – demonstrating effective partnership working in the borough to improve health and social care outcomes for the most vulnerable groups – namely people with learning disabilities and mental health problems.

The fund covers two financial years with a view to allow all partners to plan more strategically around related health and social services. The fund brings together ring-fenced budgets from CCG allocations, the Disability Facilities Grant and funding paid directly to local government for adult social care.

To ensure most effective use of the fund, work is underway with Healthwatch and the CCG’s Patient Reference Group to understand from patients and service users priorities around integrating health and social care - including co-location of health and social care staff and the sharing of health and social care information. The learning from the recently completed Kingston project, ‘The voice of the customer,’ will be used to inform a comprehensive understanding of the
needs of patients, service users and staff.

With regards to equalities, the BCF will help to achieve a greater level of integration across health, social care and wellbeing services for all parts of the community. The plans make specific reference to people with learning disabilities and mental health problems who often experience greater difficulty in accessing services and experience poorer health outcomes than the wider population.

The BCF Plans, approved by the Health and Wellbeing board and NHS England, support the achievement of this ambition.

Sutton Uplift – Improving access to primary mental health services

The Sutton Uplift Programme launched on 1st July 2015 and is provided by South West London and St George’s Mental health NHS Trust and voluntary sector partners; Imagine, Age UK, Off the Record, and the Sutton Carers Centre.

The programme is based on the values of empowerment and preventing ill health, through intervening early to support and educate individuals to better manage their mental health and wellbeing. The service aims to support people to reconnect with their communities and networks, with the aim of building resilience within Sutton’s communities.

The service operates in the heart of the community and offers a holistic approach to promoting positive mental health and wellbeing focusing on national early intervention guidelines. Residents are offered more treatment choices through this model. It provides mental health care in a less stigmatised environment, improved knowledge on how to manage mental well-being, a holistic model of care addressing physical, social and mental health needs.

Co-production is central to the service’s design and delivery. It has a well-established Service User Development Group, chaired by a service user and good carer and service user feedback systems. The service is open to all adults (18+) living in Sutton, who have a mental health problem. Referrals can be both professional (through GPs) and self-referral.

The service is made up of four integrated components:

1. Single Point of Access for all Mental Health Concerns for adults 18+, and received both professional and self-referrals.

2. A well-being Service (WBS) which is led by ‘Imagine Independence’ who work with other local voluntary sector organisations in offering a range of support (e.g. practical support,
signposting, workshops and courses, drop-in sessions) and have an outreach and engagement function.

3. Psychological Therapies through the Sutton Improving Access to Psychological Therapy (IAPT) Service, offering a range of low and high intensity psychological interventions (e.g. guided self-help, psycho-educational groups and range of evidence based psychological therapies.

4. A Primary Care Recovery Team (PCRT) to support those who have a several and enduring mental health problem whose condition is stable and will benefit from a recovery approach to care.

Sutton Uplift also has an Employment Support Service – assessment of support for employment is carried out during initial triage. Employment improves psychological wellbeing, as it provides structure and opportunities for growth leading to increased self-esteem. If the service user is not work ready but has employment needs, they are allocated a Wellbeing Navigator. If the service user is work ready, they are referred to Imagine for employment support. From September 2018 Sutton Uplift will have dedicated IAPT Employment Advisors in post too.

**Outcomes:** The service receives approximately 7 - 8,000 referrals a year most of which (90%) are appropriate for the 3 Sutton Uplift ‘treatment’ arms.

This new service model has shown increasingly improved IAPT performance since its inception.

The table below highlights the improvement in performance comparing IAPT performance the year prior to the new model and the new model’s first and second year.

Table 1: Key National IAPT performance indicators by contract year

<table>
<thead>
<tr>
<th>KPIs</th>
<th>Target</th>
<th>Pre Sutton Uplift 1st July 14 – 30 Jun 15</th>
<th>Contract Yr 1 1 July 15 – 30 June 16</th>
<th>Contract Yr 2 1 July 16 - 30 June 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>15%</td>
<td>13.3%</td>
<td>16.1%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Recovery</td>
<td>50%</td>
<td>40.0%</td>
<td>44.1%</td>
<td>50.2%</td>
</tr>
</tbody>
</table>

Key to the success of this new model has been the well-being component and its close working with the IAPT service. This team has been able to carry out an outreach and engagement function, and the well-being navigators each focus on a specific community group or area. This not only has enabled the IAPT workforce to focus on their clinical functions and treat more people...
but has engaged more local people to access mental health support.

On equity of access, the Sutton Uplift model is demonstrating improved access by ethnicity and a slight improvement in access by older people (65+) than the previous IAPT-only service reported.

<table>
<thead>
<tr>
<th>Population</th>
<th>Pre Sutton Uplift</th>
<th>Contract Yr 1</th>
<th>Contract Yr 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAME Communities</td>
<td>21%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Older People (65+)</td>
<td>14%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Despite improved access by BME groups it is known that access by Asian community groups, Sutton’s largest BME community group, is not representative of the numbers in the Sutton population. This activity is being focused on by the service and the well-being team are working on ways to improve access for this group.

**Service user feedback:** The service uses the Patient Experience Questionnaire (PEQ) for IAPT and WBS following assessment and following end of treatment with a view to embed this across all treatment services. The PEQ key outcomes at the end of the service’s first year (1st July 2015-31st June 2016) included:

- 94% reporting that they were completely or mostly satisfied with the assessment process
- 98% reporting that the service has helped them better understand and address their difficulties
- 92% reporting that on reflection they got the help that mattered to them.

The Assessment Team and Primary Care Recovery Team currently use Real Time Feedback devices (RTF), which enables the service to respond to comments and queries on a day-to-day basis (in real time). A pilot evaluation project was also conducted during the first year to gain a deeper understanding of people’s experiences through each stage of the care pathway. It highlighted positive first impressions of the service, with the majority reporting they got the help they wanted and being better able to deal with life as a result of the support received.

Separately, Sutton Centre for the Voluntary Sector also undertook a review of access to services for Black and Ethnic Minority Communities in the borough in partnership with Runnymede Trust in 2017. The review took responses from the CCG’s Uplift Programme, which recognised that while
improvements have been in terms of access to well-being services, more work needed to be done to address barriers to accessing IAPT services. (See Pages 51-52 for more details).

Primary Care

Sutton CCG has undertaken a range of innovative activities to improve access to primary care in the borough. These include targeted interventions on Extended Access to Primary Care and Patient Education sessions.

### Improving Access to GP Practices: Extended Access

To improve access to primary care, Sutton CCG opened two GP Hubs at Wrythe Green Surgery in Carshalton on 19th April 2017 and Old Court House Surgery in Central Sutton on 17th July 2017.

This programme, which will initially run on a 2-year contract, is an extension of core primary care services to provide residents registered with Sutton’s GP Practices access to appointments seven-days a week.

The extended access programme includes:

- GP and nursing appointments
- Pre-bookable appointments via a patient’s own GP practice
- 15-minute appointments
- Weekday appointments between 6:30pm - 8pm
- Weekend appointments between 8am - 8pm
- Bank Holiday provision

The service is provided by Sutton GP Services Limited (SGPS), which is a collaboration of 24 practices in Sutton set up to provide quality healthcare for all Sutton patients. SGPS was formed in response to the growing need for change and collaborative working within General Practice. Its key aim is to deliver patient-centred care in an efficient way, out of hospital, locally, in line with patient needs and the South West London Five Year Forward View Plan.

The service has proved to be effective and convenient for the patient, particularly younger working patients, with the key reasons for attendance being that the service covers minor illness, long term conditions, children’s illnesses and mental health. For GPs, 125 appointments are offered per week, with sessions mainly covered by local Sutton GPs. For nurses, 125 appointments are offered per week, with GP support always available. Services offered include:
wound care, contraception advice, blood pressure checks, ear irrigation, minor illness and cervical smear tests. The hubs refer for on-going treatment (with practice approval), order routine investigations, generate prescriptions and share feedback with local practices.

**Patient Online: improving access to primary care**

Through the Healthy London Partnership, Sutton CCG secured funding to increase support for online services in primary care. The aim of this programme is to support General Practice staff to increase the number of appointments available to book online and provide residents increased options for appointments, thereby improving their experience of the appointment process.

A project manager was appointed to implement the following:

- Ensure 80% of routine GP appointments could be booked online – the CCG arranged for an IT Facilitator to support the project at practice level. It also undertook practice visits to review routine GP appointments being made available for online booking.

- To ensure that 20% of registered patients were able to use an online account, training was delivered to Patient Participation Groups, Patient Representative Group members and Help Yourself to Health participants to become Health Champions within their practices and promote Patient Online services to others.

- Targeted sessions on the Patient Online programme were also delivered at Patient Education sessions. Sutton Centre for the Voluntary Sector and Healthwatch Sutton were partners in sourcing, training and supporting health champions.

- The ‘Detailed Coded Record’ functionality at GP practice was enabled and due diligence completed to ensure improved patient access. This was supported with regular practice visits to support and assist the smooth launch of the system.

- GP practices were supported with an e-communication module, which has been effectively enabled and additional training for clinical and non-clinical practice staff.
The Sutton Homes of Care Vanguard Programme has a vision to have high quality care homes supporting older people in the borough that embrace the 6 national nursing values – Care, Compassion, Competence, Communication, Courage and Commitment.

Selected to be one of 6 Vanguard sites in the country in 2015, the programme works with local partners in health, social care and the voluntary sector, and with local care homes, to improve safety and quality of services for residents. It rests on three pillars: integrated care, education and training for care staff and quality assurance and safety.

In 2016/17, the streamlined, integrated care provided through the hospital transfer pathway, known as the ‘Red Bag’ pathway, reduced residents’ length of stay in hospital by four days, saving approximately £183,000 a year in running costs and minimising the time care home residents stay in hospital.

The Red Bag travels to hospital with care home residents needing emergency care, and contains standardised information about their health, medical conditions and their medications, as well as their personal belongings. This enables them to receive quick and effective treatment and be discharged promptly with the minimum disruption. The initiative has been adopted in two other care home Vanguards: Wakefield, and East and North Herts; as well as sites across London and nationally.

Some of the key outcomes of the Red Bag scheme:

- 179 care home residents have been tracked through local hospitals over nine months in 2016.

- Average length of stay with a bag was 13.4 days, compared to 17.4 days without a bag.

A further project has addressed the difficulties care homes face in finding time to release staff for training. To combat this, Sutton Homes of Care produced a series of resources to provide staff with up-to-date information about appropriate referrals and best practice. Posters and reference cards were developed along with training films and e-learning packages to address key issues like dehydration, sepsis and falls.

The low-cost resources have led to better decision-making by care home staff, improving health outcomes for the residents and significant benefits for the wider health economy, reducing ambulance callouts and A&E attendances.

Some of achievements of the programme as of June 2017 (using the baseline of 2013/14):
In nursing homes with a GP from Sutton CCG:

- **32% reduction** in A&E attendances with sustained improvement since June 2016
- **24% reduction** in unplanned admissions with sustained improvement since Nov 2015
- **68% of residents have** an advance care plan
- **80% of residents with an EOLC plan** achieved their preferred place of death
- **Following a 2% reduction** in ambulance incidents in 2016/17, they have been on or above baseline average since December 2016.

In residential care homes with a GP from Sutton CCG:

- **Increase of 9%** in A&E attendances and **11%** in unplanned admissions this quarter, following reductions in 2016/17
- **No change since baseline** in ambulance incidents but conveyances have been on or below baseline since January 2016 (except for three non-consecutive months)
- **34% of residents have** an advance care plan
- **10 out of 11 residents who have died with an EOLC plan** achieved their preferred place of death (since full roll out after August 2016)

10. **Tenders, contracts and performance monitoring**

10.1 Under the Equality Act 2010, NHS providers are required to comply with a number of equality-related requirements. The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care.
10.2 CCGs are required to hold providers on account on the clauses included in the NHS Standard Contract 2017/18, including Service Condition 13 on Equity of Access, Equality and Non-Discrimination. Providers holding contracts over £200,000 must ensure that:

- Parties do not discriminate between or against service users, carers or legal guardians with regards to the nine protected characteristics or any other non-medical characteristics, except if permitted by law.
- Legal adjustments are made for service users, carers and legal guardians with language or communication difficulties arising from a limited knowledge of English or a disability. The provider must carry out an annual audit of this and highlight improvements.
- Providers show compliance with Section 149 of the Equality Act, which includes: showing due regard to the three aims of the Public Sector Equality Duty
- Provide a plan on how it is complying with the clause.
- Implement the EDS2 – in case of NHS Trusts and Foundation Trusts
- Implement the Workforce Race Equality Standard (WRES) and provide progress reports.

10.3 Providers holding contracts less than £200,000 (‘small providers’) have to ensure:

- There is no discrimination between or against service users, carers or legal guardians on grounds of the nine protected characteristics or any other non-medical characteristics, except as permitted by Law.
- Assistance and reasonable adjustments are made for users, carers and legal guardians with language and communication difficulties.

10.4 In 2017/18, providers commissioned by the CCG will be presenting their Equality Reports at Clinical Quality Review Group meetings.

10.5 Contract leads and commissioning managers have also been provided with guidance and processes to monitor compliance on the EDS2, Accessible Information Standard, WRES and other equality reporting mandated by the NHS Standard Conditions of Contract 2017/19.

10.6 All acute providers and the integrated urgent care providers have submitted their WRES reports to the CCG in 2017-18. The CQRG will further assure progress of providers on their WRES action plans by March 2018. Table 1.2 highlights provider performance on equality and diversity.
Table 1.2 highlights compliance among the CCG’s key providers.

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<thead>
<tr>
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<tbody>
<tr>
<td>Epsom and St Helier University Hospitals</td>
<td>Yes</td>
<td>Yes (for 2012-16)</td>
<td>No</td>
<td>Yes</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>South West London and St George’s Mental Health NHS Trust</td>
<td>Equality Strategy or 2016-20 published</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>The Royal Marsden NHS Foundation Trust</td>
<td>Report published for 2016</td>
<td>Yes</td>
<td>Yes (as stated in Equality Report 2016)</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td>St George’s University Hospitals NHS Foundation Trust</td>
<td>No published report</td>
<td>Yes WRES report 2016 on website</td>
<td>None on website</td>
<td>None on website</td>
<td>Inadequate</td>
</tr>
<tr>
<td>South West London Integrated Urgent Care – Vocare/SELDODC</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Good for SWL IUC contract published Nov 2017</td>
</tr>
</tbody>
</table>

11. Quality Innovation Productivity and Prevention (QIPP) programme

11.1 QIPP is a national programme for the NHS aimed at making efficiency savings while delivering Quality, Innovation, Productivity and Prevention outcomes.

11.2 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, an equality analysis
assessment, a quality impact assessment and a privacy impact assessment of each individual scheme takes place.

12. Equality analyses completed in 2017/18 include:

- Safeguarding Assurance Strategy
- Pilot of Telecare in care homes
- Sutton's Joint End of Life Care Strategy
- Community Musculo-Skeletal Service – Creation of a triage, assess and treat MSK Service

13. Translation and Interpretation Services

13.1 To ensure patients and carers who are speakers of languages other than English are not denied access to services or do not suffer poorer health outcomes, Sutton CCG commissions an interpreting service from Language Is Everything. This includes face-to-face, telephonic and British Sign Language interpretation services.

14. Patient Advice and Liaison Service (PALS) and Complaints

14.1 Between April and June 2017, Sutton CCG received 43 PALS and Complaints-related communication. Of these, 32 were complaints, 7 were PALS enquiries and 4 were MP enquiries. Tracking and responding to these complaints and queries help the CCG meet the third aim of the Equality Act – to promote good relations among different groups of people. The data below highlights the number of complaints and PALS requests received in the past year

### 14.2 COMPLAINTS

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number of complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioning</td>
<td>20</td>
</tr>
<tr>
<td>Community</td>
<td>2</td>
</tr>
<tr>
<td>Continuing Healthcare</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
</tr>
</tbody>
</table>
14.3 Commissioning complaints related to:

- Restrictions on accessing test strips for diabetes management
- IVF criteria
- Access to diagnostics for children on the autistic spectrum (15 complaints received)

14.4 Community complaints related to:

- Cuts to funding for Stroke Association Group
- Stoma care nurse provision

14.5 Community Healthcare complaints related to:

- Staffing issues
- Timing issues around assessment meeting
- Appeal against eligibility for CHC

14.6 Mental Health complaint related to: Individual treatment

Other complaints related to GP out of hours, safeguarding and practice complaints which were passed on to NHS England to investigate and respond.

All 43 cases have been closed or resolved and were acknowledged within the three working days and responded to within the 25 working day timescale.

Healthwatch Sutton Information, Advice and Independent Complaints Advocacy Service

Since October 2016, Citizens Advice Sutton, through the Advice Link Partnership (ALPs), has been providing the Healthwatch Sutton Information, Advice and Independent Complaints Advocacy Service. The partnership comprises three organisations – Citizens Advice Sutton, Sutton Carers Centre and Age UK Sutton.

The service provides free, confidential, independent and impartial information and advice to people living and working in Sutton. It aims to provide a one-stop shop for information and advice to enable local residents to make informed choices about their health and social care needs. It
also supports people wanting to make a complaint about a health or social care service.

This service is accessible by telephone (020 8254 2616) between 9am and 5pm and via an online referral form [https://www.charitylog.co.uk/externalrefs/sutton_alps/index.php?cookies=true](https://www.charitylog.co.uk/externalrefs/sutton_alps/index.php?cookies=true)

15. Safeguarding

15.1 Sutton CCG has a statutory duty to ensure safety and protection of children and adults as part of the Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework 2015 and Care Act 2015. This contributes towards its aims around eliminating harassment, victimisation and discrimination and advancing equality of opportunity for vulnerable children and adults.

15.2 To ensure the safety and protection of children and adults, Sutton CCG has put in place a number of measures including:

- Safeguarding quality assurance systems through contractual arrangements with all provider organisations.
- Training on safeguarding adults and children for CCG staff, GPs and practice staff and CCG commissioned local mental health services.
- Participation in key partnerships, including the Local Safeguarding Children’s Board (LSCB), the Sutton Safeguarding Adults Board (SSAB) and their sub-committees.
- Participation in the monthly Channel Panel, which is led by the Safer Sutton Partnership in conjunction with SO15 (police), to discuss local activity and support for adults or children identified at risk of exploitation through radicalisation. The CCG’s Adult Safeguarding Lead is the Prevent lead for the CCG and the local health economy. She delivers training within the CCG and to GP Practice staff and seeks assurance from providers across the health economy on the same.
- The Prevent Duty became law for all NHS services in July 2015. The duty is part of the Government’s Counter Terrorism Strategy, which relates to health. The purpose of the duty is to prevent people from becoming terrorists or supporting terrorism, this includes countering terrorist ideology, challenging those who support it and supporting those vulnerable to radicalisation.

15.3 Key priorities for Safeguarding Children in 2017-18 include:

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• Preventing child sexual exploitation, Female Genital Mutilation (FGM) and domestic violence.
• Continuing to improve the timeliness and quality of health care assessments for looked after children and improve pathways plans for care leavers.
• Ensuring children and young people have adequate information on appropriate services for children at risk of self-harm and suicide.
• Supporting systems that enable GPs to be better engaged in child protection processes.
• Continuing to support the work of the LSCB and lead the implementation of Child protection processes for urgent care providers.

15.4 Key priorities for Safeguarding Adults in 2017-18 include:

• Continuing to ensure that processes are in place to ensure that the CCG’s adult care placements (in care homes, nursing homes and independent hospitals) are based on knowledge of standards of care and safeguarding.
• Ensuring safeguarding processes are in place for residents with learning disabilities, including those placed out of the borough.
• Ensuring safeguarding assurances are in place with independent sector providers contracted to deliver services for Sutton CCG.
• Supporting the implementation of the Care Act 2014 and Mental Capacity Act 2005, including oversight of Deprivation of Liberty Standards.
• Ensuring systems and processes are in place to support GP practices to be effectively engaged in safeguarding adults and mental capacity processes.

16. Serious Incidents

16.1 The CCG monitors and reports the number of Serious Incidents (SIs) recorded at its key providers on a quarterly and annual basis. The following are the number reported between August 2016/2017. The data has been analysed by protected characteristics to ascertain trends. The data shows that the majority were recorded at South West London St George’s Mental Health NHS Trust. Majority of patients were White British aged 65 and over.
Number of SIs by Provider: 37 in Total

Age

Age Range August 2016/2017

Gender
There was no information on StEIS to evidence that any of the patients involved were transsexual or in the process of becoming so.

**Relationship Status**
There is no information on StEIS to clearly evidence that any of the patients involved were married.

**Disability**
There is no information on StEIS to evidence that any of the patients involved were suffering from any type of disability.
Ethnicity

Religious Belief and Sexual Orientation
There is no information on StEIS to evidence the religious beliefs or sexual orientation of any of the patients involved in SIs.
17. **Fostering Good Relations through partnerships**

17.1 Sutton CCG works with the following partners in the delivery of services: NHS England, Epsom and St. Helier University Hospitals NHS Trust, South West London and St. George’s Mental Health Trust, The Royal Marsden NHS Foundation Trust, St George’s University Hospital NHS Foundation Trust and South West London Integrated Urgent Care – Vocare/SELDOC.

17.2 Other strategic partners it works with to promote participatory health commissioning and reduce health inequalities include:

17.3 **Health and Wellbeing Board**: which is a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

17.4 **HealthWatch Sutton**: The CCG commissions HealthWatch Sutton to provide ongoing support to its Patient Reference Group and Patient Participation Groups and strengthen their role in influencing commissioning decisions. Reviews undertaken by HealthWatch have helped the CCG improve access to GP surgeries through initiatives, such as, Patient Online and Ask my GP.

17.5 **Better Health for London**: Sutton CCG is a partner in the Better Health for London programme, working with NHS partners, London Councils and the Mayor’s office to explore challenges and opportunities in working towards London becoming the world’s healthiest major city. The work of the Healthy London Partnership has focused on 13 transformation programmes aimed at prevention and wellbeing, closer working between health and social care, more personalised services, improving patient experience, ensuring consistent and safe care to improve health and care outcomes on a national and local level.

17.6 **Partnership with the voluntary sector**: Sutton CCG has worked closely with Sutton Centre for the Voluntary Sector (CVS) over the past year, through its participation in the Fairness Commission and supporting the research on the Sutton Race Equality Scorecard.

**Sutton Fairness Commission**

The Sutton Fairness Commission was launched in February 2017 as the key vehicle for investigating and reporting on challenges facing residents and community members that face disadvantage and discrimination. Members of the commission are drawn from amongst the Sutton Plan partners, including representatives from all key public sector agencies and the voluntary and community sector in the borough. The commission’s aim is to eliminate discrimination, advance equality of opportunity and foster good relations amongst all in the borough.
Sutton CCG has been actively involved in the work of the Fairness Commission and has contributed towards the review of the experiences of children and young people and the services required to support them. In particular, the CCG is looking into the issues affecting young people at risk of self-harm. The review will develop recommendations to inform strategic and operational activities of Sutton’s key public sector organisations through the Sutton Plan.

The commission will be sharing its initial findings of its review on children and young people at a public event on 14th December 2017 and the final report will incorporate feedback received at the event.

18. Patient and Public Engagement

18.1 Section 242 of the NHS Act 2006, places a statutory duty on NHS organisations to involve and consult patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate. Section 24A of the NHS Act 2006 places a statutory duty on NHS organisations to report on consultations and the influence on commissioning decisions.

18.2 These duties complement the general equality duty to eliminate discrimination, advance equality of opportunity and promote good relations among people with different protected characteristics. The following section outlines in engagement infrastructure and key activities in 2017.

Infrastructure for engagement:

18.3 Sutton CCG has a strong record of patient and public engagement and ensuring a range of opportunities exist for diverse communities to be involved in decision-making around commissioning; and to support individuals to be proactive around self-management and prevention of ill health. These include:

18.4 Governing Body meetings: Governing Body meetings are held in public and attendees have the opportunity to ask questions and raise issues. Meetings are hosted at the CCG’s offices at Priory Crescent.
18.5 Practice Networks: Local GPs are well placed to inform the CCG – they see and talk to patients every day. The CCG has developed locality networks based on geography, patient needs, and local relationships to other partners and stakeholders.

18.5.1 The three localities in Sutton are Carshalton, Wallington and Sutton and Cheam. Each locality is responsible for addressing local commissioning, service redesign and QIPP challenges. Localities are responsible for delivering the strategic objectives of the CCG as well as providing peer support to GP practices and encouraging the delivery of high quality patient care.

18.5.2 Locality meetings enable local issues to be addressed more readily and promote local partnerships and conversations for those communities. Lead GPs for each locality are members of the CCG’s executive team and actively encourage their patient representatives to attend CCG Patient Reference Group meetings and input into the CCG’s commissioning strategy and plans.

18.6 Patient Groups: The CCG works closely with Healthwatch Sutton to support the Sutton CCG Patient Reference Group and the practice based Patient Participation Groups. Sutton CCG and Healthwatch Sutton are committed to ensuring meaningful engagement and communication with all patients, carers and the local communities, so that patients are fully able to participate, engage and influence decisions on practice based services, with demonstrable input into commissioning intentions.

18.6.1 Patient Reference Group: The Patient Reference Group provides a patient-led forum for dialogue between patient representatives and the CCG, in order to deliver an effective patient voice. The group provides a patient perspective on the planning, design, delivery, monitoring and quality of the services the CCG commissions. This includes:

- Enabling patients to raise issues about local services with the CCG.
- Enabling patients to be kept abreast of CCG priorities, business planning and commissioning timetables.
- Enabling the CCG to consult patients about specific current and future developments and policies, including the commissioning and quality of local services.
- Providing patients with timely requests to assist the CCG, to allow for wider consultation through Practice Participation Groups and considered patient input for the CCG in taking work forward.

Over 90% of Sutton’s GP practices are now represented on the Patient Reference Group, with patient representatives acting as a conduit between the group, their PPG and the wider practice population.
18.6.2 Patient Groups - Practice Participation Groups: The CCG now has Practice Participation Groups in all Sutton’s GP practices, with over 90% of practices are represented on the Patient Reference Group. Practice Participation Group members have been providing input to practice surveys, carrying out their own surveys on specific aspects of patient experience, working with the practice to run health information events, supporting Care Quality Commission inspections, promoting initiatives, providing the patient perspective in staff recruitment and, in practice mergers, communicating with the wider practice population through ‘virtual groups’, newsletters, social media and open meetings.

18.7 Stakeholder Database: The CCG maintains a comprehensive database of stakeholder and patient representative contacts who wish to be involved in the CCG’s work.

18.8 Sutton Information and Advice Service Steering Group: This group is made up of local stakeholders and parents and addresses special education issues including, identifying and promoting good practice, raising issues, concerns and gaps in service.

18.9 CAMHS Partnership: The group includes representation from all stakeholders across Sutton including school representation and the Sutton Parents Forum. The group addresses child and adolescent mental health services across all tiers within Sutton, including identifying good practice, raising issues, concerns and any gaps in service.

18.10 Mental Health Commissioning Advisory Groups: These groups are comprised of service users and carers and facilitate regular dialogue with the lead GP and commissioning managers responsible for commissioning mental health services in Sutton.

19. Engagement Activities in 2017

19.1 Sutton CCG has undertaken a range of engagement activities in 2017. Engagement with individuals, patient representative groups, families and carers have enabled the delivery of high quality, accessible services that tackle inequalities and respond to personal needs. Sutton CCG’s engagement activities have had a direct impact on the following:

19.2 The South West London Collaborative Commissioning Paper: Local groups and organisations discussed the impact on local services and distributed the paper among health, care and community-based organisations. An independently-facilitated event, and an equality analysis captured views to inform clinical work streams and guide engagement plans to ensure those affected by change were involved in planning.
19.3 **Sutton Homes of Care**: As part of the Vanguard programme, the CCG involved care home residents, their family and care home staff, partner organisations and healthcare professionals in planning support and services to ensure high quality services for older people living in care homes in Sutton.

19.4 **Development of Dementia Care Pathway**: The Dementia Care Pathway was reviewed to ensure patients will be supported by health and voluntary sector partners throughout their care programme. With the support of a steering group, a draft pathway was developed and tested with a local provider, Sutton Alzheimer’s Society.

19.5 **111 and Urgent Care**: The CCG facilitated a workshop to build a patient survey, gather views and experiences of the current service from patient representatives to re-commission the 111 service, to ensure patients go to the right service first time for their needs and have a good experience of the service.

19.8 **Care Leavers**: The CCG worked with the Care Leavers Association and London Borough of Sutton to better understand the health of care leavers, to inform and improve services and the outcomes and experience of care leavers. An early outcome of this engagement has been that Looked After Children and care leavers now attend the Corporate Parenting Forum to ensure they have their voices heard in the development of this work and future services.

19.9 **Medicines Optimisation**: NHS England launched a consultation on the prescribing of medicines of limited clinical value and a pre-consultation on medicines that should not be prescribed for self-limiting conditions early in 2017. Sutton CCG engaged with local stakeholders to gain an understanding of local issues which might impact on the implementation of the commissioning guidance. The consultation document and an online survey was shared with stakeholders, including the London Borough of Sutton Overview and Scrutiny Committee, local hospital trusts, the Local Pharmaceutical Committee, GP practices, Healthwatch and the CCG’s Patient Reference Group who were all encouraged to contribute to the consultation. The outcome of the process was that the CCG has implemented the NHS England guidance locally around over-the-counter prescription.

### Patient Education Events and Help Yourself to Health Programmes

Two schemes led by Sutton CCG and aimed at improving patient experience in Sutton were among six finalists in the “Access to Information” category of the Patient Experience Network National Awards, held in March 2017.

The nominations for the CCG’s Patient Education Events and Help Yourself to Health highlighted the excellent work done by the CCG’s staff and their partners in...
reaching out to local people to help them take care of their own health.

The **Patient Education Events** supported GPs to help their patients proactively manage their healthcare. A series of sessions about long term conditions, children’s care and health in older age, were delivered across Sutton, in partnership with colleagues across general practice, pharmacy, community services and many others. Over the year, around 1,000 patients attended 11 events and 34 short talks, with overwhelmingly positive feedback from attendees.

Sessions were designed to have a holistic approach to health, and focussed on four topics:

- Living with Diabetes
- Living with COPD
- Happy Healthy Child
- Looking After Me, including dementia

All sessions were planned and delivered in partnership with colleagues across general practice, pharmacy, community services, public health, social services, acute trusts, schools, colleges and the voluntary sector.

**Help Yourself to Health** is a 6 week interactive educational course for Sutton’s Tamil, Urdu and Polish communities, delivered by Health Advocacy Workers speaking those languages. The programme improves knowledge and access to services, removes barriers, and reduces health inequalities, as historically these groups have experienced poorer health and greater barriers to accessing services. Course content, materials and tools are flexible and respond to the groups’ needs and capabilities, with 90% of participants completing the course.

Key outcomes of the programme as at May 2017:

- Four courses were delivered.
- 56 participants completed the course.
- Age range of participants: 26-79 years.
- Over 90% of participants were Female.
- 100% of participants were registered with a GP by the end of the 6 weeks.
Sutton CCG is piloting an innovative Community Health Champions Programme in 2017-18 in partnership with Sutton Centre for the Voluntary Sector and Healthwatch Sutton. The programme aims to recruit, train and support up to 30 Health Champions to reach a range and diversity of community members to disseminate health related messages.

The health champions programme will help to build better relationships with seldom-heard voices and BME communities. It aims to increase access to services by removing barriers and encouraging better use of health and social care services. It also aims to increase patient representation and involvement to inform and influence the planning, delivery, evaluation and improvement of Sutton’s health services.

Key roles for volunteers:

- Assist with helping people access health services including uptake of preventive measures like, immunisation, stop smoking and healthy lifestyles.
- Assist with signposting people to local services thereby improving their access to health and social care.
- Supporting positive behaviour changes among people vulnerable to health inequalities.
- Helping to provide and organise local health activities in partnership with Sutton CCG and GP Practices
- Supporting appropriate use of health care services to reduce hospital admissions among high users of urgent care.

The benefits to the volunteer from this programme include:

- Training to obtain a nationally recognised qualification from The Royal Society for Public Health for the Level 2 – Understanding Health Improvements course.
- Gaining new skills and experiences.
- Increasing knowledge and awareness of key health messages.
- Learning more about NHS and social care services.
- Gaining work experience within community development to highlight on their resume.
- Working as part of a team, have the opportunity to share and develop ideas with others.
- Achieving personal targets through individual initiative.

Volunteers to the programme have been recruited by Sutton CVS and Heathwatch Sutton. It will conclude in April 2018, following which an evaluation report will be published.
20. Public Health

Sutton Clinical Commissioning Group works closely with the London Borough of Sutton Public Health team to deliver key public health initiatives. A core aim of Public Health is to reduce health inequalities with a particular focus on the nine protected characteristics cited in the Equality Act 2010. Potentially vulnerable groups within the Sutton include children and young people, older people, people with disabilities, troubled families, BME communities and others.

In August 2017, the Mayor of London launched Better Health for All Londoners, which is a strategy aimed at tackling health inequalities and improving the health of everyone living in London. The strategy has a vision to reduce the health inequality gap between the richest and poorest London boroughs. It sets out a blue print for all key partners to adopt, which focusses on: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits.

Key services commissioned by Public Health Team to reduce health inequalities include:

20.1 Smoking Cessation Service: There is a Sutton Public Health funded pharmacy-based smoking cessation service across the borough. This complements the national Smokefree NHS programme which includes a telephone Help Line service which offers support.

20.2 NHS Health Check: This is a mandated programme for adults in England between the ages of 40 and 74 without a pre-existing condition. It is aimed at prevention of heart disease, stroke, diabetes, kidney disease and dementia. NHS Health checks are delivered by all Sutton GP practices. A review of service models is currently taking place in order to improve the delivery and uptake of NHS Health Checks across the borough. It is hoped by standardising elements of the programme, this can create efficiencies and enable those most at risk to be prioritised.

20.3 HIV & STI Prevention and Support Services: The new South West London contract for Sexually Transmitted Infections - STI / HIV prevention and support services was implemented on 1st April 2016. Prevention services delivered by the consortia are targeted at those most at risk such as Men who have Sex with Men (MSM) and Black African communities. Services include targeted outreach work; group work sessions, one to one behaviour change interventions and HIV testing.

The aim of the service is to provide high quality advice, support and health promotion interventions to people living with and affected by HIV in order to improve their sexual health and reduce levels of HIV transmission.
The service supports delivery both directly and indirectly in line with the following measures of the Public Health Outcomes Framework (PHOF):²

- Social isolation (PHOF Indictor 1.18)
- Self-reported wellbeing (PHOF Indicator 2.23)
- People presenting with HIV at a late stage of infection (PHOF Indicator 3.04)

The service also supports all the domains set out in the NHS Outcomes Framework 2016/17³ and particularly:

- Enhancing quality of life for people with long-term conditions
- Preventing people from dying prematurely
- Caring for people in a safe environment and protecting them from avoidable harm.

Furthermore, Sutton is part of London-wide and National HIV Prevention Programmes which coordinate campaigns, increase HIV testing and sampling, and promote safer sex practices.

20.4 Sexual Health and Contraception Services

- Public Health commissioned a fully Integrated Sexual Health Service for Sexually Transmitted Infections (STIs) and contraceptive services known as Sexual Health Sutton provided by Chelsea and Westminster NHS Foundation Trust. This service also coordinates the provision of the Chlamydia screening programme, condom distribution scheme (C-Card) and vulnerable young person’s outreach service to those identified as at risk.

- The integrated sexual health service model aims to improve sexual health by providing easy access to services through ‘one stop shops’, where the majority of sexual health and contraceptive needs can be met at one site. Integrated sexual health services are currently provided at three accessible locations across the borough.

- The expansion of sexual health services in community pharmacies and General Practice continues to develop and is supporting those who do not typically access main stream services.

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20.5 Substance Misuse Services

- Public Health commissions an integrated substance misuse service, known as Inspire, which includes the provision of clinical prescribing, physical health and wellbeing, psychosocial key work and group work, alcohol liaison and assertive outreach, criminal justice intervention team, a young people’s service and enhanced pharmacy services for supervised consumption and needle exchange. All services focus on individual health and wellbeing, building positive recovery capital and recovery-focused interventions.

- Switch is the young person’s substance misuse service providing advice and support for any young person using alcohol or drugs. The service works in partnership with schools, CAMHS, children’s social care and the Youth Offending Team as well as the young person’s wider family encouraging parents and carers to engage and support their young person.

The Alcohol Outreach Team based at St Helier Hospital provides liaison between the Emergency Department and Inspire providing early identification, intervention and brief advice for individuals attending the Emergency Department with alcohol issues and facilitating early engagement with specialist services. The Outreach Team also provide support, advice and liaison to the wards at the hospital. The programme continues to be very successful, identifying 490 individuals requiring input and assistance in 2016-17.

- Inspire continues to develop services with weekly clinics for physical health, housing, benefits and employment and monthly sexual health and contraception clinics.

- Inspire has implemented the provision of naloxone to vulnerable opiate users which can be used to treat an opioid overdose in an emergency situation. The use of naloxone is part of a national effort to reduce the numbers of drug-related deaths within the community.

20.6 Services for 0 to 19 year olds

This comprises three services:

- First the Health Visiting Service which is a universal service delivering the five mandated developmental checks to mothers and children from pre-birth to 2 ½ years of age. Subject to these checks, enhanced support is offered to those that are the most in need. The service also provides one-to-one advice and support and group sessions to parents on issues such as breastfeeding and weening, sleep and bed-wetting.
• School Nursing services are universal in all mainstream and non-mainstream schools in Sutton offering support to pupils and teachers on health-related matters, both physical and mental, in addition to the National Child Management Programme in which all Reception (aged 4-5) and Year 6 (aged 10-11) children are weighed and measured to assess overweight and obesity levels in children within primary schools.

• The Weight Management Programme is aimed at reducing excess weight in children aged 0-19 years. The service model is currently under review and is linked closely to the outcomes of the National Child Measurement Programme (NCMP).

20.7 Sutton Joint Strategic Needs Assessment (JSNA)

• Sutton Public Health leads on the compilation and publication of the Sutton Joint Strategic Needs Assessment (JSNA). Since April 2013, Local authorities and Clinical Commissioning Groups have had an equal and joint duty to prepare JSNAs and Joint Health and Wellbeing Strategies through the Health and Wellbeing Board.

• The Sutton JSNA is published online at: http://data.sutton.gov.uk/sutton_jsna/

• This website is in the public domain and therefore freely accessible.

• As well as a comprehensive overview, the JSNA is divided into eight themed sections, akin to ‘chapters’, each with a range of topics presented in easily accessible and downloadable pdf Fact Sheets and Data Sheets as follows:
  o Section 1: Demographics
  o Section 2: Children and Young People’s Wellbeing
  o Section 3: Adult Health and Wellbeing
  o Section 4: The Wider Determinants of Health
  o Section 5: Long Term Conditions
  o Section 6: Health Protection
  o Section 7: Social Care Services
  o Section 8: What People Are Telling Us

• In addition there are an emerging number of more detailed pieces of work representing ‘deep dives’. These are in the form of Health Needs Assessments or special reports.

To assess its progress on equality and diversity, the CCG has been undertaking systematic reviews since 2014 using the Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2) as analytical tools.

21.1 **Workforce Race Equality Standard**

21.1.2 Under the NHS Standard Conditions of Contract April 2017/18, all NHS providers holding contracts over £200,000 have to implement the Workforce Race Equality Standard (WRES), which is a benchmarking tool to assess an organisation’s progress around race equality.

21.1.3 CCGs have to show “due regard” to the WRES as well and monitor providers on their WRES results. Implementation of the WRES was also reviewed as part of the ‘Well-Led’ domain of the CCG Improvement and Assessment Framework.

21.1.4 Sutton CCG has gathered data against the nine WRES metrics for the third year in 2017. The data is not being published due to the small size of its workforce. However, an internal assurance report has been developed, which has been reviewed by its Equality and Diversity Working Group and its Quality Committee. Actions arising from the WRES report will be integrated with the EDS2 Action Plan for Goal 3 and Outcome 4.3 this.

21.1.5 The CCG’s Clinical Quality Review Group (CQRG) requests key providers to report on their WRES and EDS2 results annually. This will be completed by January 2018.
Workforce Race Equality Standard 2017: Sutton CCG’s Key Actions

- Provided training for all staff on unconscious bias avoidance in recruitment and selection on November 8th 2017 to address Metric 1 of the WRES. Feedback from staff following the workshop has been positive and is being used to inform the Organisational Development work plan for 2018/19.

- All staff had opportunity to participate in a survey to assess access to non-mandatory training and personal development. The survey had a 32% responses rate, with 50% of respondents from BME backgrounds. 73% of respondents felt access to training and Continuous Professional Development (CPD) were good and staff had opportunity. All staff continue to be encouraged to participate in career development opportunities, through involvement in a range of projects and working groups.

- To address bullying and harassment from the public, the CCG ensures that public facing staff receive weekly supervision and the Director of Quality and Chief Clinical Officer support frontline staff by attending meetings with service users and carers. Zero tolerance of abuse public messaging is also being reviewed.

- The CCG’s Employee Assistance Programme was promoted internally through posters, team meetings and one-to-one sessions with staff. This is to provide staff access to an anonymous confidential helpline to address any personal and work-related concerns.

21.2 Equality Delivery System (EDS2)

21.2.1 The EDS2 is an assessment and benchmarking framework developed by NHS England to help CCGs to deliver its Public Sector Equality Duty through a managed process of gathering qualitative and quantitative evidence and develop a culture of continuous improvement. The EDS helps CCGs:

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

21.2.2 Assessment under the EDS takes places across 18 outcomes (see Appendix 1) grouped under four Goals (or objectives):
1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

21.2.3 Grades using the EDS2 can either be: Excelling, Achieving, Developing or Undeveloped. Sutton CCG has implemented the EDS2 framework for the third year. Its grades since 2014 have been as follows:

<table>
<thead>
<tr>
<th>EDS2</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1</td>
<td>Developing</td>
<td>Developing (Admiral Nursing)</td>
<td>Achieving (C-SALT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing (Enhanced Optometry Services)</td>
<td>Developing (CHC)</td>
</tr>
<tr>
<td>Goal 2</td>
<td>Developing</td>
<td>Developing (Admiral Nursing)</td>
<td>Achieving (C-SALT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Achieving (Enhanced Optometry Services)</td>
<td>Achieving/Developing (CHC)</td>
</tr>
<tr>
<td>Goal 3</td>
<td>Developing</td>
<td>Developing</td>
<td>Developing</td>
</tr>
<tr>
<td>Goal 4</td>
<td>Developing</td>
<td>Achieving</td>
<td>Outcomes 4.1 and 4.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcome 4.3 – Achieving</td>
</tr>
</tbody>
</table>

21.2.4 Key outcomes resulting from the EDS2 review for 2016/17:

For Goals 1 and 2:

Improvements within the Children’s Speech and Language Therapy service included:

- Training for therapists to support children with special needs and appointment of a qualified and experienced therapist to cover the dysphagia caseload in April 2017.
- Health Visitors and school nurses now receive training in referral criteria and timing for children requiring speech and language therapy.
- The attendance guidance was updated for speech and language therapists in December 2016 to ensure that vulnerable children have special consideration.
Improvements within the Continuing Health Care programme:

- An easy-read link on the Continuing Health Care (CHC) assessment process was included on the CCG’s website following the engagement event.
- The transition process from children to adult services, including eligibility criteria to be assessed from 17 years, was agreed with London Borough of Sutton.
- Closer monitoring of domiciliary care, due to its impact on vulnerable people, is now being undertaken by the Sutton Joint Intelligence Group for health and social care.
- Promotional material on the CHC service was distributed in GP surgeries and a fact sheet on the service is now given to individuals after multi-disciplinary team meetings.

For Goal 3: (in addition to those mentioned under the WRES Action Plan 2017):

- All staff now complete an annual appraisal, where they have opportunity to identify personal development plans. The EDS2 reviews for 2015/16 and 2016/17 emphasised the need for 100% completion to improve staff morale and provide access to career progression opportunities.

- Weekly drop-in sessions are held by Senior HR Business Partner and/or HR Advisor – to support managers with technical guidance on recruitment and selection.

For Goal 4:

- Governing Body members (GB) have actively contributed to the development of the CCG’s equality objectives 2017-21. It has been recommended that each of the objectives be championed by a GB members as part of their commitment to diversity and inclusion.

21.2.5 Plans for 2017/18

21.2.6 For Goals 1 and 2, which relate to Better Patient Outcomes and Improved Access and Experience, the CCG will review the Community Musculo Skeletal Service in February 2018.

21.2.7 In addition, through the work of the Fairness Commission, Sutton CCG is reviewing the support services that exist to support Young People at risk of self-harm in Sutton. The findings of the review will inform commissioning plans of the CCG around services for young people.

21.2.8 For Goals 3 and Outcome 4.3, which relate to workforce experiences, the CCG will hold a staff workshop following publication of the staff survey results in February 2018.

21.2.9 For Goal – Outcomes 4.1 and 4.2 – which relates to ‘Inclusive Leadership’, the CCG’s
Governing Body will be requested to nominate champions for each of the Equality Objectives identified in Appendix 1. Board papers will also be reviewed for their review of equality-related risks in January 2018.

21.2 10 The grades and improvement plans for all four goals will be published on the CCG’s website by March 31, 2017.

### Sutton Race Equality Scorecard

Sutton Centre for the Voluntary Sector collaborated with the Runnymede Trust between 2016 and 2017 to investigate barriers faced by Black and Minority Ethnic (BME) communities by sampling quantitative data in seven areas:

- Criminal justice
- Education
- Employment
- Housing
- Civic participation
- Support for the BME voluntary sector
- Health

The report which launched in 2nd October 2017 identified that with regards to access to psychological therapies, in 2014-15, White and Black people in Sutton were more likely and Mixed, Asian and Other people less likely to access services. White people were twice as likely as Asian people to access psychological support services and 1.3 times more likely compared to Black people. This marked an improvement in the disproportionality ratio from 2012-13, which was 2.4 and 1.6 times respectively.

The report found that children from Mixed and White groups receive the most mental health referrals out of all the ethnic groups in Sutton, while children from Black and Asian groups were least likely to receive mental health referrals.

The report highlighted that trends in Sutton with regards to psychiatric admissions were similar to the national trends – Black people were over two times as likely to be admitted to a psychiatric hospital - highlighting the importance of ensuring that communities were receiving appropriate support at an early stage so, where possible, crisis points could be avoided.
Sutton CCG’s Uplift programme found that since the first year of its operation, there was an increase in referrals to primary care mental health, 65% of which were referred for psychological therapies (5,000 cases). In 6% of cases referred, ethnicity was ‘not stated’ or ‘not known’. Of those where ethnicity was known, 15.3% were people from BME communities. Of the Asian communities (Sutton’s largest BME community group, making up 12% of Sutton’s population), current data suggested that only 6.6% of people from Asian communities have accessed the IAPT service.

BME communities appeared to access wellbeing support more than psychological therapies, indicating the need for more engagement on the benefits of timely access to the latter.

Sutton CVS has highlighted the role of faith, culture, community and family that influence BME communities accessing mental health and mainstream health services. Access by refugee and migrant communities also needed to be explored.

More awareness needed to be raised amongst BME communities regarding mental health service provision. In addition, service providers needed to acknowledge that the notion of identity, a sense of belonging and experiences of racism can lead to mental issues amongst BME communities. Services needed to be promoted to young people, in particular, to ensure early access to appropriate mental health care in partnership with key agencies and local communities.

21.3 Accessible Information Standard

21.3.1. The NHS Standard Conditions of Contract for 2016/17 requires providers to ensure that the language and communications needs of service users are met. The Accessible Information Standard (AIS) has been developed by NHS England to ensure that health and social care providers take into account the information and communication support needs of people with disabilities.

21.3.2 From August 2016, all health care providers have to ensure they ask, record, flag, share information and pass on the information on the communication support needs of service users (when they have permission to do so) as part of their administrative process.

21.3.3 Sutton CCG’s commissioning, primary care support and continuing health care (CHC) teams have received a briefing on the Accessible Information Standard. The CHC team uses an online system to record patient information, which includes their language and communication support needs. The primary care support team has communicated requirements of the AIS to GP
surgeries through Practice Managers’ Forums and Practice Managers’ bulletins.

22. Employee engagement

Since January 2017, the CCG has undertaken a range of initiatives to improve staff engagement and well-being. These include:

- An Organisational Development Working Group facilitated by the Assistant Director for Quality and Nursing has been set up to inform improvements in employee development and well-being.

- Staff participated in the Global Corporate Health challenge to improve their health and well-being. The CCG is also working towards accreditation with the Mayor of London’s Healthy Workplace Charter.

- Team meetings, supervision and face-to-face meetings are held regularly for staff. In addition, wider team meetings – which bring together a cross section of all teams - are held bi-monthly.

- The CCG continues to participate in the annual NHS staff survey. Results of the 2017 staff survey will help to inform the EDS2 review for 2017-18 in February.

- An Annual Away Day is held for all CCG staff to reflect on challenges and opportunities for teams and the organisation.

23. Training and Development

- Staff received training on Unconscious Bias in recruitment and selection in November 2017. The training was developed to address the findings related to recruitment in the Workforce Race Equality Standard Report for 2017.


- All CCG staff have to complete the mandatory equality and diversity training once in 3 years. Compliance as at November 2017 was 45%. Plans are underway to increase compliance rates to the safeguarding training levels.
• Governing Body members receive annual equality and diversity updates and have contributed towards the development of the Equality Objectives 2017-21 and the EDS2 assessment for Goal 4. Quarterly Updates are provided to the Quality Committee on the CCG’s progress on equality and diversity.

24. Summary

Sutton CCG has undertaken a range of work to demonstrate due regard to the three aims of the Equality Act 2010 and to reduce health inequalities. Key highlights include:

• Developing a new set of Equality Objectives for 2017-21 which are aligned to business objectives and monitored by the Equality and Diversity Steering Group.

• Completing equality analyses on a number of strategies, the Workforce Race Equality Standard and Equality Delivery System reviews (the latter will conclude by March 2018) and undertaking provider assurance on equality and diversity.

• Improving access to primary mental health care services to all sections of Sutton’s population through the Sutton Uplift programme. The programme has seen an increase in the number of referrals and access rates from BME communities and older people and continues to identify opportunities for improvement.

• Improving services for people in care homes through the Sutton Homes of Care Vanguard programme. The Red Bag scheme under this programme has reduced the number of A&E attendances and unplanned admissions and has been adopted by a number of health partners across London and England.

• Setting up extended access at two GP Hubs at Wrythe Green Surgery in Carshalton and Old Court House Surgery in Central Sutton, which give residents access to GP services 7-days a week.

• Initiating the Patients Online programme to give patients the opportunity to make GP appointments online in addition to telephonic appointments, thereby improving their experience of the appointments process.
- Developing a number of key Patient Education sessions to help people manage their own health. This complemented the Help Yourself to Health programme which was targeted at the Urdu, Polish and Tamil-speaking populations.

- Piloting the Volunteer Health Champions programme to strengthen links with local communities, particularly groups more at risk of health inequalities, and promote health messages through them.

- Safeguarding standards for vulnerable adults and children continue to be monitored across the local health economy with the local safeguarding boards.

- PALS, complaints and serious incidents continue to be monitored for trends.
Appendix 1: Equality Objectives 2017-21

**Objective 1:** Develop a schedule of strategies to complete EAs through programme office by March 2018.

<table>
<thead>
<tr>
<th>Plan</th>
<th>By When</th>
<th>By Whom</th>
<th>RAGB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a timetable of Equality Impact Assessments (EIA’s) – appraising where we are, setting out key strategies/plans currently being reviewed for this years and a timeline for those to be updated/reviewed or developed in the next 2 years. EAs will be reviewed for completion and quality.</td>
<td>March 2018</td>
<td>Programme Office/YM/AC</td>
<td></td>
</tr>
<tr>
<td>Undertake a cumulative EA (as part of Goal 4 assessment) based on model adopted by Sutton Council to assess if small decisions have not led to any cumulative negative impact on any protected group</td>
<td>March 2018</td>
<td>YM</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 2:** Develop a baseline of providers reporting on equality duties by March 31st 2018 as part of Board Assurance on the CCG meeting its statutory duties.

<table>
<thead>
<tr>
<th>Plan</th>
<th>By When</th>
<th>By Whom</th>
<th>RAGB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline on lead providers meeting public sector equality duties and assurance on other providers through contract leads and CQRG</td>
<td>March 2018</td>
<td>Richard Simons/AC/YM</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 3:** Undertake targeted engagement with Young People across different protected groups to prevent risk of self-harm

<table>
<thead>
<tr>
<th>Plan</th>
<th>By When</th>
<th>By Whom</th>
<th>RAGB</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG to support the work of Fairness Commission which is reviewing the experiences of children and young people in Sutton and will develop</td>
<td>Jan 2018</td>
<td>AC/Sutton Centre for Voluntary</td>
<td></td>
</tr>
</tbody>
</table>
recommendations to inform strategic and operational activities of Sutton’s key public sector organisations through the Sutton Plan.

**Objective 4:** Improve staff engagement and motivation through targeted interventions to promote well-being by March 2018.

<table>
<thead>
<tr>
<th>Plan</th>
<th>By When</th>
<th>By Whom</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review results of Global Corporate Challenge and report headlines in annual Public Sector Equality Duty Report.</td>
<td>December 2017</td>
<td>AC</td>
<td></td>
</tr>
<tr>
<td>Track progress of EDS2 Goal 3 Action Plan 2016-17 in time for EDS2 Goal 3 review.</td>
<td>Feb 2018</td>
<td>YM/AC</td>
<td></td>
</tr>
<tr>
<td>Pilot quality assured health and well-being initiative.</td>
<td>TBC</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Include objective on equality and diversity in staff Personal Development Review</td>
<td>TBC</td>
<td>TBC</td>
<td></td>
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</tbody>
</table>