



**Public Sector Equality Duty Annual Report**  
**January – December 2015**

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**This report was prepared for NHS Sutton Clinical Commissioning Group by the Senior Equality and Diversity Associate from NHS South East Commissioning Support. For more copies or a summary version of this document in an alternative format, please contact the CCG Lead or CSU Lead.**

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

## **Foreword**

This year has seen NHS Sutton Clinical Commissioning Group (referred to as Sutton CCG) evolve considerably as an organisation both as a commissioner of services and employer of staff. Key developments include:

- Sutton CCG being selected from over 260 applications nationally by NHS England to be a Vanguard site. The vanguard will test key initiatives to improve the quality of life for older people in care homes - including working with the local hospital, community, GPs and social care colleagues to develop a regular 'health and wellbeing rounds' in care homes, a care home provider network and a leadership programme for care home staff.
- Sutton CCG and the London Borough of Sutton are working together to link residents' health and social care information through a secure electronic record called the Sutton Integrated Digital Care Record. The record (which residents can opt out of if they choose), will share information from GP and social care records with local Urgent Care, Accident and Emergency, GP out-of-hours service and community health services, thereby providing residents with best possible care.
- Re-procurement of community services, which included a robust equality analysis.

In keeping with its growth, Sutton CCG has also steadily reviewed and progressed its work programme around equality and diversity - key highlights being the extensive consultation and engagement programme to assess the CCG's performance against the Equality Delivery System and training and support for staff and Governing Body members.

This report presents information and evidence which demonstrates how the CCG is meeting its statutory duties under the Equality Act 2010.

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

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

We will be looking carefully at how to integrate these findings into the strategic business and operational running of the CCG, using the Equality Delivery System and Workforce Race Equality Standards as tools to guide us in the year ahead.

**Dr Brendan Hudson**

**Jonathan Bates**

**Dr Chris Elliot**

**Chairman**

**Chief Operating Officer**

**Chief Clinical Officer**

## **1. Introduction**

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

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

- 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.

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

**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).

As a statutory public body, Sutton CCG must demonstrate how it is meeting its public sector equality duty in its decision-making, service delivery and employment practices. This report will provide examples of SCCG's progress in 2015-16 in a range of areas, including:

- Commissioning areas – by giving examples of equality analyses undertaken or reviews and improvement plans developed.
- Consultation and engagement: by highlighting the range of staff and patient engagement activity undertaken and improvement plans developed.
- Partnership with a range of organisations, including the statutory and voluntary sector.
- Workforce and employment: By providing workforce profiles and highlighting improvement plans developed to attract, motivate and retain staff.

## **2. Organisational Context**

Sutton CCG assumed statutory responsibilities from 1 April 2013. It is a membership organisation made up of 27 GP practices in the London Borough of Sutton. The practices are located in the following three localities: Carshalton, Sutton and Cheam and Wallington.

The CCG is responsible for purchasing the healthcare needs of the borough, based on assessments of its population's health needs, which are delivered through hospital, community and mental health services.

The CCG purchases a range of services from NHS South East Commissioning Support Unit (including the Equality and Diversity service), which help the CCG meet its statutory responsibilities, including those outlined by Equality Act 2010.

**Governing Body members** have a 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:

- Agreeing the organisation's equality objectives for improving its equality performance (published in April 2013).
- 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.

A **Lay Member** has been appointed to the CCG's Governing Body to lead on equalities and patient and public involvement. The Lay Member has oversight responsibility for ensuring that opportunities are created and protected for patient and public involvement and engagement.

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

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

The **Director of Quality** has operational responsibility for:

- Developing and monitoring the implementation of robust working practices that ensure that equality and diversity requirements form an integral part of the commissioning cycle.
- Working with NHS South East Commissioning Support Unit (SECSU) to ensure that equality and diversity considerations are embedded within their working practices.
- Ensuring that the Governing Body, staff and member practices remain up to date with the latest thinking around diversity management and have access to appropriate resources, advice, and informal and formal training opportunities.

All **line managers** have responsibility for:

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

### **3. Our Communities**

#### **3.1 About Sutton**

The information used to understand the demographic make-up health and wellbeing of the people of Sutton is obtained from the London Borough of Sutton's Joint Strategic Needs Assessment (JSNA) and the Local Health profile published by Public Health England.

There were 191,123 people living in the London Borough of Sutton at the time of the 2011 census. This is projected to rise to 221,000 by 2022. The latest estimate as at 2014 is 198,134 residents. 189,763 people were registered with Sutton GP practices in July 2015.

##### **3.1.2 Ethnicity**

- 21% of the population are from Black, Asian and Minority Ethnic (BAME) communities, while 8% are from non-British White communities (namely, South African, Polish and Irish). Overall 29% of the population are from diverse ethnic groups.
- The extent of diversity depends on age group. For young people aged 0-24 years, 72% in Sutton, compared to 49% in London, and 79% in England, are from white ethnic groups.
- In the population aged 25-64 years, 79% were from white ethnic groups in Sutton 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 – and the ethnic diversity is predicted to grow.

##### **3.1.3 Religion or Faith**

- 58% of people living in Sutton identify themselves as Christian, followed 25% who identified with no religion and 4% who declared themselves as Muslim. The profile of religious affiliation in Sutton is closer to the national profile and reflects the borough's ethnic diversity.

### **3.1.4 Age**

- Children and young people aged 0-19 years age comprise 25% of the population. Their numbers are projected to rise by 17.5% from 2012 to 2022, compared to 13.7% for London and 6.3% for England.
- Sutton has an aging population, with people over 65 comprising 15% of the population, a figure projected to rise by 20.8% from 2012 to 2022. Those aged over 85 years comprise 2.2% of the population compared to 1.6% in London.
- The percentage of the population aged between 0-19 and 35-44 years is higher than for England and increasing at a faster rate, suggesting inward migration

### **3.1.5 Disability**

- 14.3% of people living in Sutton reported having a limiting long-term illness at the census - similar to London (14.2%) but lower than for England (17.6%).
- The attainment gap between children with special educational needs and their peers at Key Stage 2 is in line with the national profile but larger than for London overall. For Key Stage 4 the attainment gap is larger for Sutton than both London and England. However, the attainment for those with statements for special needs is in line with England.

### **3.1.6 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 7,600-10,600 adults in the borough, though this does not include bisexual or transgender individuals.

### **3.1.7 Deprivation**

- Sutton is less deprived compared to most places in England, however, it has some small areas that are in the 20% most deprived in the country. At borough level, it ranks 196 out of 326 boroughs according to the Index of Multiple Deprivation (where 1 is the most deprived and 326 is the least deprived). Sutton's wards with areas in the most deprived quintile are Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central.

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

### 3.1.8 Health inequalities

- Overall, Sutton is a healthy place, with longer life expectancy and lower rates of infant mortality compared to the national average.
- Over the last decade, life expectancy in Sutton increased by 4 years for men and 4 years for women (from 2000-02 to 2011-13). This is a greater increase than for London which increased by 4 years for men and 3 years for women, and for England which increased by 3 years for men and 2 years for women.
- The life expectancy gap for men in the most deprived areas compared to those in the least deprived areas in 2011-13 was 6.4 years. Life expectancy gap for women by the same calculation was 4.5 years – indicating that women outlive men on an average in Sutton. Also referred to as the Slope Index of Inequality (SII) – this is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. For men there has been a decrease over recent years from 2008-10 to 2011-13 (decreasing inequality), while for women, there has been little change over the same time period.
- Early death rates from all causes for men (under 75 years) between 2003 and 2012 has lowered in the most deprived areas from approximately 750 (per 100,000) to around 500. In the least deprived areas, this figure has remained at around 270.
- Early death rates from all causes for women in the most deprived areas has lowered from around 480 in 2003 to about 380 in 2012. For women in the least deprived areas, this figure has remained at around 230.
- Infant mortality rates have reduced over time with Sutton ranking the third lowest among all London boroughs – with 2.5 infant deaths per 1,000 live births, lower than London (3.9) and England (4.1).
- Child poverty is low and levels of educational attainment compare well. Sutton also has less long-term employment compared to national and regional rates.
- Percentage of hospital admissions by ethnicity indicates the highest proportion emergency admissions or lower use of community services) were from those identifying themselves as ‘Other Ethnic Group’ (48.6%), followed by those identifying themselves as ‘Black’ (40.2%), Asian (38.3%) and White (38.2%). Comparisons with the national average is shown in the Table below:

	All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown
Local value %	38	38.2	29.9	38.3	40.2	31	48.6	30.4
England 2015 value %	39.2	39.2	38.3	43	42.5	35.2	44.9	30.1

### 3.1.9 Mortality

- Cancer and circulatory disease are 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, with approximately 141.8 (per 100,000) deaths in 2012, which is only slightly lower than the national average (144.4).
- Early deaths (under 75 years) from heart disease and stroke (cardiovascular disease) was 63.1 per 100,000 population in 2012 (which is lower than the national average of 78.2 per 100,000). Overall the local average for early deaths for men (around 480) is lower than the national average (around 520), while the local average for women is close to the national average (around 320).

(Source: <http://www.suttonjsna.org.uk/>, Section 1: Demographics, Protected Characteristics, Public Health England, Local Health Profiles, June 2015)

## 4 Sutton CCG's Vision and Commissioning 2016/17 Intentions

### Vision

Sutton CCG is working closely with partners in the local authority and provider Trusts to develop and deliver integrated working across the health and social care economy. The development and implementation of the schemes associated with the Better Care fund is a key component of this work.

Sutton has a Joint Strategy for Health and Social Care that has been developed and approved by the Health and Well Being Board. Delivery of the local strategy and the collaborative working across south west London will be the vehicle for delivering what is required to continue to support service integration. Sutton CCG is also in the process of redefining its vision as part of the planning process for 2016/17.

### Meeting its Public Sector Equality Duties in 2015:

The CCG's meets its public sector equality duties through:

- Its commissioning intentions (which include the Quality, Innovation, Productivity and Prevention (QIPP) programme)
- equality analysis on key strategies and service changes
- partnerships, patient and public engagement programmes
- public health programmes in partnership with London Borough of Sutton
- providing access to health services for people with communication difficulties through interpreters,
- safeguarding standards for children and vulnerable adults
- Its Patient Advice Liaison Service and complaints processes

These are explained below.

## **4.1 Commissioning Intentions 2016/17**

Sutton CCG's commissioning intentions for 2016/17 are grouped supporting our priority areas identified for improving health inequalities and achieving QIPP. They also reflect how it intends to deliver against the overarching strategic themes from South West London Commissioning Collaborative and the Joint Strategy for Health and Social Care.

Sutton CCG has submitted an application to commission primary medical care services or PMS (delegated by NHS England) in November 2015. If accepted, it will take over commissioning arrangements for GP services in April 2016. This process remains subject to further agreement from the member practices of Sutton CCG and appropriate due diligence.

To support this delegated function, consideration will be given to the following:

- Commissioning strategy for primary care,
- the provider landscape locally, and
- any review of the PMS contracts to support delivery of the London service specifications.

In addition, some areas of commissioning that sit currently with NHS England (NHSE) as specialist commissioning will return to CCGs. This was anticipated to take place in 2015-16, subject to budget information being agreed, transfer processes arranged and further due diligence.

The key priority areas for commissioning for Sutton CCG are:

- Community services and out of hospital care
- Long term conditions and end of life care
- Mental Health services and Learning Disability Services
- Hospital care
- Integration / whole system working
- Primary Care Commissioning
- New Model of care - Care homes Vanguard programme
- Children's services commissioning

A key enabler to support delivery in these areas include: medicines optimisation, often seen as the golden thread to support delivery in all these areas.

By undertaking an equality analysis on key strategic documents such as the Carers' strategy and the re-procurement of Community Health services and incorporating equality risk analysis into its QIPP schemes, Sutton CCG ensures it is meeting its equality duty in key commissioning and procurement processes.

## 4.2 Main Provider Organisation

Sutton CCG has in place mechanisms to ensure provider organisations comply with their equality duties, through the NHS Standard Conditions of Contract. The provider assurance framework currently being used includes conditions related to implementation of the Equality Delivery System and the Workforce Race Equality Standard, which are applicable to all providers holding contracts over £200,000 from April 2015. Sutton CCG is the lead commissioner for Epsom and St Helier University Hospitals. Data on its compliance with equality duties are given below.

NHS Provider	Annual Equality Report published on website	Equality Objectives published on website	Equality Delivery System results published on website	Workforce Race Equality Standard results published on website
Epsom and St Helier University Hospitals	Yes (2013-14)	No	No	Yes

## 4.3 Quality Innovation Productivity and Prevention (QIPP) programme

- 4.3.1 QIPP is a national programme for the NHS aimed at making efficiency savings while delivering Quality, Innovation, Productivity and Prevention outcomes.
- 4.3.2 To support the delivery of Sutton CCGs' QIPP programme and provide an overview of the potential impact of any service changes on diverse groups in Sutton, equality analysis is now integrated in the development of QIPP schemes.
- 4.3.3 The Complex Older People's Pathway was the first scheme to carry out an equality analysis – and all QIPP schemes now include it. The completion of equality analyses is monitored by Sutton CCG's service re-design team. QIPP schemes delivered in 2015-16 include:
- Better Care Fund (BCF) reduction in non-elective admissions.
  - Respiratory Pathway redesign.
  - End of Life – care homes schemes.
  - COPD health coaching programme.

## **4.4 Translation and Interpretation Services**

To ensure 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 the Central and North West London Foundation Trust that supports patients. This includes face-to-face and telephonic interpreting services. The CCG also commissions a sign language service.

## **4.5 Patient Advice and Liaison Service (PALS) and Complaints**

- 4.5.5 The PALS and the Complaints Service deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by Sutton CCG. Since October 2013, Equality and Diversity monitoring forms have been sent with acknowledgment letters to complainants. This will be an important source of information helping us to identify whether certain groups experience problems disproportionately to other groups.
- 4.5.6 Sutton CCG uses South East Commissioning Support Unit (SECSU) to provide these services. The Complaints policy sets out the process for accessing Complaints services to ensure flexibility, access and increased provision of patient information.
- 4.5.7 Information on PALS and Complaints is available on the SCCG website <http://www.suttonccg.nhs.uk/Contact-us/Pages/PALS.aspx>.
- 4.5.8 HealthWatch Sutton ensures views of local people are heard through consultations, providing a complaints advocacy service, advice and signposting on health issues and undertaking monitoring visits, producing reports and making recommendations.
- 4.5.9 HealthWatch can be contacted on 020 8641 9540 or [info@healthwatchsutton.org.uk](mailto:info@healthwatchsutton.org.uk). More information can be accessed through their website: [www.healthwatchsutton.org.uk](http://www.healthwatchsutton.org.uk).

## **4.6 Tenders and Contracts**

- 4.6.5 All contracts and tendering processes adopted by Sutton CCGs include specific requirements around equalities – which include the need to publish the annual public sector equality duty report, an audit of reasonable adjustments, and from April 2015, the need to implement the Equality Delivery System and the Workforce Race Equality Standard report (for providers holding contracts over £200,000).
- 4.6.6 In order to ensure that Providers have met their responsibilities under the Equality Act, Sutton CCG requests that an Equality Analysis is undertaken as part of any service change.

## **4.7 Safeguarding**

CCGs currently hold statutory responsibility for adult and children's safeguarding. Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015 (2015) details the safeguarding responsibilities of commissioners and commissioned organisations/providers.

As part of their responsibilities around children's and adult safeguarding, Sutton CCG is required to demonstrate that it has appropriate systems and capacity to fulfil safeguarding duties and ensure equality analysis have been undertaken on new or revised policies.

Sutton CCGs duties include:

- Training staff to recognise and report safeguarding issues
- Securing the expertise of a designated doctor and nurse for safeguarding children, looked after children and a designated paediatrician for unexpected child deaths.
- Securing the expertise of a designated safeguarding adults lead, Prevent Lead and a lead for the Mental Capacity Act, supported by relevant policies and training.

4.7.1 The Care Act now makes Safeguarding Adults Boards statutory. Sutton CCG is an active participant on the Sutton Safeguarding Adults Board. The key role for the board is to lead and co-ordinate the local strategy to safeguard adults at risk of harm or abuse in Sutton. As a partnership, the Sutton Safeguarding Adults Board is committed to:

- prevent adult abuse and neglect happening in the community and service settings;
- promote the safeguarding interests of 'adults at risk' to enable their wellbeing and safety;
- respond effectively and consistently to instances of abuse and neglect; and
- share learning.

The Safeguarding Vulnerable Adults strategy in Sutton seeks to raise awareness and address issues across a range of areas, including race, age, disability, sex and carers.

## ***5 Fostering Good Relations through partnerships and engagement***

### ***5.1 Partnerships***

#### 5.12 Partnerships

In addition to its NHS partners such as, NHS England, Epsom and St Helier University Hospitals NHS Trust, South West London and St George's Mental Health Trust, St George's University Hospitals NHS Foundation Trust, Royal Marsden NHS Foundation Trust and Sutton and Merton Community Services, Sutton CCG works with a number of key strategic partners to support participation and engagement of local people in healthcare.

#### 5.13 Health and Wellbeing Board

The CCG is a key member of the Health and Wellbeing Board, where it has worked closely with the London Borough of Sutton to launch the **Joint Health and Wellbeing Strategy**. This strategy sets out

the borough-wide approach to improving the health and wellbeing of people in Sutton and reducing health inequalities between communities.

The strategy builds on the aspirations and experience of personal budgets, integrated services and pilots, self-directed support, urgent care, mental health and others, to develop and commission person-centred, coordinated care.

#### 5.14 HealthWatch Sutton

Sutton CCG works closely with HealthWatch Sutton, which has been commissioned to provide support and development for its Patient Reference Group and Patient Participation Groups. HealthWatch works with them to ensure demonstrable patient input into commissioning decisions. The CCG also reflects upon HealthWatch independent reviews and following a local GP access survey, it has been developing and supporting practices to improve access.

#### 5.15 South West London Collaborative Commissioning Strategy (SWLCC)

The six south west London CCGs and NHS England are working together in a strategic commissioning partnership – South West London Collaborative Commissioning - to address the challenges faced by the local NHS.

A five-year strategy for local health was published in June 2014. The five-year strategy does not include proposals for specific sites or provider trusts. The NHS faces a number of challenges in the years ahead and the six CCGs are working together on a long-term plan to overcome these challenges and improve the quality of care in south west London.

The six CCGs in south west London and NHS England are committed to ensuring patient and public engagement is embedded into their collaborative commissioning work. South West London Collaborative Commissioning has worked to complement existing engagement activities within each of the individual CCGs in the area, to avoid duplication and maximise opportunities.

#### 5.16 Public and Patient Engagement Steering Group (PPESG)

In April 2014, this steering group was set up to ensure that there is effective lay involvement and public and patient engagement in the SWLCC programme. Membership includes patient and public lay representatives from each of the six CCGs, the six local Healthwatch organisations and the voluntary sector within each of the six CCGs.

The six CCG patient and public lay representatives elected Sally Brearley as the Chair for the group and Clare Gummatt (Merton), and Carole Varlaam, (Wandsworth) as vice-chairs. The chair represents the group on the Strategic Commissioning Board and the SWL Forum, with the vice-chair acting as a substitute as required. The group has been formed to:

- Oversee public and patient engagement on the SWLCC programme, acting as a key strategic adviser to the Strategic Commissioning Board and the communications and engagement team on these matters.
- Provide two-way communication between the programme and key community/public stakeholders ensuring all parties are kept up-to-date with key information/developments

- Provide a representative to sit on relevant governance structures – Strategic Commissioning Board and SWL Forum.
- Advise on targeted engagement activities to support wider engagement with a) diverse community groups and b) engagement priorities of work streams.

#### 5.17 SWLCC Clinical Design Groups

In addition to supporting the PPESG, the programme also supports direct patient involvement in the strategy by inviting patient representatives to sit on each of the Clinical Design Groups.

These patient representatives are recruited through local CCGs, HealthWatch organisations and the voluntary and community sector. Their role is to provide an objective patient voice in meetings – acting as a critical friend. The programme provides support to them through one to one meetings, training sessions and payment of out of pocket expenses. The programme is currently reviewing the numbers of patient representatives and their spread across the boroughs. A refreshed recruitment programme will run in Autumn 2015.

#### 5.18 Better Health for London

Sutton CCG are partners in the Better Health for London initiative, working across the NHS, London Councils and Mayor’s office to identify how we can individually and collaboratively work towards London becoming the world’s healthiest major city.

## 5.2 *Patient and Public Engagement*

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.

### 5.2.1 Consultations and engagements that took place in 2015-16 include:

#### **South West London and St George’s Mental Health NHS Trust Public Consultation**

This consultation was led by Kingston CCG working with Merton, Sutton, Richmond and Wandsworth CCGs, NHS England, and South West London & St George's Mental Health NHS Trust. The aim of the proposals was to enhance the quality of clinical care and improve the experience for service users and carers, whilst bringing the Trust into line with current guidance and best practice.

During the consultation period commissioners wrote to over 7,000 people including staff, service users, family members, carers, voluntary groups, local councils, elected representatives and health and social care partners. Advertisements were placed in local papers, a dedicated Twitter account established, along with a dedicated email address, phone line and web page. In addition to the five main public events we hosted, commissioners also attended 74 meetings throughout the area and ran a webinar about the national specialised services.

There were 283 responses to the consultation survey, including 76 letters and emails, and 191 people attended the five main engagement events, as well as hundreds of other people engaged with at the 74 meetings throughout the five boroughs.

A clear majority of people who responded strongly agreed with the need for change and the majority of respondents broadly agreed with the proposals for two centres of excellence at Springfield and Tolworth for the national and local services.

Following action:

- The five CCGs and NHS England agreed the proposals at their Board meetings during February and March 2015.
- Our overall aim was to improve the inpatient mental health facilities, as currently some of these are over 150 years old.
- CCGs are planning an additional £20 million investment into community mental health services over the next five years.
- These proposals will mean £160 million of investment into two new hospitals for local people at Springfield University Hospital and Tolworth Hospital.
- The Joint Health Overview and Scrutiny Committee have supported the plans and work will commence with the mental health trust on the full business case and the plans for the new hospitals which will be fully operational from 2021.

### **South West London Commissioning Collaborative Stakeholder Events**

Historically, public engagement on the case for change in health services in south west London has been extensive, including other change programmes such as 'Better Services, Better Value'. During 2014, the Consultation Institute and another expert body, Public Involvement, advised the programme that given the previous three years of in-depth engagement with local people, a further period of extensive engagement may frustrate residents and stakeholders. They instead advised the programme to test all feedback to date at an SWL stakeholder event.

In May 2014 the programme tested all feedback to date at a SWL-stakeholder event.

<http://www.swlccgs.nhs.uk/documents/listening-and-learning-engagement-report-june-2014>

A number of consistent themes were discussed, for example workforce, integration of services, patient education and information about accessing services and working more closely with the voluntary sector.

In April and May 2014, a total of 20 focus groups were carried out to extend reach into local communities and further test the feedback gleaned to date. Each group began the session looking at the overall patient feedback for South West London. It was strongly felt that we had heard the population correctly, with 17 out of 20 groups agreeing that we had heard the patients' voice. No group disagreed with our findings. In addition, the results of the focus groups were broadly in line with the outcome of the stakeholder event (noted above).

During 2014 and early 2015, information about the case for change was disseminated via Patient and Public Engagement Steering Group networks and social media and we continued to update key stakeholders such as local MPs on developments with the programme. The programme has also worked with providers and Health and Wellbeing Boards to consider the next steps.

### **5.22 Consultation on Joint Carers Strategy**

Sutton CCG is developing the Joint Carers Strategy for 2015-17, in partnership with the London Borough of Sutton (LBS), Sutton Carers Centre (SCC), other key providers and carers in Sutton. The strategy will set out how Sutton will support carers across health and social care. The draft strategy was developed after talking with carers over the summer of 2014 to find out what support they need to help them continue caring and improve their health and wellbeing.

Consultations took place with carers and key stakeholder groups in the autumn and several focus groups were held to inform the final strategy.

During the public consultation carers were given the opportunity to feedback on the key recommendations and implementation plan for the strategy. The feedback was used to inform the strategy in the following ways:

- The consultation confirmed carers were broadly in agreement about the key priorities we suggested, which meant that these were adopted in the strategy.
- Carers expressed a need for Information and Advice Services (IAS) to be better aligned to GP practices which has been reflected in the specifications for both the IAS and the specification for carer support services.
- Carers also recommended that development work be undertaken to improve the plurality of respite services and information about these on the website.

The impact of this engagement will be assessed through the Council's annual survey for the Department of Health, which includes questions on the degree to which carers feel supported, and their ability to access IAS at the right time.

### **5.23 Local Offer Project Group**

Sutton Parents Forum working in partnership with the Local Authority co-produced the Sutton Local Offer website to include information about all health provision in the borough. In addition, young people using the website are involved with the co-design and operability of the Local Offer.

## **6. Public Health**

Sutton CCG works closely with the Public Health Department of London Borough of Sutton to deliver key public health initiatives. A core aim of Public Health is to reduce health inequalities. A particular focus is on vulnerable groups within the general population, such as older people, people with disabilities, troubled families, BME communities and other vulnerable groups.

Key services commissioned by Public Health to reduce inequalities include:

## **6.1 Smoking Cessation Service**

LiveWell is a free NHS health improvement service to help people who live or work in Sutton to live healthier lifestyles. It also incorporates the local NHS Smoking Cessation Service. Within the contract for smoking cessation are four sections that specifically relate to addressing inequalities:

- Mental health
- Smoking in pregnancy
- Routine and manual workers
- Young people aged under 18, particularly vulnerable groups

## **6.2 NHS Health Check**

This is a mandatory programme for adults in England between the ages of 40 and 74. It is aimed at prevention of heart disease, stroke, diabetes, kidney disease and dementia. The majority of health checks are delivered by local Sutton GP practices.

Public Health has commissioned alternative provision to be accessed through community pharmacies and outreach services in Sutton. There are currently six community pharmacies contracted to provide the NHS Health Check service. The service is aimed at delivering a preventative programme of health checks through selected community pharmacies that target people not registered with a local GP, unlikely to participate in a GP practice programme or located in areas where a GP practice does not have adequate capacity.

Such a provision acknowledges that traditional GP offers does not suit everyone and aims to reduce inequalities by making health checks more accessible to a wider group of people.

## **6.3 HIV Prevention Project**

This programme of work, which began in May, is aimed at identifying and responding to unmet need around HIV prevention, among high risk groups, such as Men who have Sex with Men (MSM) and Black African communities. The objectives of the project are to: determine what gaps may exist in the provision of prevention messages; provide detailed and practical recommendations on how to address any unmet need which may exist; and deliver a six month pilot intervention which contributes to a decrease in the borough's HIV prevalence rate, especially in relation to late diagnosis. Further, Sutton is part of the national procurement for HIV self-sampling which will complement the current home sampling offer.

## **6.4 'Exercise on Referral' scheme**

This scheme is aimed at people who have identified medical conditions that need and would benefit from extra support and supervision. The scheme will be linked with and complement primary care.

## **6.5 Football and Young People**

This is a programme for primary school-aged children from 8-11 years. The aim is to promote multi-sports and physical activity to prevent children gaining excess weight before their Year 6 assessment. This programme will encourage children to get active with their families and friends outside of school with a focus on children at risk of weight gain. It is intended to be a fun activity, but at the same time to act as a springboard to encourage children to gain an important life skill, to get into physical activity and enjoy it.

## **6.6 Sexual Health Programmes**

The Sexual Health Programmes commissioned by Public Health has taken the following steps to ensure compliance with the Equality Act.

- An Equality Impact Assessment (EIA) is undertaken for all procured services including the Contraceptive and Sexual Health (CASH) service and the Chlamydia screening programme delivered by Terence Higgins Trust (THT).
- Contract monitoring tools i.e. audit, monthly reporting, customer satisfaction surveys are used to ensure providers are meeting the needs of customers from all equality groups and that services are accessible to all groups.
- An expansion of existing sexual health services in community pharmacies is being undertaken to address differing prevalence of HIV and deprivation across the electoral wards in the borough. Services also aim to address high TOP (Termination of Pregnancy) rates in all age groups and increase access to chlamydia treatment, condoms to young people aged under 24, in order to support those who do not access main stream services.
- The CASH (Contraception and Sexual Health) service is currently being developed to expand the provision of STI testing in the community to reach those who do not want to or have barriers to accessing acute services. Since November 2014 opt-out HIV testing and Chlamydia treatment is being offered. Chlamydia and Gonorrhoea testing for those aged over 25 is also offered. In addition, CASH has recently introduced Saturday opening times which will improve access to the service.

## **6.7 Substance Misuse Services**

- Public Health commission clinical and non-clinical drugs and alcohol misuse services for adults and young people of Sutton. The services are designed to provide an integrated and recovery-focused approach. Services include clinical inpatient detoxification services and community based clinical, psychosocial, supervised consumption, needle exchange and young people's services.
- In March 2015, Public Health commissioned a one year pilot funding an Alcohol Outreach liaison post to enhance the liaison between A&E and Community Tier 2 services supporting early identification of those with alcohol problems and facilitating early engagement with specialist services. This pilot is proving very successful, identifying 160 clients not previously known to services within the first four months.

## **6.8 Services for 0 to 5 year olds**

- This comprises two services, firstly the Health Visiting Service which is a universal service delivering the five mandated developmental checks. Subject to these checks, enhanced support is offered to those that are the most in need.
- The Family Nurse Partnership (FNP) is a targeted service for first time teenage parents under the age of 20. This service also offers the five mandated developmental checks, but in addition provides a range of core elements in line with the licensed programme.

## **6.9 School Nursing**

School Nursing services are universal in all mainstream schools in Sutton offering the 'Healthy Child Programme' and Enhanced Support for those most in need.

## **7. Employment and Workforce Information**

Under the Equality Act, organisations employing 150 or more staff are required to report on their workforce profile annually. Sutton CCG employed 40 people as at March 31, 2015 and has analysed its staff by protected characteristics.

### **7.1 Workforce Race Equality Standard**

Under the NHS Standard Conditions of Contract April 2015/16, 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.

The WRES is based on new research on the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care. It will highlight any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing those metrics through an action plan.

In 2015-2016, all CCGs need to demonstrate that they are giving "due regard" to using the WRES indicators, and assurance that their Providers are implementing the WRES.

The WRES requires providers and CCGs to gather staffing and board-level data against nine indicators (*See appendix 2*) and monitor progress against it annually. CCGs also have to develop a provider assurance framework to ensure their key providers are implementing and monitoring progress against the WRES through a report to the co-ordinating commissioner annually.

The first report was to be published in July 2015, followed by annual reports being published and publicised by May 1<sup>st</sup> of each year. Providers are expected to give CCGs six monthly progress updates against their first WRES report.

Sutton CCG has gathered data against the nine WRES metrics for 2015. The data is not being published due to the small numbers reported and to protect staff identity under the Data Protection Act. However an internal assurance report has been developed for its Quality Committee.

## **7.2 WRES Provider Assurance:**

As part of the WRES provider assurance, Sutton CCG has undertaken a baseline assessment of all its providers holding contracts over £200,000. These have been presented as part of its internal assurance report for its Quality Committee meeting in December 2015.

Its key provider, Epsom and St Helier University Hospital has published its WRES report, which has been presented at the Clinical Quality Review Group meeting in December 2015.

## **8. Equality Delivery System (EDS)**

The EDS 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. 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

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

Grades using the EDS can either be: Excelling, Achieving, Developing or Undeveloped. Between April and December 2015, a series of consultations were held with staff, leadership teams, providers and voluntary sector groups to assess and grade Sutton CCG's performance against the EDS outcomes for all four goals. A further set of interviews with patients and carers will be held in January 2016 to finalise grades for Goals 1 and 2.

For Goals 1 and 2, which are patient-focussed goals, the CCG identified the two following commissioning priorities to undertake a deeper review:

- Enhanced optometry services for people with learning disabilities
- Admiral nursing services for families with dementia

For Goal 3 and 4, workshops have been held with staff and the Governing Body to gather evidence and grade the CCG. The grades and improvement plans for all four goals will be published on the CCG's website by **March 31, 2016**. They will be used to inform the CCG's operational and organisational development plans.

### **Case Study: Enhanced Optometry Services for People With Learning Disabilities**

Sutton CCG is one of 6 CCGs in the country which commissions enhanced optometry services for people with learning disabilities. Delivered by accredited optometrists in partnership with national charity, SeeAbility, the service offers tailored eye testing suited to the needs of people with learning disabilities.

There are approximately 3,035 people with a learning disability (as of 31.10.2015) in Sutton, according to data collated by SeeAbility, Sutton CCG and the London Borough of Sutton. Following a review, the enhanced optometry services for people with learning disabilities was set up around mid-2015 and has since been accessed by 49 patients, with a target of supporting 180 patients by March 2016.

This service offers tailored eye testing for people with learning disabilities – including familiarisation visits to the optometrist to minimise anxieties that patients may have over the testing procedures, testing at home, use of pictures where letters are found inappropriate, extended sessions (up to 45 minutes) or testing over 2-3 sessions based upon the patient's needs and use of specific tests for people with shorter attention spans or other anxieties. Carers can also access a list of accredited optometrists who provide free services under the NHS, in addition to information on the sight test.

The service is open to people from over 14 years and plans are underway to promote it through special schools and further education colleges to ensure more young people are able to benefit from it. Currently the majority of service users are over 40 years of age. To improve take-up from all sections of the community, it will be promoted through community centres and other places accessed by diverse ethnic and faith groups, events, carer groups and St Helier Eye Clinic. Optometrists delivering this service are monitored and supported by the Local Optical Committee Support Unit and are expected to complete an accredited training programme through The College of Optometrists, which includes training on testing people with learning disabilities and a module on safeguarding children and vulnerable adults.

## **9. Equality Objectives**

Sutton CCG developed its Equality Objectives in April 2013. These are mapped against the EDS goals as shown in Table 1 below.

*Table 1: Sutton CCG's Equality Objectives mapped against EDS Goals*

Year 1 (2013/14)	EDS2 Goal
1. Building, using and sharing data collection and evidence base	Goal 1: Better Health Outcomes for all
2. Develop Communications and Engagement strategies so they are inclusive and actively responding to needs of diverse community	Goal 2: Improved Patient Access

3. Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes	Goal 1: Better Health Outcomes for all
4. Training and conducting Equality impact Analysis (EA)	Goals 1,2 and 3 – An empowered and well-supported workforce
5. HR: Training needs identified for Board, CCG and Commissioning Support Unit (CSU) staff	Goals 3 and 4 – Inclusive leadership at all levels.
6. HR: Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)	Goal 3 – An empowered engaged and well-supported workforce.
<b>Year 2 (2014/15)</b>	
1. Delivery of Communications and Engagement strategy delivers equality requirements	Goal 2 – Improved patient access and experience.
2. Patient and public involvement in decommissioning, commissioning, design & procurement of services	Goal 2 - Improved patient access and experience.
3. HR: Deliver training to embed equalities for Governing Body and CSU staff	Goals 3 and 4 – Inclusive leadership at all levels.
<b>Year 3 (2015/16)</b>	
1. Review Communications and Engagement strategies as inclusive and actively responding to needs of diverse community	Goal 2 – Improved patient access and experience
2. HR: Demonstrate improvement of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)	Goal 3 – An empowered, engaged and well-supported workforce.
<b>Year 4 2016/17</b>	
1. Review Equality Key Performance Indicators to measure improvement in health outcomes	Goals 1 and 2 – Improved patient outcomes and access.

## 10. ***Training and development:***

- This year, Sutton CCG staff have accessed training on undertaking equality analyses. A new template and guidance toolkit has been developed and will be promoted through Sutton CCG's intranet.
- Governing Body members have also benefitted from training on equality and diversity and decision-making.

## 11. ***Other:***

- A new Equality and Diversity policy statement on employment and service delivery will be published by March 31, 2016.

## Appendices: 1: Equality Delivery System Goals and Outcomes

The Goals and outcomes of EDS(2)		
Goal	Number	Description of outcome
<b>Better Health Outcomes</b>	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.
<b>Improved Patient</b>	2.1	People, carers and communities can readily access hospital, community health or

<b>Access and Experience</b>		primary care services and should not be denied access on unreasonable grounds.
	<b>2.2</b>	People are informed and supported to be as involved as they wish to be in decisions about their care.
	<b>2.3</b>	People report positive experiences of the NHS.
	<b>2.4</b>	People's complaints about services are handled respectfully and efficiently.
<b>A Representative and Supported Workforce</b>	<b>3.1</b>	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
	<b>3.2</b>	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
	<b>3.3</b>	Training and development opportunities are taken up and positively evaluated by all staff.
	<b>3.4</b>	When at work, staff are free from abuse, harassment, bullying and violence from any source.
	<b>3.5</b>	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
	<b>3.6</b>	Staff report positive experiences of their membership of the workforce.
<b>Inclusive Leadership</b>	<b>4.1</b>	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	<b>4.2</b>	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.
	<b>4.3</b>	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

## 2. Workforce Race Equality Standard Metrics

<b>Workforce Race Equality Standards (February 2015)</b>	
	<b>Workforce metrics</b> For each of these four workforce indicators, the Standard compares the metrics for white and BME staff.
<b>1.</b>	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
<b>2.</b>	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts

3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation  <i>Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.</i>
4.	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff
	<b>National NHS Staff Survey findings</b> For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff.
5.	<b>KF 18.</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	<b>KF 19.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	<b>KF 27.</b> Percentage believing that trust provides equal opportunities for career progression or promotion
8.	<b>Q 23.</b> In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	<b>Boards</b> Does the Board meet the requirement on Board membership in 9?
9.	Boards are expected to be broadly representative of the population they serve.