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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

It is our pleasure to present Sutton CCG’s Public Sector Equality Duty Report for 2016. The year saw the CCG deliver key programmes to address diversity and inclusion, while addressing significant changes within the NHS and healthcare commissioning landscape.

Sutton CCG has been working with its partner CCGs in South West London to deliver the NHS Five Year Forward View through the Sustainability and Transformation Plan, supported by the South West London Commissioning Collaborative. Locally, it has focussed on commissioning services to meet the changing needs of its population. Some of the programmes it has led on include:

- Sutton Uplift: A programme aimed at promoting access and inclusion in mental and well-being services. This programme was shortlisted for the HSJ Awards for 2016.
- Sutton Vanguard Homes of Care Programme – which is aimed at improving services for older people in care homes through training and development for care home staff.
- ‘Help Yourself to Health’ – which is focused on improving access to primary care by Black and Asian Minority Ethnic (BAME) Communities.

In meeting the aims of its Public Sector Equality Duty, Sutton CCG has ensured:

- equality analyses have been completed on key policies, strategies and Quality Innovation Productivity Prevention (QIPP) schemes
- reviews on employment and commissioning practices have been undertaken through benchmarking and monitoring frameworks, such as the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES) and the Accessible Information Standard
- providers are monitored to ensure they are delivering fair and accessible services
- staff, patients and the public have the opportunity to channelise their voice to inform commissioning decisions and organisational development plans and
- the Governing Body is supported with guidance to ensure equitable decision-making.

All these measures have helped the CCG develop plans for continuous improvement in employment and commissioned services. These are reported through its Public Sector Equality Duty Report 2016.

Dr Brendan Hudson  
Chair

Jonathan Bates  
Chief Operating Officer

Dr Chris Elliot  
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, 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. This report will provide examples of the CCG’s progress since January 2016 in a range of areas, including:

- Commissioning – by giving examples of how services are being commissioned to address equality, diversity and inclusion and how services how reviewed to account for equality and diversity.

- Consultation and engagement - by highlighting the staff and patient engagement activity undertaken to consider equality and diversity.

- Partnerships – to understand how collaborative working promotes better services to different population groups.

- Workforce and employment – to understand employment practices adopted by the CCG to ensure staff are treated fairly.
2. **Regulatory Framework:**

   **CCG Improvement and Assessment Framework 2015-16**

NHS England has a statutory duty under the Health and Social Care Act 2010 to conduct an annual assessment of CCGs. The new CCG Improvement Assessment Framework (IAF) for 2016/17 replaces the earlier CCG Assurance Framework and aims to make CCGs more accountable to the public.

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 focusses on 4 domains: Better Health, Better Care, Sustainability and Leadership.

The Leadership domain will review how the CCG is performing against 4 indicators: Probity and corporate governance, workforce engagement, the CCG’s local relationships and quality of leadership.

The workforce engagement indicator will review the CCG’s progress against the Workforce Race Equality Standard and staff engagement index, while the indicator on local relationships will assess engagement with local partners, including local authorities, providers, patients, communities, the voluntary and independent sector for annual EDS2 reviews.

**Sutton CCG’s Assurance Rating for 2015-16 on Well-Led domain:**

Sutton CCG was rated ‘Good’ for the Well-Led’ domain for the 2015-16 CCG – which included a review of the systems it had in place to meets its Public Sector Equality Duty under the Equality Act 2010.

**Care Quality Assessment Inspections for key providers**

The Care Quality Commission’s pilot and new wave of inspections for 2016 assesses health care providers for their progress on the Workforce Race Equality Standard under the ‘Well-Led’ Domain.

Of Sutton CCG’s four key providers (see Table 1.2 for results), 3 have been assessed under the new wave inspection. Of these, two have been assessed as ‘Good’ and one ‘Requiring Improvement’.
3. Organisational Context

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 191,123 people (Census, 2011). The practices are located in three localities: Carshalton, Sutton and Cheam and Wallington.

The CCG is responsible for purchasing the healthcare needs of the borough, which are delivered through hospital, community and mental health services. The services it commissions include:

- Hospital services (for example, specialist interventions and routine operations)
- Urgent and emergency care (for example, out-of-hours GP service, urgent care centre and A&E departments).
- Services for people with mental health conditions.
- Community health services (for example, district nursing)
- Rehabilitation services (for example, physiotherapy)

The CCG’s key local providers are as given in Table 1.1

Table 1.1 Sutton CCG’s Key providers:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Acute Services</th>
<th>Community Services</th>
<th>Mental Health Services</th>
<th>Cancer Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epsom and St Helier University Hospitals NHS Trust</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>South West London and St George’s Mental Health NHS Trust</td>
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<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>St George’s University Hospital NHS Foundation Trust</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The Royal Marsden NHS Foundation Trust</td>
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<td>X</td>
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</tbody>
</table>

Since April 2016, Sutton CCG has been delegated responsibility by NHS England to
commission primary care services (GP services). The CCG has since set up a Primary Care Commissioning Committee, which meets bi-monthly and works to ensure local clinicians and communities have more influence over how primary care services are developed in Sutton.

The CCG is also working with five other CCGs – Croydon, Merton, Richmond, Kingston and Wandsworth – to plan primary care services collaboratively across south west London and is part of a joint-committee with representatives from the CCGs and NHS England.

Sutton CCG was selected to be one of six enhanced health in care homes Vanguard sites in the country by NHS England in 2015. The scheme, called Sutton Homes of Care, has aimed at offering older people better joined-up health, care and rehabilitation services and continues to be a key priority for the CCG in 2016-17.

Since 2015, Sutton CCG has been directly managing the Continuing Health Care service for the borough. Sutton residents with ongoing care needs may be eligible for fully funded continuing healthcare or funded nursing contribution. The service assesses eligibility of people applying for continuing healthcare and commissions services related to their health care.

The CCG also 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 its Public Sector Equality Duty under the Equality Act 2010.

**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:
- 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.

The CCG’s Governing Body Lay Member and Independent Nurse Lead have oversight on equalities and patient and public involvement.

The CCG’s Quality Committee receives quarterly equality and diversity updates. It is now 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.
All Governing Body members are responsible for ensuring that different sections of the local population have opportunity to inform the commissioning process.

The Chief Operating Officer is responsible for ensuring that necessary resources are available to progress equality and diversity within the organisation and regulatory frameworks are implemented.

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 NHS South East Commissioning Support Unit (SECSU) 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.

All line managers have responsibility for:

- Ensuring that all employees 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.

4. Our Communities
4.1.1 About Sutton

This section sets out the demographic profile and the health and wellbeing of the people of Sutton. A wealth of further information is available from the Sutton Joint Strategic Needs Assessment (JSNA) at: http://data.sutton.gov.uk/sutton jsna/.

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 223,300 people by 2024. The most recent estimate for 2015 is 200,145 residents. The GP registered population was 190,448 people at April 2016 (the resident and registered population differ slightly as a small proportion of residents in Sutton may be registered in another borough and vice versa).

4.1.2 Ethnicity

21% of the 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 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% are 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.

4.1.3 Religion or Faith

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

4.1.4 Age
• Children and young people aged 0-19 years comprise 25% of the population. Their numbers are projected to rise by 16.6% from 2014 to 2024, compared to 14.8% for London 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 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.

4.1.5 Disability

• 14.3% of people living in Sutton reported having a limiting long-term illness at the census - similar to London (14.2%) but less 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.

4.1.6 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 7,700-10,800 adults in the borough, though this does not include bisexual or transgender individuals.

4.1.7 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 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. Sutton has one area that ranks in the most deprived decile of England, in Beddington South.

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

- Overall Sutton is a healthy place, with longer life expectancy for males, and similar life expectancy for females, and lower rates of infant mortality compared 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 2000-02 and 2012-14. Life expectancy increased over this time period from 77 years to 80.9 years for men and from 80.5 years to 83.4 years for women. This is similar to England and a little less than for males in London, whose life expectancy increased by 5 years over this time.

- The life expectancy gap for men in the most deprived areas compared to those in the least deprived areas in 2012-14 was 7.4 years. The gap for women was 4.4 years. This is the Slope Index of Inequality (SII) – a measure of the social gradient in life expectancy, i.e. how many years life expectancy varies with deprivation.

- Infant mortality rates have reduced over time with Sutton ranking the 5th lowest among all London boroughs – with 2.6 infant deaths per 1,000 live births, lower than London (3.8) and England (4.0).

4.1.9 Child poverty

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

4.2.0 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 a Directly Standardised Rate of 142.3 per 100,000 deaths in 2012-14, similar to the national average.

- Early deaths (under 75 years) from heart disease and stroke (cardiovascular disease) was 65.9 per 100,000 population in 2012-14, which is significantly lower than for London (78.7) and for England (75.7). Overall the rate for men is lower (82.7) than for England (106.2),
while for women it is similar (50.5 for Sutton and 46.9 for England). However, it is noted that there is a much higher rate for men than women.


5. Sutton CCG’s Vision and Commissioning 2016/17 Intentions

5.1 Vision

Sutton CCG works closely with health and social care organisations to commission services that help to deliver its vision “working together to build the best affordable health care in Sutton”.

Its Plan on a Page 2016-17 outlines its commissioning intentions for the year. These are highlighted in the following sections. The plan can be found in the following link: http://wwwauthor.suttonccg.nhs.uk/NewsPublications/publications/Key%20publications/Sutton%20CCG%20plan%20on%20page2016-17.pdf.

5.2 Commissioning Intentions 2016/17

Sutton CCG’s commissioning intentions for 2016/17 focus on:

- 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
- Children’s Services
- Primary Care Commissioning
- Sutton Homes of Care

5.2.1. Meeting the Public Sector Equality Duty in 2016:

The CCG has addressed its public sector equality duties through:
- Its commissioning intentions (which include the Quality, Innovation, Productivity and Prevention (QIPP) programme, which have equality analysis built into them).
- Equality analysis on key strategies and service changes.
- Implementing the Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES) and Accessible Information Standard (AIS).
- Monitoring key providers for their compliance on equality and diversity, including the WRES and Equality Delivery System (EDS2) and AIS.
- Partnerships, patient and public engagement programmes.
- Improving access to primary care.
- Public health programmes in partnership with London Borough of Sutton
- Supporting people with language and communication difficulties through access to translation and interpretation services.
- Safeguarding standards for children and vulnerable adults.
- Patient Advice Liaison Service (PALS) and complaints processes.

Examples of how commissioned services are promoting equality and inclusion to different protected groups are given below:

**Sutton Uplift: Promoting access and inclusion in mental and well-being services:**

This is a primary mental health service for Sutton provided through a partnership of South West London and St George’s Mental Health NHS Trust, Imagine, Age UK Sutton, Off the Record and the Sutton Carers Centre.

Launched on July 1st 2015, the service offers a community-based single point of access to mental health services, mental health triage and assessment and primary care support and treatment services in a safe and empowering environment. Services offered include: a well-being hub, talking therapies and recovery support for people with stable but long-standing mental health conditions.

A key highlight of Sutton Uplift is that it employs a team of well-being navigators to promote access and inclusion. The navigators engage different sections of the community through outreach and awareness-raising. Each navigator shares learning with the team on their area of focus, which include: engagement with ethnic minority groups, peer support, carers, older people, young people, social inclusion and vocational training.

The navigators run drop-in sessions at local community coffee shops, housing support groups,
children’s centres, colleges and local activity groups. This helps them engage with a broader number of people as well community groups who are often considered harder to reach who would not normally seek help or access health services. These include Black, Asian and Minority Ethnic (BAME) Community groups, Lesbian Gay Bisexual Transgender (LGBT) support groups, the Refugee and Migrant Centre and the Women’s Centre. One of the navigators has also supported a project to support the development of English as second language conversation group.

The navigators also raise awareness of the service and mental health and well-being through different venues, such as ASDA supermarket, Sutton Life Centre and events such as, Career Fairs and Carers Health promotion. They have delivered bespoke workshops/drop-ins within organisations on topics such as Mind & Body and Long Term Conditions at Sutton Mental Health Foundation, Confidence and Assertiveness at Women’s Centre and drop-in sessions at the Citizens Advice Bureau, Tazza Cafe and libraries.

By attending community events, such as the Mental Health Market Place, Environmental Fayre and Young Persons Fayre, the navigators have been able to build links with local people and develop initiatives to address health inequalities in the borough. They also offer bespoke advice and support for vulnerable groups, at individual and group level, and run wellbeing clinics and drop-in sessions within GP surgeries and community organisations to offer mental health knowledge and support in non-stigmatised environments.

The Uplift model is demonstrating improved access by age and ethnicity compared with the previous Improving Access to Psychological Therapy (IAPT) service. The proportion of people from BAME communities who accessed Sutton Uplift over its first year is representative of Sutton’s population at 21%. Although the proportion of older adults (65+) accessing the service did not represent Sutton’s older adults population of 15%, there was significant improvement when compared to the previous IAPT service (10.5% versus 6%). An interesting find was that 13% of those who accessed the well-being arena were older adults (65+), whereas this group made up 8% of those who accessed the taking therapies service.

With regard to access by gender, Sutton Uplift still see less males (35%) than females (65%). However, there is a marked difference across Sutton Uplift service components. The recovery team sees males and females that are proportionate to the expected numbers in local population (49% versus 51%). The talking therapies service, however, see more females (68%) than males (32%) and the well-being arena sees slightly more males (35%). Thus there is still some work to do engage more males to seek mental health & well-being support.

The service has also been supporting people get into and return to work, and has been helping
Services for older people – Sutton Vanguard Homes of Care Programme

Sutton CCG was one of 2 sites in London chosen to become a vanguard site as part of the national New Care Models Programme – Five Year Forward View in March 2015. Residents of nursing homes have a range of complex health needs, which place significant pressure on the health and care sectors, particularly in areas like Sutton, where the population of care home residents aged 75+ is higher than the national average.

As part of this programme, the CCG has been working with local partners in health, social care and the voluntary sector to improve the safety and quality of services provided at local care homes. Partners include: Sutton Council, Epsom and St Helier University Hospitals NHS Trust, St Raphael’s Hospice, Sutton and Merton Community Services, Age UK Sutton, South West London and St George’s Mental Health Trust, Alzheimer’s Society, London Ambulance Service and Sutton Centre for the Voluntary Sector.

Vanguard focusses on three areas of work: integrated care, education of development for care staff and quality assurance and safety standards. Interventions to support these work streams have improved quality of care in the past year and reduced unnecessary hospital admissions.

The care home residents benefit from consistently safe and high quality nursing and social care provided by well-trained, confident and competent staff, integrated health and social care teams. This has improved outcomes for residents with complex long-term conditions or mental illness, including dementia.

Part of the programme includes piloting Health and Well-Being Reviews (HWBRs) of residents through linked GPs in six nursing homes across the borough. Through HWBRs, every resident in the pilot sites have an individual care plan developed in partnership with them, their family, their GP and the home’s Care Coordinator. The care plan aims to provide preventative and proactive holistic healthcare, with a view to reducing the number of emergency calls made to the ambulance service, unnecessary hospital admissions and a shorter hospital stay where admission was unavoidable.

Training and support for two care co-ordinators at the pilot sites not only enhanced their own professional competence, but also the relations between all partners involved in care plans. The
care homes have also held regular held Cakes, Cuppa and Chat sessions with residents to promote the programme and give residents and their families an opportunity to provide feedback. The programme has worked with Alzheimer’s Society to provide dementia support workers to care homes to support residents and their families at the time of diagnosis.

**Enhanced Optometry Services for People with Learning Disabilities**

Sutton CCG is one of 5 CCGs in the country to commission enhanced optometry services for people with learning disabilities. Since the refreshed programme began last year, it has made steady steps to widen access to the service and improve the quality assurance of optometrists funded to deliver the service.

The service has been promoted through a range of forums, including the Cares’ and Providers’ Forum, through Annual Health Checks, at Orchard Hill Further Education College and through a pathway designed by SeeAbility and the Local Optical Committee to support transition of care for children at Perseid Special School to the Sutton Scheme. These steps were taken to widen access to the service, especially among young people and ethnic minority communities – identified as part of an Equality Delivery System (EDS2) review in December 2015.

**Improving access to primary care services**

Sutton CCG’s primary care support has taken the following steps to improve access and inclusion:

- Ensured all practices received the ‘Pan London Operating Principals for Primary Care – GP registration’ and advice on responding to complex registration enquires, particularly for patients with no fixed abode or unable to provide ID or proof of address, hence reducing barriers to GP registration.

- Promoted use of translation and interpretation services currently commissioned for the benefit of local patients. The team also supports practices with specific needs, such as translation of medical reports which have been completed in a different language during an episode of ill-health whilst on holiday abroad. Practices have also been encouraged to enable their websites to be accessible in different languages.
- Work is currently underway to promote/increase uptake of ‘online services’ particularly for those patients who find it difficult to attend the surgery or make contact via the phone.

- The team have supported improvement grant applications to improve accessibility to primary care estate. These include: installation of automatic doors, hearing loops, disabled toilet facilities and reception desk adjustments.

- Launched the 6-week ‘Help Yourself to Health’ programme aimed at migrant and Black and Ethnic Minority (BME) patients and communities identified as experiencing barriers to accessing primary care services and poorer health outcomes.

The course helps participants learn more about NHS Services and how to access them appropriately, gain awareness of key health prevention messages and take control of their general health and wellbeing. It is aimed, in particular, at: the Polish, Urdu and Tamil-speaking communities, who have been found to experience barriers to accessing primary care services. The weekly programme is aimed at informing participants about primary care services to minimise inappropriate use of urgent and emergency care services and improve the quality of life of their families too. Courses delivered by health care practitioners include, interactive exercises, such as patient case studies on minor ailments, where participants are involved in mapping out the journey towards better care. This project is part of Sutton CCG’s equality and diversity programme and efforts to develop a culture of respect, reduce health inequalities and improve access to services.

5.2.2 Tenders, contracts and performance monitoring

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.

CCGs are required to hold providers on account on the clauses included in the NHS Standard Contract 2016/17, 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 and provide progress reports.

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.

Provider assurance in 2016/17

As part of the WRES provider assurance, providers hosted by the CCG will be presenting their Equality Reports at Clinical Quality Review Group meetings between November 2016 and March 2017. 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 2016/17.

Table 1.2 highlights compliance among the CCG’s key providers. Page 26 gives information on the procurement process for Sutton CCG’s Community Services.

Table 1.2 Compliance with equality duties among Sutton CCG’s key providers

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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</td>
<td>Equality Strategy or</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (indicated through)</td>
<td>Good</td>
</tr>
</tbody>
</table>
5.2.3 *Quality Innovation Productivity and Prevention (QIPP) programme*

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

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.

For QIPP schemes starting in April 2016, these assessments took place during 2015/16 as part of routine QIPP planning and governance processes.

The agreed QIPP schemes which were in place for 2015-16 which covers the calendar year January 2016 to December 2016 for this report were:

- Reduction in non-elective admissions QIPP schemes
- Long term conditions QIPP schemes
- Medicines management QIPP schemes
- Planned care QIPP schemes

The same process has been replicated for QIPP schemes for 2016/17.
5.2.4 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, telephonic and British Sign Language interpretation services.

5.2.5 Patient Advice and Liaison Service (PALS) and Complaints

Between July and September 2016, the CCG PALS and Complaints received 46 contacts. Of these, 20 were complaints, 10 were PALS enquiries and 16 were MP enquiries. Of the 20 complaints, 10 related to the CCG; of that, 4 related to Continuing Healthcare (CHC).

The five commissioning complaints were related to: IVF funding, mental health placements, transfer of anticoagulation services from ESTH to local pharmacies and change of patient’s prescription by a GP due to a joint project between the CCG and a GP related to prescribing in GP practices.

The 4 CHC complaints related to: refusal of CHC funding and perceived attitude of the nurse undertaking the CHC.

The CCG uses comments and complaints to shape current and future commissioning and services. At present, no complaints have led to any influence in this area.

Residents can also access Local Advocacy Services through the PALS service for free and confidential support from experienced case workers.

5.2.6 Safeguarding

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.

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, the Sutton Safeguarding Adults Board 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 on it within the CCG and to GP Practice staff and seeks assurance from providers across the health economy on the same.

**Key work undertaken for child safeguarding in 2016/17 includes:**

- Provider assurance around arrangements for preventing Child Sexual exploitation, including training, risk audits and training for staff.
- Secured the expertise of designated doctors and nurses for safeguarding children, for children looked after and for designated paediatricians for child deaths.
- Participating in partnerships the Sutton Safer Partnership to review support for children affected by domestic abuse. The CCG has participated 2 case reviews in the past year and supports the Safer Sutton Partnership to develop plans for joined up commissioning for domestic abuse services.
- Developing local protocols with partners to identify and manage children at risk of Female Genital Mutilation.
- The CCG works with London Borough of Sutton (LBS) to monitor and report on the health of Looked after Children. LBS reported that there were 231 children in care on 31st March 2016 and 85% of those in care for 12 months or over had received a health assessment.
- The CCG will also be working with the London Borough of Sutton through 2016/17 to plan for the support of unaccompanied asylum seeking children
- The CCG will work with the LSCB and partners to prepare for Joint Area Targeted Inspections, focussing on missing children, child sexual exploitation and domestic abuse.

**Key work undertaken for adult safeguarding in 2016/17 includes:**
- Joint commissioning of training on both the Mental Capacity Act and Safeguarding Adults with the London Borough of Sutton. Bespoke MCA training was additionally delivered to GPs, practice staff, staff at Epsom St Helier NHS Trust (ESTH), staff at Royal Marsden Foundation Trust (RM) and staff at St Raphael’s Hospice and Woodcote Road (the CCG’s fully commissioned bedded mental health recovery service in Wallington). Training included 1-hour sessions on Deprivation of Liberty Safeguards (DoLS) application in end of life care and half-day masterclass sessions for senior clinicians.

- An assurance group has been set up within the CCG to oversee the quality of health-funded services for People with Learning Disabilities, which reviews key issues such as transition planning for PLD approaching 18 years of age and services for patients who come under, or are at risk of coming under, the Transforming Care Agenda.

- Developing plans, processes and relationships with independent providers to support the implementation of good safeguarding practices and procedures for their patients.

- Supporting the implementation of the Care Act 2014 and its statutory and practice guidance across the health economy.

- Ensuring the Mental Capacity Act (2005) guidance (April 2014) for CCG commissioners of healthcare is implemented and to include oversight of DoLs.

- Developing policies and processes to enable GPs to be effectively engaged in safeguarding adult and mental capacity processes.

### 5.2.6.1 Serious Incidents

The CCG monitors and reports the number of Serious Incidents recorded at its key providers on a quarterly and annual basis. The following are the number reported between January and September 2016. The data has been analysed by protected characteristics to ascertain any trend. 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 and between the ages 45-55 years and 65 and over.

**Number of SIs by Provider 18 in Total:**
### Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total</th>
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<tbody>
<tr>
<td>21 and under</td>
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</tr>
<tr>
<td>22 to 34</td>
<td>2</td>
</tr>
<tr>
<td>35 to 44</td>
<td>3</td>
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<tr>
<td>45 to 54</td>
<td>4</td>
</tr>
<tr>
<td>55 to 64</td>
<td>3</td>
</tr>
<tr>
<td>65 and over</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

### 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.

Maternal Status

<table>
<thead>
<tr>
<th>Maternal Status</th>
<th>Total</th>
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<tr>
<td>Maternity/Obstetric incident meeting SI criteria: mother only</td>
<td>1</td>
</tr>
<tr>
<td>Maternity/Obstetric incident meeting SI criteria: mother and baby (including foetus, neonate and infant)</td>
<td>1</td>
</tr>
<tr>
<td>Maternity/Obstetric incident meeting SI criteria: baby only (including foetus, neonate and infant)</td>
<td>2</td>
</tr>
</tbody>
</table>
Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
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</thead>
<tbody>
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<td>Asian or Asian</td>
<td>1</td>
</tr>
<tr>
<td>British</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Not Stated</td>
<td>1</td>
</tr>
</tbody>
</table>

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.

6  Fostering Good Relations through partnerships and engagement

6.1 Partnerships

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, St. George’s University Hospitals NHS Foundation Trust, The Royal Marsden NHS Foundation Trust and Sutton Community Services.

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

**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. The board undertook a 60 day consultation to inform the Joint Health and Wellbeing Strategy, which concluded in August 2015.

Key outcomes include:
• Focus on prevention and social prescribing – with the CCG working with NHS England and Diabetes UK to deliver a National Diabetes Prevention Programme in 2016 to support local people in Sutton at high risk of developing Type 2 diabetes.
• Improved joint working with social care providers – through investment in Sutton Integrated Digital Care Records and Co-ordinate My Care, which brings together health and social care records for patients, thus providing better continuity of care.
• Sutton Uplift - an integrated primary care mental health service partnership between the NHS and local voluntary and community sector organisations. Dementia pathway redesign is underway to integrate services provided by health, social care and the third sector.

**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.

**Local Offer Project Group:** The CCG has worked with Sutton Parents’ Forum, young people and the London Borough of Sutton to co-produce the Sutton Local Offer website, which includes information about health services in the borough.

**South West London Collaborative Commissioning Strategy:** Sutton CCG is one of the six south west London CCGs working together with NHS England as part of the South West London Collaborative Commissioning (SWLCC) to address improvements in health and social care across the south west London region through the Sustainability and Transformation Plan (STP).

The collaborative includes a Patient and Public Engagement Steering Group (PPESG), which includes the CCG’s Lay Member, to oversee and its communications and public engagement work, including targeted work with protected groups.

The SWLCC has also recruited, trained and supported members of the public, carers, patients and service users to participate in Clinical Design Groups to act as critical friends at clinical work stream meetings.

**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.

6.2 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.

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 the past year:

6.2.1 Infrastructure for engagement

In addition to its partnerships, 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 the following:

Governing Body meetings
Governing Body meetings are held in public and attendees have the opportunity to ask questions and raise issues. Meetings are deliberately hosted in different locations throughout the borough to make them accessible to Residents.

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. 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. 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.

**Patient Groups**
During the reporting period the CCG have worked collaboratively with Healthwatch Sutton to ensure independent support to 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.

**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.

92% 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. The CCG’s Chair, Dr. Brendan Hudson, regularly attends the group as an observer.

The Patient Reference Group successfully delivered its 2015/16 work plan, involving representatives and the wider practice population in providing information and opportunities for informed patient input. In light of patient feedback, this included the group reviewing:

- SCCG Investment planning Consultation
- South West London Primary Care Commissioning
- SCCG Vanguard status for care homes
- Monitoring quality of local services
- Integrated Digital Care Record
- Sutton Uplift Primary Care co-commissioning
- Patient Engagement Projects
- Extend Hours Service.
**Patient Groups - Practice Participation Groups**
The CCG now has Practice Participation Groups in all 26 of Sutton’s GP practices, with over 92% of practices 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. Findings from work streams are reviewed at Patient Reference Group meetings and have been included in their 2016/17 work plan.

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

**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.

**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.

**Mental Health Commissioning Advisory Groups**
These groups are comprised of service users and carers and facilitate regular dialogue with the lead GP and commissioning manager involved in many aspects of commissioning mental health services in Sutton, including both inception and assurance.

The groups have influenced the following outcomes in the past year:

- Setting up the Sutton Uplift Service User Group who are planning a user-led evaluation of the service in 2016, to better understand how Sutton Uplift is perceived by those who are offered or use the service. They will also look at access, support and the impact of the service

- Co-production of the ICE project, which supports service users to undertake accredited training to become a facilitator of one to one support for other service users and support commissioning organisations to facilitate engagement with service users.
6.2.2 Key consultations and engagements that took place in 2015-16 include:

- **The South West London Collaborative Commissioning Issues Paper** – which identified the health challenges facing the NHS in the region, emerging ideas to address them and questions for local people to consider. Sutton CCG met with local groups and organisations to discuss the impact on local services and distributed the paper among health, care and community-based organisations. An independently-facilitated deliberative event, followed by an equality analysis further captured views to inform clinical work streams and guide engagement plans to ensure affected by any change are involved in the development of plans.

- **Sutton Community Services Procurement** - During the period July 2014 to August 2015, Sutton CCG successfully completed the procurement of Sutton Community Services, which included procurement of planned care in the locality, planned care in the clinics, unplanned care / intermediate care and children’s services. This included reviewing over 30 service specifications.

A comprehensive engagement took place with a range of following stakeholders, with a view to design service specifications and procurement documents based on their experience and understanding of the services. They included: Patient Reference Group and Patient Participation Group members, GP locality groups, Practice manager and nurse forums, voluntary and community groups and patient representatives on all working groups, provider information meetings and the evaluation panel.

Feedback from engagement activities resulted in the procurement ensuring:

- Services for Sutton residents and patients were delivered where possible in Sutton venues, with a single point of access for referrals.
- Services were brought together under four service specifications to ensure consistency and better co-ordination of care and treatment.
- Service specification, key performance indicators and the outcomes framework reflected the views gained from the engagement, published as part of procurement process and communicated via the provider briefing sessions.

Based on the evaluation of bids, presentations and clarifications, The Royal Marsden NHS Foundation Trust was awarded the contract Sutton CCG’s Community Services.

Between October 2015 and April 2016, Sutton CCG’s commissioners worked with local commissioning partners and providers to mobilise the new community services contract from
April 2016. This involved disaggregation of services for Sutton and Merton including workforce, estates, migration of patient data and IT services.

- **Sutton Homes of Care**

  As part of the Vanguard programme, the CCG has engaged and involved care home residents, their family and care home staff, partner organisations and healthcare professionals to ensure high quality services for older people living in care homes in Sutton *(see pages 14 and 15).*

  As a result of the engagement activity, some of changes introduced include:

  - A Hospital Transfer Pathway was designed to support care homes, the ambulance service and the local hospital. A ‘Red Bag’ system is used to transfer residents’ standardised paperwork on existing medical conditions, medications, current health concerns and personal belongings and stays with the resident throughout their hospital episode and is returned home with the resident. This gives ambulance and hospital staff can easily access to all relevant information and determine appropriate treatment for a resident quickly and effectively.

  - The CCG has commissioned the following - bowel and catheter care training with competency assessments, two link nurses, additional end of life care training through an enhanced care home support team. Targeted training materials are now available for care home staff including a range of e-learning, posters, training films and reference cards, to help improve their knowledge and skill to enable them to feel be more confident and competent in their role.
Training workshop for Care Co-ordinators at residential care homes in Sutton

- **Mental Health - Development of Dementia Care Pathway:** Within the BCF programme, 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). Some of steps taken to address concerns include:

  - Providing a dedicated Memory Assessment Service and increasing the capacity of the Hospital Liaison Service, to give access to specialist teams.
  - Increasing the capacity of the local Admiral Nurse Service by providing three more nurses to support multi-disciplinary teams to work with carers and people living with dementia.
  - Providing training to professionals working with dementia patients to broaden their awareness, knowledge and skills of dementia.

The Sutton Vanguard programme is working with the care homes in the borough to introduce a ‘Dear Dr’ approach to enable care staff to initially assess and make a referral for a formal diagnosis.
• **Social Prescribing** – is a non-medical approach to dealing with health issues. This enables primary care services to refer people with social, emotional or practical needs to a range of local, non-clinical services.

To enable the CCG to better understand patient needs for social prescribing in Sutton, Sutton CCG and GP Practices completed an analysis of frequent attenders (classified as those patients aged 18+ who had 10 or more GP appointments between January to December 2015) in General Practice. 19 of the 26 practices took part in the assessment. Over a one year period, 4477 adult patients had a face-to-face consultation with a GP on more than 10 occasions. This equates to 59,606 10 minute consultations over the year, costing £1,013,302.

To explore the opportunities and possibilities with social prescribing in Sutton, the CCG has been working in partnership with Sutton Council since July 2016 to initiate discussion workshops with partners, providers and key stakeholders to map supporting services, design systems and pilot social prescribing.

• **111 and Urgent Care** - To commission a 111 service that sends patients to the right service first time for their needs and provides a good patient experience, Sutton CCG ran a workshop in January 2016 and built a patient survey, to gather views and experiences of the current service from patient representatives. The workshop and survey were promoted across the South West London area via the CCG communications and engagement staff and their networks.

Key outcomes of the engagement include:

- Amendments to the tender documents and specifications based on patient feedback, which has been incorporated into all procurement documents. Specific amendments regarding continued patient and public participation include:
  - The 111 and Out of Hours specifications require provider under the contract to facilitate patient forums, to ensure concerns are raised and addressed, report on performance and promote the service widely.
  - Stricter requirements under the contract to not only obtain patient feedback but also to action it where appropriate and report back on progress and/or outcomes.

- **Care Leavers** - Sutton CCG has 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 for them. This is a long term project that will continue until August 2017. 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.
• **Children and Adolescents Mental Health Service** - To improve local mental health services for children and young people under 18 years of age, their parents and carers, the CCG has worked with the Children and Adolescents Mental Health Service (CAMHS) Partnership and held meetings with service users, patients and members of public in 2015-16. Outcomes of the engagement included:

- Additional paediatric psychiatric liaison at St. Helier Emergency Department to be available at weekends and improving services for young people aged 14 to 25 years, including a new on-line counselling service, self-referral and Sutton drop-in.
- Support for eating disorder services and, in partnership with other South West London CCGs, through a South West London eating disorder hub to provide an effective day service and reduce the need for specialist in-patient admission.

7. **Public Health**

Sutton CCG works closely with the Public Health team at the London Borough of Sutton to deliver key public health initiatives. A core aim of Public Health is to reduce health inequalities. There is a particular focus on vulnerable groups within the general population, including younger and older people, people with disabilities, troubled families, BME communities and others.

Key services commissioned by Public Health to reduce inequalities include:

7.1 **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 five sections that specifically relate to addressing inequalities:

- Mental health
- Smoking in pregnancy
- Routine and manual workers
- Young people aged under 18, particularly vulnerable groups
- Those living in the 20% most deprived parts of the borough (based on the Index of Multiple Deprivation 2015)

7.2 **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 the majority of local Sutton GP practices.

7.3 **HIV & STI Prevention and Support Services**

Following the HIV Prevention Project and consultation with other neighbouring boroughs it was decided to collaboratively commissioning a new South West London HIV & STI (Sexually Transmitted Infections) prevention and support programme to address the needs of each borough.

The new contracted service started on 1st April 2016 and continues to target those most at risk such as Men who have Sex with Men (MSM) and Black African communities. 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 direct and indirectly against the following measures of the Public Health Outcomes Framework¹

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

And also supports all the domains outlined in the NHS Outcomes Framework 2016/17² and particularly:

- Enhancing quality of life for people with long-term conditions
- Preventing people from dying prematurely
- Treating and 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.

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7.4 ‘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.

7.5 Sexual Health Services

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

- An Equality Impact Assessment (EIA) is undertaken for all procured services including the Integrated Sexual Health Service – this service compromises both routine and complex sexual health (Genitourinary medicine and Reproductive healthcare) 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 outreach services to those identified as at risk. The new 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 on one site. Integrated sexual health services are currently provided at three accessible locations across the borough, with the aim to relocate the main hospital based service into a centrally located community site.

- 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.

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

7.6 Substance Misuse Services

- Public Health commission a fully integrated substance misuse service, including clinical, non-clinical, inpatients, young people’s service, A&E liaison and enhanced pharmacy services. The services are designed to provide a recovery-focused approach.

- 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 outreach services supporting early identification, intervention and brief advice for those with alcohol problems.
admitted to A&E and facilitating early engagement with specialist services. This pilot proved very successful, identifying 408 needing input and assistance in the first year and has been written into the contract for the new integrated service.

### 7.7 Services for 0 to 19 year olds

- This comprises four 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.
- School Nursing services are universal in all mainstream schools in Sutton offering the ‘Healthy Child Programme’ and enhanced support for those most in need.
- The Weight Management Programme is aimed at reducing excess weight in children aged 0-19 years. It operates HENRY (Health, Exercise, Nutrition for the Really Young) for 0-5 year olds, and MEND (Mind, Exercise, Nutrition...Do it) for 5-19 year olds, led by a dietician. The programme is linked closely to the outcomes of the National Child Measurement Programme (NCMP).

### 7.8 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 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/](http://data.sutton.gov.uk/sutton_jsna/)
- As well as an overview, it is divided into eight themed sections, each with a range of topics presented in easily accessible and downloadable Fact Sheets and Data Sheets as follows:
  - Section 1: Demographics
  - Section 2: Children and Young People’s Wellbeing
  - Section 3: Adult Health and Wellbeing
  - Section 4: The Wider Determinants of Health
  - Section 5: Long Term Conditions
  - Section 6: Health Protection
  - Section 7: Social Care Services
  - Section 8: What People Are Telling Us
8. Employment

8.1 Workforce Race Equality Standard

Under the NHS Standard Conditions of Contract April 2016/17, 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.

All CCGs now have to show “due regard” to the WRES and monitor providers on their WRES results. Implementation of the WRES is also part of the ‘Well-Led’ domain of the CCG Improvement and Assessment Framework 2016-17.

Sutton CCG has gathered data against the nine WRES metrics for the second year in 2016 (see Appendix 1). 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 have been integrated with the EDS2 Action Plan for Goal 3 and Outcome 4.3.

It has also developed mechanisms internally to ensure key providers are monitored on their WRES results. 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 March 2017 (see page 17).

8.2 Employee engagement:

The CCG’s staff also have an opportunity to channelise their concerns through a range of mechanisms, including:

- Regular staff surveys – the survey for 2015 informed the WRES report and action plan for 2016 and the staff assessment for EDS Goals 3 and Outcome 4.3.
- Monthly wider team meeting including all CCG staff.
- An Annual Away Day.
- Workshops to inform its Organisational Development (OD) Programme: Between 2015 and 2016, the CCG held a series of consultations with staff, clinical and leadership teams to inform its OD Plan. The OD workstreams are informed by staff representatives.
- The OD Plan was also informed by the EDS2 workshops for Goal 3 and Outcome 4.3.
9. Equality Delivery System (EDS2)

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. 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 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 TBC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcome 4.3 – Achieving</td>
</tr>
</tbody>
</table>

Since April 2016, a series of consultations have been held with staff, leadership teams,
providers and voluntary sector groups to assess and grade Sutton CCG against all four EDS2 goals.

For Goals 1 and 2, which are patient-focussed goals, the CCG reviewed the following commissioning priorities:

- Continuing Health Care
- Children’s Speech and Language Therapy Services

A public engagement event was held on 14th July 2016 to discuss, assess and grade the two services. The event was attended by carers, members of the public and voluntary sector representatives. The grades for both commissioned areas can be found in Table 1.4. Positive features of the Continuing Health Care (CHC) service identified at the workshop include:

- A rigorous transparent assessment and appeals process,
- consideration of patients’ personal, cultural and religious needs when funding nursing home places,
- providing patients with language and communication support needs access to interpreters and advocacy workers, and
- close monitoring of nursing homes for care standards.

Areas for improvement noted at the CHC workshop included:

- Need for better information on assessment processes,
- communication on why equality monitoring is done to improve the quality of information on protected characteristics.

For the Children’s Speech and Language Therapy Service (C-SALT), the following were identified as positive features:

- Service was culturally sensitive, flexible and supportive
- good support for families with limited knowledge of English, for children with Down’s syndrome and specific speech disorders.
- good safety and quality standards were maintained and continuity of care was ensured through sharing of records between therapists and involvement of families in designing resources for home use.

The areas of improvement identified for the C-SALT service include, the need to:

- gather data on religion/faith of service users,
- improve transitions between services,
- raise awareness of the service among parents and referring agencies, and
- ensure staff is representative of the local area.
### Table 1.4 Grades for Goals 1 and 2

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcomes</th>
<th>Continuing Health Care</th>
<th>Children’s Speech and Language Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1</td>
<td>1.1</td>
<td>Developing</td>
<td>Achieving</td>
</tr>
<tr>
<td></td>
<td>1.2</td>
<td>Developing</td>
<td>Achieving</td>
</tr>
<tr>
<td></td>
<td>1.3</td>
<td>Developing</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>1.4</td>
<td>Achieving</td>
<td>Excelling</td>
</tr>
<tr>
<td>Goal 2</td>
<td>2.1</td>
<td>Achieving</td>
<td>Achieving</td>
</tr>
<tr>
<td></td>
<td>2.2</td>
<td>Developing</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>2.3</td>
<td>Developing</td>
<td>Achieving</td>
</tr>
<tr>
<td></td>
<td>2.4</td>
<td>Achieving</td>
<td>Achieving</td>
</tr>
</tbody>
</table>

### Goals 3 and Outcome 4.3 – Staff Engagement

To review Goals 3 and Outcome 4.3 which relate to workforce experiences, the CCG held a staff workshop on 29th September 2016. Overall, the CCG was assessed as Developing for Goal 3 and Achieving for Outcome 4.3. The session was attended by a cross-section of staff from across teams. Grades achieved were as follows:

### Table 1.5 Grades for Goal 3 and Outcome 4.3

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcomes</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.</td>
<td>(A)</td>
</tr>
<tr>
<td>3.2</td>
<td>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.</td>
<td>(U)</td>
</tr>
<tr>
<td>3.3</td>
<td>Training and development opportunities are taken up and positively evaluated by all staff.</td>
<td>(U)</td>
</tr>
<tr>
<td>3.4</td>
<td>When at work, staff are free from abuse, harassment, bullying and violence from any source.</td>
<td>(D)</td>
</tr>
<tr>
<td>3.5</td>
<td>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.</td>
<td>(D)</td>
</tr>
<tr>
<td>3.6</td>
<td>Staff report positive experiences of their membership of the workforce.</td>
<td>(A)</td>
</tr>
<tr>
<td>4.3</td>
<td>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.</td>
<td>(A)</td>
</tr>
</tbody>
</table>
Positive features of CCG’s employment practices identified at the staff workshop included:

- Involvement of service users and providers at interview panels,
- supportive line managers and,
- community spirit within teams.

Key areas for improvement highlighted include:
- Need for more on-site presence of HR staff to support recruiting managers,
- need more secondment opportunities to allow professional development for staff at all stages of their career.
- Inadequate signposting/information-sharing on how to report/respond to bullying and on accessing an Employee Assistance Helpline.
- More information required on flexible working.

**Goal 4 – Outcomes 4.1 and 4.2 – Inclusive Leadership**

To grade these outcomes, the following activities were undertaken:

- A workshop was held with the Governing Body on October 5th – during which members were given an equalities briefing, updated on the CCG’s progress and participated in an exercise to identify their equality targets for the year ahead as part of informing Outcome 4.1 (Leadership commitment to equality and diversity).
- A matrix of board papers is currently being compiled to inform assessment of Outcome 4.2 – which reviews the extent to which equality-related risks are considered for key papers.
- External assessment of Outcomes 4.1 and 4.2 will take place by January 2017, with the evaluation being undertaken by Sutton Council for Voluntary Service.

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

Results of the 2015-16 EDS2 engagement were used to inform the CCG’s Organisational Development Plans for 2017/18 and it’s Equality Objectives for 2017-2021.

As a result of the feedback received during the EDS2 engagement in 2016-17, key programmes implemented as part of the CCG’s Organisational Development Plan for 2016/17 included:

- An induction pack has been developed for new starters, which includes all key information related to the CCG.
- A new staff photo board is being set-up along with a staff directory with photographs of staff to support on-boarding of new appointees.
A leadership development course has been rolled out since November 2016. The course is based on the NHS Healthcare Leadership Model and will include a self-assessment and areas such as resilience, emotional intelligence, managing conflict, working effective in teams and motivation.

10. **Accessible Information Standard**

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.

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.

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.

11. ** Equality Objectives**

Sutton CCG developed its Equality Objectives in April 2013. These are mapped against the EDS goals as shown in Table 1.6 below. Its revised objectives for 2017-21 will be published by April 30, 2017.

<table>
<thead>
<tr>
<th>Year 1 (2013/14)</th>
<th>EDS2 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building, using and sharing data collection and evidence base</td>
<td>Goal 1: Better Health Outcomes for all</td>
</tr>
<tr>
<td>2. Develop Communications and Engagement strategies so they are inclusive and actively responding to needs of diverse community</td>
<td>Goal 2: Improved Patient Access</td>
</tr>
<tr>
<td>3. Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes</td>
<td>Goal 1: Better Health Outcomes for all</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Year 2 (2014/15)</th>
</tr>
</thead>
</table>
1. Delivery of Communications and Engagement strategy delivers equality requirements |
2. Patient and public involvement in decommissioning, commissioning, design & procurement of services |
3. HR: Deliver training to embed equalities for Governing Body and CSU staff |

<table>
<thead>
<tr>
<th>Year 3 (2015/16)</th>
</tr>
</thead>
</table>
1. Review Communications and Engagement strategies as inclusive and actively responding to needs of diverse community |
2. HR: Demonstrate improvement of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment) |

<table>
<thead>
<tr>
<th>Year 4 2016/17</th>
</tr>
</thead>
</table>
1. Review Equality Key Performance Indicators to measure improvement in health outcomes |

12. **Training and development:**

- All staff at the CCG have to complete the mandatory online equality and diversity training as part of their induction, and once in 3 years. Compliance as at November 2016 was 49%.

- Governing Body members receive bi-annual equality and diversity updates and contribute to the EDS2 assessment for Goal 4.

- Quarterly Updates are provided to the Quality Committee on the CCG’s progress on equality and diversity.
13. **Other:**

- A new 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 acts as a sub-committee of the Quality Committee and includes the following members:

  - Independent Nurse Lead on the Governing Body
  - Director of Quality
  - Representation from the commissioning team
  - Representation from the Safeguarding Team
  - The Equality and Diversity lead from NHS South East Commissioning Support Unit

- Sutton CCG is currently involved in discussions with Sutton Council of Voluntary Service to review the possibility of establishing a Fairness Commission in the borough in 2017-18. The Commission will be a multi-agency partnership to review the cross-cutting impact if inequality across a range of agencies for any given area of investigation.

- The CCG is participating in a pilot study led by NHS England on equality monitoring in cancer services. The pilot study, which will commence late in 2016, is being undertaken to assess how equality monitoring is currently taking place in select cancer services, identify good practice and areas for improvement, with a view to inform commissioning for equality in cancer services for 2018-19.
Appendix 1: Workforce Race Equality Standard Metrics

<table>
<thead>
<tr>
<th>Workforce Race Equality Standards (February 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workforce metrics</strong></td>
</tr>
<tr>
<td>For each of these four workforce indicators, the Standard compares the metrics for white and BME staff.</td>
</tr>
</tbody>
</table>

| 1. | Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for |

| 2. | 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 |

*Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.*

| 4. | Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff |

| **National NHS Staff Survey findings** |
| For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff. |

| 5. | **KF 18.** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months |

| 6. | **KF 19.** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months |

| 7. | **KF 27.** Percentage believing that trust provides equal opportunities for career progression or promotion |

| 8. | **Q 23.** In the last 12 months have you personally experienced discrimination at work from any of the following? |
| | b) Manager/team leader or other colleagues |

| **Boards** |
| Does the Board meet the requirement on Board membership in 9? |

| 9. | Percentage difference between the organisation’s BME Board voting membership and its overall workforce |