Public Sector Equality Duty

Annual Report

January 2014 - January 2015

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Preface

We are pleased to present our Public Sector Equality Duty Report for 2014.

This year has seen NHS Sutton Clinical Commissioning Group steadily develop 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 the range of patient and public involvement undertaken to inform commissioning priorities.

This report presents information and evidence, which demonstrates how NHS Sutton Clinical Commissioning Group (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.

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

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

Dr Brendan Hudson
Chair
Sutton Clinical Commissioning Group

Dr Chris Elliott
Chief Clinical Officer
Sutton Clinical Commissioning Group

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

1) **Background: legal context**

1.1 The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act consists of general and specific duties, collectively called its Public Sector Equality Duty:

   **The general duty** requires public bodies to show due regard to:
   - Eliminate unlawful discrimination
   - Advance equality of opportunity
   - Foster good relations

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

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

1.4 As a statutory public body, NHS Sutton Clinical Commissioning Group (SCCG) must demonstrate how it is meeting its Public Sector Equality Duty (PSED) in its decision-making, service delivery and employment practices. This report will provide examples of SCCG’s progress in 2014-15 in a range of areas, including:

   - Commissioning areas – by giving examples of equality analyses undertaken and improvement plans developed.
   - Consultation and engagement: by highlighting the range of staff and patient engagement activity undertaken and improvement plans developed.
   - Partnerships 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. **About Sutton**

2.1 The London Borough of Sutton has a population of 191,123, which is projected to rise to 222,000 by 2021. Approximately 186,323 people were registered with GP practices in September 2012.

Key facts about Sutton’s population:

- Overall Sutton is a healthy place, with life expectancy exceeding and infant mortality below the national and regional average.

- Child poverty is low and educational attainment is good; the area also experiences less long-term employment compared to national and regional rates.

- While less deprived than most places in England, Sutton has areas that are in the 20% most deprived in the country.

- Health inequalities are increasing – life expectancy for men, for example, has increased by 4 years and for women by 3 years (from 1994-96 to 2008-10).

- Cancer and circulatory disease are the major killers for those under 75 years. Along with diabetes, they are among the main causes of long-term illness and disability.

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

- The 0-19 years age group comprises 23.5% of the population, which is projected to rise by 18.3% by 2021, compared to 14.5% for London and 7.9% for England.

- Sutton has an aging population, with people over 65 comprising 14.3% of the population, a figure projected to rise by 18.7% by 2021, while those over 85 years comprise 2.1% of the population compared to 1.5% in London.

- The population between 0-19 and 35-44 is higher than England and increasing at a faster rate, suggesting possible inward migration.
• 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.

• Polish, Tamil and Urdu are the most commonly languages spoken in Sutton primary schools after English – and the ethnic diversity is predicted to grow.

• 58.4% of people living in Sutton identify themselves as Christian, followed 25.1% who identified with no religion and 4.8% 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.

(Source: http://www.suttonjsna.org.uk/, Census 2011)

3) Organisational context

3.1 NHS Sutton CCG is a membership organisation made up of 27 GP practices in the London Borough of Sutton.

3.2 Established as a shadow organisation in December 2011, NHS Sutton CCG took over the statutory responsibilities for planning and funding NHS services for the population of the London Borough of Sutton from NHS Sutton and Merton primary care trust in April 2013.

3.3 In the past year, Sutton CCG has been steadily developing its work programme around equality and diversity. It published its Equality Objectives for 2013-17 and gathered extensive baseline information to initiate improvements in employment and service delivery using the refreshed Equality Delivery System (EDS2). More information on this can be found in Appendix 1c).

3.4 Sutton CCG purchases a range of services from South East Commissioning Support Unit (SECSU), which supports the CCG to discharge its statutory responsibilities, including those outlined by the Equality Act 2010.

3.5 NHS England also provides strategic policy guidance and performance monitoring through its national Equality and Health Inequalities team.

3.6 This report will focus on the period 2014-15, covering the following priority areas:
• Commissioning Plans
• Quality Innovation Productivity and Prevention (QIPP)
• Partnerships and Public Health
• Consultation and engagement
• Complaints and Patient Advice and Liaison Service (PALS)
• Safeguarding
• Contracts, tenders and performance monitoring
• Workforce
• Equality and Diversity Progress in 2014-15

4) CCG leadership

4.1 **All Governing Body members** have a collective and individual responsibility to ensure compliance with the public sector equality duty. This will help to secure positive equality outcomes for the organisation, both as a commissioner and an employer of choice.

4.2 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.

4.3 The Governing Body has a Patient and Public Involvement Lay Member with extensive engagement knowledge and practice. The CCG’s Participation Duty Report 2013-14 (see appendix 1b) sets out how it meets its statutory participation and involvement duties under the Health and Social Care Act 2012.

4.4 The Chief Officer has responsibility for ensuring that the necessary resources are available to progress the equality and diversity work programme. He is also responsible for ensuring that requirements of this framework are consistently applied, co-ordinated and monitored.
4.5 The Director of Quality has operational responsibility for equality and diversity in collaboration with the Equality and Diversity lead from the South East CSU. She is responsible 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.

- 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.

4.6 Line managers are responsible for ensuring that staff are supported to be culturally competent, by setting related objectives, sharing information and good practice.

5) Commissioning

5.1 Commissioning Plans

Sutton CCG’s Commissioning Intentions and Operating Plan for 2014-15 outline its key priorities for the year, which focus on:

- Out of hospital care
- Long-term conditions management and end of life care
- Mental health
- Hospital care
- Integration of services across organisational boundaries

Plans have been produced based on demographics, health inequalities and access to services. The key objective of our strategy is to improve outcomes for patients to ensure services are accessible and responsive to patient needs.

5.2 To deliver these priorities, Sutton CCG has been working with a range of partners, including London Borough of Sutton, through the Sutton Health and Wellbeing Board, the Health and Wellbeing strategy and other areas of partnership work, such as the
Better Care Funding and the joint post for Mental Health. A summary of the operating plan can be found in Appendix 1 (a).

5.3 The Operating Plan is informed by the Sutton Joint Strategic Needs Assessment (JSNA), including population demographics, key commissioning implications and patient and public engagement.

5.4 Sutton CCG will be seeking to address the following issues through its commissioning arrangements with healthcare providers. These areas were highlighted by service users and providers during the consultations to assess the CCG’s performance against the refreshed Equality Delivery System, a diversity benchmarking tool now adopted by a number of NHS organisations.

Key areas identified for attention were:

- **Monitoring and review system**: Ensure commissioning arrangements with healthcare providers emphasise the need to analyse patient responses by protected characteristics to identify gaps and barriers to accessing services. For example, responses from Patient Experience Questionnaires (PEQs), complaints and community engagement activities need to be analysed protected groups to make necessary improvements.

- **Personal Information Sharing**: Commissioning arrangements need to specify that providers need to revisit key messages for service users in terms of Personal Information Sharing (equality monitoring) to encourage a higher response rate. Questions related to Gender Reassignment and Religion and Belief need to be included in the PEQs (based on guidance provided by the Equality and Human Rights Commission).

- **Increased availability of anecdotal data / insight** across nine protected characteristics. For example, make greater use of bespoke needs assessment, service evaluation and focus groups to inform continuous service improvement and to share insights across related service areas.

- **Focus on improving transitions** between tiers of the same service and / or from one service to another - in particular for older people and young people.

- **Communications and Engagement**: use equalities analyses to highlight communities of greatest need (for example, where populations with specific health needs are in greater numbers, but not found to access services available to them) to inform targeted activities and key messages.
• **Representation of service users:** ensure service users reflect known health conditions within designated areas to address health inequalities. Continue using data found in Sutton’s Joint Strategic Needs Assessment (JSNA), relevant research findings, needs assessment etc. to ensure evidence-based policy development and service delivery.

• **Fostering Good Relations:** Encourage providers to promote good relations between those who share protected characteristics and those who do not through training and awareness-raising through the commissioning framework.

The improvement plans for commissioning areas assessed as part of the EDS can be found in Appendix 1 (c).

6) **Quality Innovation Productivity and Prevention (QIPP) programme**

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

6.2 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.

6.3 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 2014-15 include:

• Urgent Care Centre phase 4
• Long Term Conditions – prevention of admission, diabetes, Older People’s Pathway, GP engagement scheme, COPD Health Coaching
• Medicines Management schemes
• Kinesis GP – consultant referral advice
• Planned Care schemes – hernia, anticoagulation, gastroscopy, diabetic retinal screening
• Mental health high cost placements
7) **Partnerships**

Since the last Annual Equality Report, Sutton CCG has steadily developed an infrastructure to support engagement and participation. Key partnerships it is involved in include:

7.1 **Sutton Health and Wellbeing Board**

7.2 The Sutton Health and Wellbeing Board (HWB) is a partnership of local councillors, local authority officials, CCG clinicians and executive managers, public health consultants, HealthWatch and representatives from the voluntary sector. The Sutton HWB became a statutory board from 1 April 2013 following the Health and Social Care Act 2012.

7.3 The purpose of the Sutton HWB is to deliver strategic local leadership in health and wellbeing, informing the commissioning of health and social care services in Sutton and encouraging joined up services across the NHS, social care, public health and other local partners.

7.4 The Sutton HWB developed the Joint Health and Wellbeing Strategy 2013-16 as part of its duty under the Health and Social Care Act 2012. The strategy is based on the findings of the Joint Strategic Needs Assessment (JSNA) and outlines the following four priority themes to achieve its vision of improving health and well-being for people in Sutton:

- Improving and protecting health and wellbeing.
- Improving the health and wellbeing of those who have illness or disability.
- Improving mental health and wellbeing.
- Reaching out, engaging and empowering communities and individuals to lead healthy lives.

Published in October 2013, the strategy informs local commissioning priorities and can be found on [http://www.sutton.gov.uk/CHhttpHandler.ashx?id=18919](http://www.sutton.gov.uk/CHhttpHandler.ashx?id=18919).

7.6 **Joint Strategic Needs Assessment (JSNA):** The Sutton Health and Well-Being Board is also responsible for overseeing the publication of the Sutton JSNA. The JSNA analyses the health needs of our local population and is used to inform and guide our planning and funding of health and well-being services in the borough.
Updated annually, the current JSNA can be accessed at http://www.suttonjsna.org.uk/.

7.7 **The JSNA provides qualitative and quantitative evidence needed to reduce health inequalities through a continuous process of strategic assessment, planning and information gathering. It also highlights inequalities between different demographic groups.**

**Equality and Diversity in the JSNA:** The format of the Sutton JSNA website is according to a series of individual Data Sheets, arranged under the following sections, namely: What people are telling us, Wider determinants of health, Understanding the health of the population, Major killers and causes of poor health, Lifestyle and Demographics.

These sections include detailed information on protected characteristics including, ethnicity, age, and disability. In addition, there is a focus on inequalities in health and wellbeing of the population of Sutton throughout the JSNA process in keeping its objectives.

7.8 **HealthWatch:** SCCG has worked closely with HealthWatch Sutton (HWS) in the past year to support effective public participation and patient engagement. Key activities undertaken in collaboration with HWS include:

- promoting the HealthWatch Sutton Patient Participation Group (PPG) toolkit, including at PPG workshops to enable practice managers to set up their own groups,
- designing and delivering two PPG workshops, with a further workshop planned,
- attending individual PPG meetings,
- attending locality meetings to raise the profile of the PPG and HWS,
- attending and delivering presentations to practice managers’ meetings,
- promoting the Patient Reference Group (PRG) and PPG at all HWS presentations across the borough, and
- promoting PPGs to all HWS members through the newsletter and website.

More details on Sutton CCG’s consultation and engagement work can be found in its Participation Duty Report in Appendix 1 (b).

7.9 **South West London Commissioning Collaborative (SWLCC):** SCCG is part of the South West London Collaborative Commissioning, which includes six SW London
CCGs and NHS England. The collaborative was formed to develop a five-year strategy for the local NHS to address the rising demand for healthcare in South West London and the quality and financial gaps that exist in the present provision. In addition to the clinical design groups, the strategy has also involved patients.

7.10 **Dementia Pathway:** The CCG has worked jointly with the London Borough of Sutton and the Alzheimer's Society to look at the Dementia pathway.

7.11 **Better Care Fund:** Sutton CCG’s vision for the Better Care Fund is to re-shape health, social care and wellbeing services so that people are supported to remain well for longer in their own homes, rather than becoming unwell and requiring hospital, residential and nursing care support. This involves a step change in the way that care is planned for, from reactively providing support when people fall ill, to proactively supporting people to stay healthy. The programme involves Sutton CCG and London Borough of Sutton to work as co-commissioners with community and acute providers and deliver integrated services so that patients are able to receive effective care closer to home. Services will be person-centred and schemes will be targeted at those groups identified at most risk of hospital or care home admission, and those with multiple long term conditions.

7.12 **Lay representation:** We have actively ensured involvement of lay representatives with our procurement processes to ensure that the patient voice is heard in service redesign, service delivery and in developing strategies including. Some of the areas they have been involved in include:

- Urgent and Emergency Care Steering Group
- Clinical Effectiveness Group
- 111 procurement process
- Clinical Quality Review groups
- CCG website steering group

7.13 **Governance:** All reports to the Governing Body include sections on engagement which is also a requirement for any service change proposals. The findings of the patient and public involvement reports resulting from A Call to Action and all other engagement activities, including consultations to assess our performance against the Equality Delivery System (EDS) are reported to the Governing Body, where decisions are made on recommended actions.
The feedback is being incorporated into our two-year operating plan and will inform our five-year strategic commissioning plan, setting out our commitments to patients and how services will improve, which is being developed in collaboration with other

8. Consultation and Engagement

8.1 Legal Duties
The Health and Social Care Act 2012 places a statutory duty on NHS commissioning organisations to promote patient and public participation – involving patients and carers in decisions related to their care or treatment and involving the public in the design of services through the commissioning framework.

8.2 Patient Reference Group
Sutton CCG aims to continually improve the ways in which it involves local people. Currently the CCG involves patients and carers through its Patient Reference Group, which draws its membership from a number of practice-based Patient Participation Groups (See para 7.8). The PRG is well-established and represented by a range of patients across Sutton, who meet to discuss, challenge and influence decisions on areas of work within the CCG. The PRG terms of reference can be found in Appendix 1 (d). More information and minutes of meetings can be found on http://www.thesuttonconsortium.nhs.uk/page1.aspx?p=3&t=1.

8.3 Key engagements and consultations held since the last Public Sector Equality Duty Report include:

Annual stakeholder engagement events

Two major events were held to discuss Sutton CCG’s commissioning intentions and plans, feedback on the CCG’s progress, share information and listen to local people’s views. Over 70 local stakeholders, including representatives from our local health service partners, local voluntary sector groups, Sutton Councillors and Sutton and Cheam MP Paul Burstow, joined local GPs and commissioners from NHS Sutton CCG at the event at St Bede’s Conference Centre in North Cheam. The discussions helped inform the CCG’s commissioning decisions in 2014/15.

Joint Carer’s Strategy

Working with the London Borough of Sutton (LBS to develop the Joint Carers Strategy 2015-17, in partnership with the Sutton Carers Centre and other key
providers and carers in Sutton. This strategy will set out the future direction of travel for carers support and carers services across health and social care.

**Pre-consultation engagement**

The CCG engaged with carers and key partners including, Sutton Carers Centre, the LBS Equality and diversity Forum, Carers Delivery Group, Home-based Respite Steering Group, Adult Social Services, Housing and Health, Departmental Management Team, to co-design a consultation on the CCG’s commissioning strategy. The consultation consisted of a series of targeted focus groups, an online consultation and paper questionnaire, with carers and providers being consulted separately.

**Outcomes**

The consultation process has been co-designed with those who will be most affected by how we commission services in future, and the outcomes of this process will directly feed into the commissioning strategy for 2015-17. All participants will also receive a comprehensive report of how their feedback was used to inform the strategy.

**NHS A Call to Action in Sutton**

This was part of a national programme of engagement aimed at allowing everyone to contribute to the debate about the future of health and care provision in England. In Sutton, engagement activities for A Call to Action complemented our existing engagement and strategic planning. The call to action themes formed a key part of discussions at a stakeholder event held in February 2014 to celebrate the first year anniversary of Sutton CCG.

As part of its community engagement, the CCG met local groups through a series of deliberative meetings and existing forums including:

- Healthwatch Sutton meeting
- Sutton Carers Delivery Group
- Sutton Mental Health Commissioning Advisory Group
- Dementia Conference
- Sutton Parent Partnership Steering Group
- Patient Reference Group
- Governing Board meetings
- Headliners (UK) young people multi media/journalism organisation (a deliberative event inviting children and families with disabilities)
- Sutton Carers Forum
- Locality Forums
- ‘To Be’ – older peoples event
- Equalities objectives panel event

Feedback received is being incorporated into the CCG’s two-year operating plan and will inform its five-year strategic commissioning plan, which is being developed in collaboration with the other CCGs in south west London.

NHS A Call to Action feedback will also shape the national vision, identifying what NHS England should do to drive service change.

**Relocating Sutton Hospital services to Epsom and St Helier site**

Sutton CCG also carried out extensive stakeholder engagement as part of the case for change to relocate the majority of Sutton Hospital services to St Helier, Epsom and the Jubilee Health Centre in Wallington and these have fed directly into the process for delivering the case for change process.

The detailed activities are outlined here: [http://www.suttonccg.nhs.uk/Aboutus/Our-board/Sutton%20board%20papers/04SCCG%20GB%2006.11.13%20Sutton%20Hospital.pdf](http://www.suttonccg.nhs.uk/Aboutus/Our-board/Sutton%20board%20papers/04SCCG%20GB%2006.11.13%20Sutton%20Hospital.pdf). There will be continued patient engagement and public participation following implementation of agreed plans.
9. **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:**

9.1 **LiveWell – Stop Smoking 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 Stop Smoking 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

9.2 **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 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.
9.3 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.

9.4 Falls – extension of the ‘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. Public Health plans to extend the current provision with a reviewed governance framework. The scheme will be linked with and complement the NHS Falls Prevention Service.

9.5 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.

9.6 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.
• The CASH 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 2013 opt-out HIV testing and Chlamydia treatment is being offered. Chlamydia and Gonorrhoea testing for those aged over 25 is also offered.

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

10.1 The PALS and the Complaints Service deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by SCCG. Since October 2013, Equality and Diversity monitoring forms have been sent with acknowledgment letters to complainants. This will be an important source of information helping us to identify whether certain groups experience problems disproportionately to other groups.

10.2 SCCG uses South East Commissioning Support Unit (SECSU) to provide these services.

10.3 Equality monitoring is undertaken as part of evaluation of these services, and the information gathered will be analysed, bought together in Quality reports so trends and themes can be identified and addressed.

10.4 The Complaints policy sets out the process for accessing Complaints services to ensure flexibility, access and increased provision of patient information. This document can be found in Appendix 1 (f).


10.6 Sutton CCG offers independent advocacy to all patients through Local Advocacy Services, which provides free and confidential support through experienced
caseworkers. Patients are advised on how to make a complaint and are supported at meetings with representations from the advocacy team.

11) **Interpreting service**

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

11.2 This service enables those with interpreting needs to access and increase knowledge of local health services, improving the health and wellbeing of marginalised communities and supporting community cohesion.

13) **Safeguarding**


13.2 The Care and Support Bill, which became the Care Act in 2014 and will be implemented in April 2015, 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
- learn together.

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.
13.3 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.

13.4 The requirements addressed by Sutton CCG are outlined below:

- 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.
- Having a safeguarding adults lead and a lead for the Mental Capacity Act, supported by relevant policies and training.

14) **Tenders, Contracts and Performance monitoring**

14.1 Ensuring the contracts and tendering process includes specific requirements around equalities provides assurance that commissioners and providers are taking account of their responsibilities. It also enables the organisation to monitor how different communities access services and establish mechanisms to address any inequalities. By coupling this with effective performance measures, Sutton CCG monitors health outcomes for the population.

14.2 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.
14.5 The Department of Health national contract is routinely used by the CCG. This follows a review of contracts last year which showed wide variation in use of contract templates. The national contract includes provider requirements around ‘equity of access, equality and no discrimination’ and ‘pastoral, spiritual and cultural care. The standard conditions of contract are currently being consulted upon and will be updated when new guidance is ready. Sutton CCG will be reviewing assurance from providers around their compliance with the Equality Act. This will be reported to the Quality Committee. NHS South west London Equality Analysis guidance states all new contracts and service specifications require equality analysis.

Case Study: Primary Mental Health Care Procurement

From 2009 NHS Sutton CCG and NHS Merton CCG commissioned the Improving Access to Psychological Therapies (IAPT) service jointly. In 2013 this contract was due for re-tender and at this time Sutton CCG and Merton CCG decided to commission and re-tender this service separately. Sutton CCG also decided to expand on their primary care mental health provision and go out to tender with a broader service model that consisted of four components:

1. A Mental Health Referral Centre
2. An Enhanced Improving Access to Psychological Therapies (IAPT) service
3. A Primary Mental Health Care Service
4. A Coordinated Well-being Service

This new primary care mental health service is for adults (18+) who have a mental health or mental well-being concern and the new model will serve approximately 24,500 adults in Sutton who are estimated to have a mental health concern.

Some of the risks highlighted as part of the equality analysis on the new service model:
15) **Community Commissioning**

15.1 There are 28 service specifications in the community services contract being commissioned jointly by Sutton CCG, Merton CCG, Sutton and Merton Borough Councils. All service specifications contain performance indicators on:

- Reducing inequalities.
- Reducing barriers.
- Improving service user and carer experience.

15.2 The provider is required to comply with the equality requirements of the contract and report on them measures through an annual report. Further evidence will be gathered over the next year to demonstrate how providers meet these requirements. The next steps will be to use the data collected to identify differential access to community services for different groups, with targeted actions to address any inequalities.

16) **Equality and Diversity Progress in 2014**

16.1 **EDS grades and improvement plans**

In 2014, Sutton CCG undertook an extensive baseline assessment of its performance against the refreshed Equality Delivery System. Following consultations with service users, providers, voluntary and community sector, staff and leadership teams between April and August 2014, Sutton CCG was assessed overall as ‘DEVELOPING’ for all four goals. The EDS Report and improvement plans for all four goals can be found in Appendix 1(c). These plans will be integrated into the organisation's operating and organisational development plans.

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**Good Practice: Sutton CCG’s response to the Case for Change for Epsom and St Helier NHS Trust**

Sutton CCG was commended for its decision-making around equality-related risks for the Case for Change at Epsom and St Helier NHS Trust services on the Sutton Hospital site.

The paper, which was examined for the way in which equality risks were assessed by an independent team from Merton CCG as part of the assessment for the EDS grading for Outcome 4.2, was praised for the manner in which the Governing Body considered equality-related risks as part of its decision-making process.

The assessment panel has recommended that this paper be shared as an example of good practice with other CCGs through local, regional and national networks and will be using it as a case study for a training module on the roles and responsibilities for Governing Body members.
16.2 **Equality Objectives**

Sutton CCG’s report on its equality objectives for 2013-17 can be found in Appendix 1 (j). It will be monitoring progress against these objectives annually and will publish findings for 2014-15 by March 31, 2015.

16.5 The development process for the objectives was carried out in four stages: data collection, data analysis, engagement and action planning and review. Following extensive data gathering, a series of ‘equality themes’ were developed for the CCG. In themes were informed by the 2012 Annual Equality Report, the previous PCTs findings of the Equality Delivery System (EDS), the JSNA and London Borough of Sutton Equality and Diversity Plan.

16.6 Internal and external engagement took place to prioritise the equality themes, which culminated in a patient and public event held in February 2013. The information gathered was used to develop the following objectives *(Fig 1).*

16.7 The CCG’s Equality Objectives mapped on to the EDS goals are as given in Fig 1 below:

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

<table>
<thead>
<tr>
<th>Linked to EDS Goal</th>
<th>Core Equality Objectives 2013-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Better Health Outcomes for all</td>
<td>Develop Commissioning plans and activities which have assessed the impact of equalities</td>
</tr>
<tr>
<td>2 – Improved patient access and experience</td>
<td>Develop Patient Engagement strategies which represent and involve the diverse communities of Sutton</td>
</tr>
<tr>
<td>3 – An empowered, engaged and well</td>
<td>Identify baseline of disaggregated staff views on current workforce issues (including health and wellbeing, bullying</td>
</tr>
</tbody>
</table>
16.8 An action plan to support implementation of these objectives has been developed. This will be updated and published in March 2015.

17) Workforce information

17.1 The Public Sector Equality Duty states that public bodies must publish information on their workforce if they employ 150 or more employees. As of August 2014, Sutton CCG employed a total of 26 employees. Whilst its workforce data has been analysed in terms of protected characteristics, the results are not being published as it is mandatory.

17.2 Sutton’s workforce plans around equality and diversity are included in the EDS2 Report in Appendix 1 (c). They relate to its equality objectives across years 1 and 2, including Year 1 objectives: **HR – Training needs identified for Board and CCG staff and HR – Identify baseline of disaggregated staff views on current workforce issues (including…bullying and harassment)** and Year 2 objectives: **HR – Deliver training to embed equalities for Governing Body and CSU staff.**

Since the last Annual Equality Report, a growing number of have undertaken the mandatory and statutory training on equality and diversity. They have also been participating in patient and public engagement activities to inform their commissioning priorities and objectives, with the help of HealthWatch Sutton. The Governing Body has also identified the need for training on the Equality Act.

17.3 Since authorisation, Sutton CCG has approved 8 HR policies – equality analyses have been carried out on all of them. The approved policies include:

- Capability Policy
- Sickness Absence Policy
- Organisational Change Policy
- Whistleblowing Policy
• Flexible Working Policy
• Disciplinary Policy
• Grievance Policy
• Bullying & Harassment Policy

These policies have been uploaded onto the CCG’s intranet which will be launched in the New Year. This will promote ease of access and ensure consistency of documentation used.

18) Summary of progress in Sutton CCG in 2014

A summary examples of work undertaken by the CCG in 2014 is provided below:

• EAs undertaken as part of the QIPP process in 2014-15 include:
  - Urgent Care Centre phase 4
  - Long Term Conditions – prevention of admission, diabetes, Older People’s Pathway, GP engagement scheme, COPD Health Coaching
  - Medicines Management schemes
  - Kinesis GP – consultant referral advice
  - Planned Care schemes – hernia, anticoagulation, gastroscopy, diabetic retinal screening
  - Mental health high cost placements

• Training provided to all commissioning managers in the use of the Equality Analysis (EA) tool. Keys EAs undertaken since January 2014 include:
  - Primary Care Mental Health Service
  - IVF policy
  - Better Care Funding Programme
  - Equality analysis for changes inpatient mental health services in South West London and St George’s Mental Health Trust.

• Sutton CCG’s Patient Reference Group (PRG) continues to actively contribute to the development of commissioning priorities. HealthWatch is working with the CCG to develop the PRG’s work programme and strengthen the capacity of practice-level Patient Participation Groups. It is also planning to train members to monitoring the CCG on its Public Sector Equality Duty.
• Working in partnership with London Borough of Sutton to reduce health inequalities through range of commissioned projects. These include:
  
  - LiveWell Stop Smoking Services
  - NHS Health Checks
  - HIV Prevention Project
  - Exercise on Referral Scheme
  - Football and Young People

• Sutton CCG has also worked in partnership with the Public Health Team to refresh the JSNA to ensure commissioners have access to good quality evidence while developing priorities.

• Comprehensive consultation and engagement was undertaken between April and September 2014 to assess the CCG’s performance against the four goals of the Equality Delivery System. The CCG was assessed overall as being ‘DEVELOPING’ and has developed comprehensive improvement plans based on the evidence gathered.
### Appendix 1: List of embedded documents

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>File Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Sutton CCG Operating Plan and Commissioning Priorities</td>
<td>NHS Sutton CCG - Plan on a page_V3 11.pdf</td>
</tr>
<tr>
<td>c)</td>
<td>Summary of 2013 engagement activities</td>
<td>Sutton_CCG_ACTA_Engagement_Templat.pdf</td>
</tr>
<tr>
<td>f)</td>
<td>Equality Analysis – Sutton Hospital</td>
<td>131105-Sutton_Hospital_Protected_Group.pdf</td>
</tr>
<tr>
<td>g)</td>
<td>GP out of hours service equality analysis</td>
<td>Out of hours service Equality Analysis May</td>
</tr>
<tr>
<td>h)</td>
<td>Equality and Diversity strategy</td>
<td>Sutton Equality and Diversity Strategy-Final</td>
</tr>
<tr>
<td>i)</td>
<td>Equality Objectives report</td>
<td>SCCG Equality Objectives report FInp</td>
</tr>
</tbody>
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Ref:

Headline%20Messages%20Sutton%20(2).pdf