



Merton

Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 19 September 2013

Agenda No: 6.1

Attachment: 03

<p>Title of Document: Equality Objectives 2013 – 2017 report</p>	<p>Purpose of Report: For Agreement</p>
<p>Report Author: Wasia Shahain, Equality and Diversity Lead NHS South London Commissioning Support Unit</p>	<p>Lead Director: Jenny Kay, Director of Quality</p>
<p>Contact details: w.shahain@nhs.net 020 8251 0510</p>	
<p>Executive Summary: All public authorities are required to fulfil specific duties under the Equality Act 2010. One of these duties is to publish Equality Objectives every four years to show how the organisation has developed and improved its performance in meeting the general duty to: eliminate discrimination, advance equality of opportunity and foster good relations. Equality Objectives must be specific, measurable, and supported by a plan for how they will be implemented and monitored. The objectives must be published by 13 October 2013.</p> <p>This report describes how Merton CCG has developed its long term future equality objectives 2013-17 (page 8) in order to meet the general duty. The objectives are based on evidence gathered from a range of different data sources including a PPE event, MCCG E&D strategy and feedback from staff.</p> <p>The supporting action plan (page 25) highlights the actions to be taken to achieve the Equality Objectives 2013-17. These form the core annual work plans for MCCG to support and demonstrate evidence to comply with its statutory duties. These will be annually reviewed and developed as progress is made.</p>	

<p>Key sections for particular note (paragraph/page), areas of concern etc: 6.1 Equality Objectives 2013-2017, page 8.</p> <p>Appendix 5: Equality Objectives action plan 2013-17, page 25.</p>
<p>Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to:</p> <ol style="list-style-type: none"> 1. Approve the draft Foreword on page 3 of the report. 2. Approve the Equality Objectives 2013-2017 prior to the report being formally published (by 13 October 2013). 3. Formally support the implementation of the Equality Objectives action plan 2013-17.
<p>Committees which have previously discussed/agreed the report: Circulated to clinical locality leads (6 February 2013) Clinical Quality Committee (12 March 2013) Practice leads meeting (24 July 2013) Clinical Quality Committee (9 August 2013)</p>
<p>Financial Implications: Will be identified as work streams are developed.</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing)</p>
<p>Equality Analysis: Equality assessments will be completed as work streams are developed and implemented.</p>
<p>Information Privacy Issues:</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)</p> <p>Report will be uploaded to the Merton CCG website following approval at 19 September 2013 Governing Body, in order to comply with the specific duties under the Equality Act 2010. The report will be circulated to key partners accordingly.</p>



Merton Clinical Commissioning Group

Merton Clinical Commissioning Group

Equality Objectives Report

2013-2017

Report author: Wasia Shahain, Equality and Diversity Lead

Date: 10 September 2013

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Foreword

We are delighted to present our first set of Equality Objectives for 2013-17. These objectives reflect our intentions that as commissioners of healthcare we have a serious responsibility to bridge inequality gaps, and think and act carefully to ensure we are addressing the needs of Merton's diverse population in a respectful and responsive way.

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

We firmly believe that all our work, including the development of our Equality Objectives and Action Plan, must reflect certain principles:

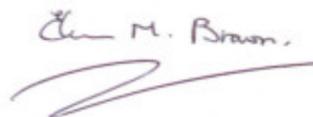
- People can experience inequalities, discrimination, harassment and other barriers
- Patients should be at the centre of our decision-making, and in partnership we can deliver high quality, accessible services that tackle health inequalities and respond to personal needs
- We must create and maintain an environment of dignity, tolerance and mutual respect that can be experienced positively by all our patients, staff and members.

We are actively implementing our Equality Objectives and Action Plan and seek to collaborate with staff, patients and public to embed this way of working and thinking in all we do. To further support our understanding of equalities within Merton CCG, we will shortly be engaging in the Equality Delivery System, and ask you to support us as we strive to meet our aim:

'To improve health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of our population.'



Dr Howard Freeman
Chair
Merton Clinical Commissioning Group



Eleanor Brown
Chief Officer
Merton Clinical Commissioning Group

1. Background

- 1.1 The NHS Constitution states that one of the core NHS principles is: “to provide a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief”. Merton CCG is therefore fully committed to promoting equality and human rights in carrying out all our functions as a public body, an employer and a commissioner of services.
- 1.2 The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act consists of general and specific duties. The general duty requires public bodies to show due regard to:
 - Eliminate unlawful discrimination
 - Advance equality of opportunity
 - Foster good relations
- 1.3 There are nine ‘protected characteristics’ covered by the Equality Act: race, disability, sex (male/female), age, religion or belief, sexual orientation and gender reassignment, marriage and civil partnership and pregnancy and maternity.
- 1.4 The specific duties require public bodies to set specific, measurable equality objectives by 6 April every four years, supported by a plan for how the organisation will implement and monitor them. Equality Objectives must show how the organisation has developed and improved its performance in meeting the general duty.
- 1.5 Public bodies must also publish relevant, proportionate information showing how they meet the Equality Duty by 31 January each year. For more information on 2012/13 annual equalities progress please see [here](http://www.mertonccg.nhs.uk/pages/home.aspx) (Link: <http://www.mertonccg.nhs.uk/pages/home.aspx>).
- 1.6 Merton CCG has shown how it proposes to meet its statutory obligations through the authorisation process, and provides further assurance by publishing these Equality Objectives 2013-2017.
- 1.7 The Equality Delivery System (EDS) is a Department of Health tool for both commissioner and provider NHS organisations. The purpose of the tool is to review equality performance and identify future priorities and actions. For more information on legislation and link to the EDS please see Appendix 1.
- 1.8 A full Equality Delivery System assessment was carried out locally in 2012, and Merton CCG is committed to the programme, working with partners in 2013/14 to carry out a fresh assessment to review equalities performance.

2. Organisational context

- 2.1 Merton CCG assumed all statutory responsibilities from 1 April 2013. NHS Sutton and Merton Borough team, the departing commissioning body, has been working collaboratively to support the CCG with its new duties, including those related to equalities.
- 2.2 Merton CCGs vision is: “Working together to build the best affordable healthcare for Merton”, and “aims to commission high quality cohesive

healthcare services for the population of Merton through joint working between health and social care organisations, ensuring the patients' physical, mental and social well-being needs are met". Developing equality objectives are seen to be integral to supporting Merton CCG meet its vision.

- 2.3 In 2012, progress was made using the Department of Health's Equality Delivery System tool as a way of meeting our duties in partnership with local stakeholders. Merton CCG will undertake its first assessment during 2013/14.
- 2.4 Merton CCG has purchased a range of services from the South London Commissioning Support Unit, to help the CCG discharge their statutory responsibilities, including those within the Equality Act 2010.
- 2.5 NHS England will also provide strategic policy guidance and performance monitoring through its national Equality and Health Inequalities team.

3. Equality Objectives during 2012/13

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

Equality Objectives – Year 1 April 2012 – March 2013

The following objectives were developed to ensure NHS Merton and Merton and Clinical Commissioning Groups have a clear set of equalities priorities. These have been developed in partnership with stakeholders.

Objective 1: Develop data collection and analysis systems to capture information across protected groups, to improve monitoring of public health and commissioning activity to ensure equitable access to healthcare.

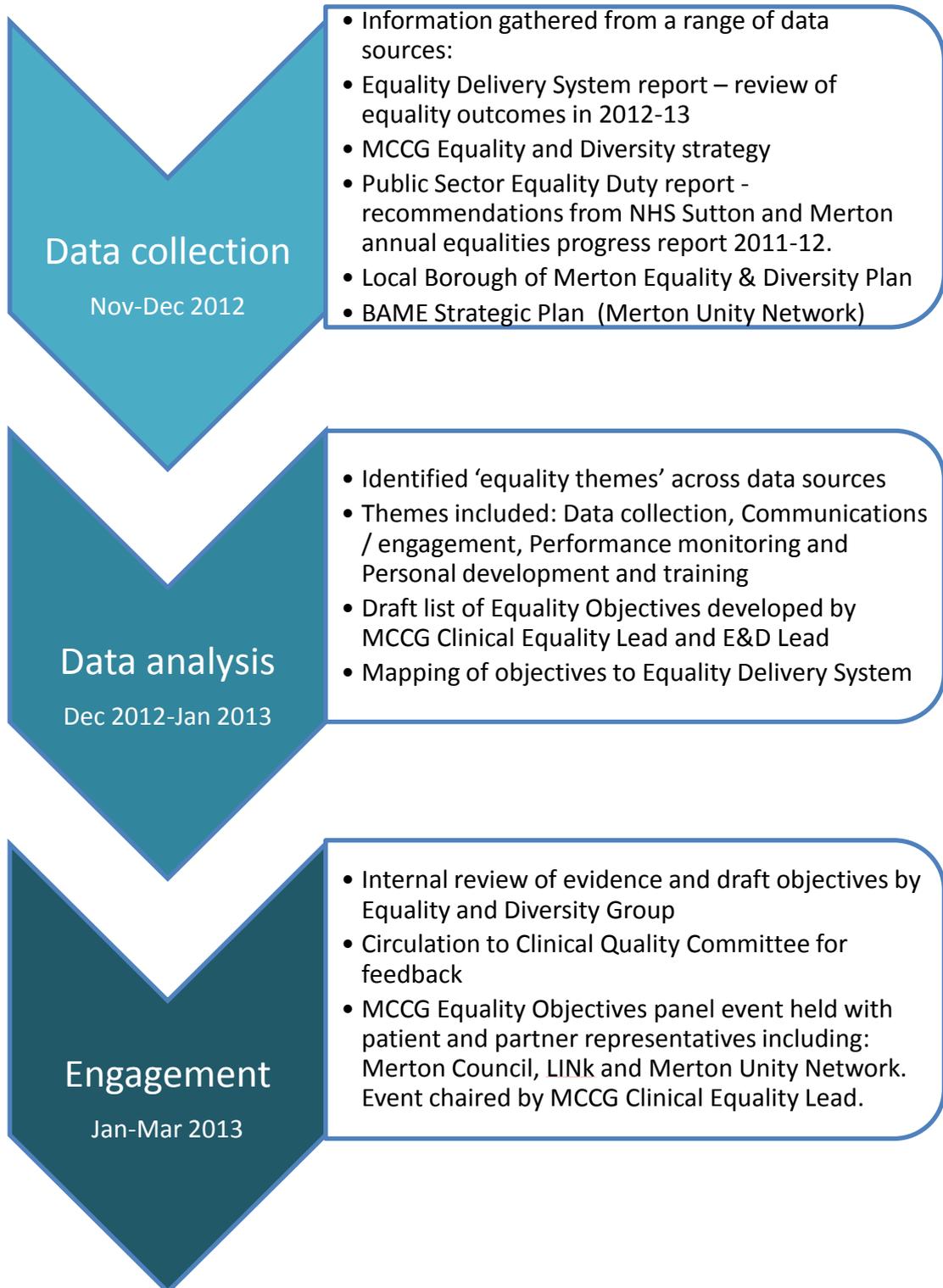
Objective 2: Ensure that information arising from the Joint Strategic Needs Assessment is used in a systematic way to commission services effectively and equitably across the population of Merton and Merton.

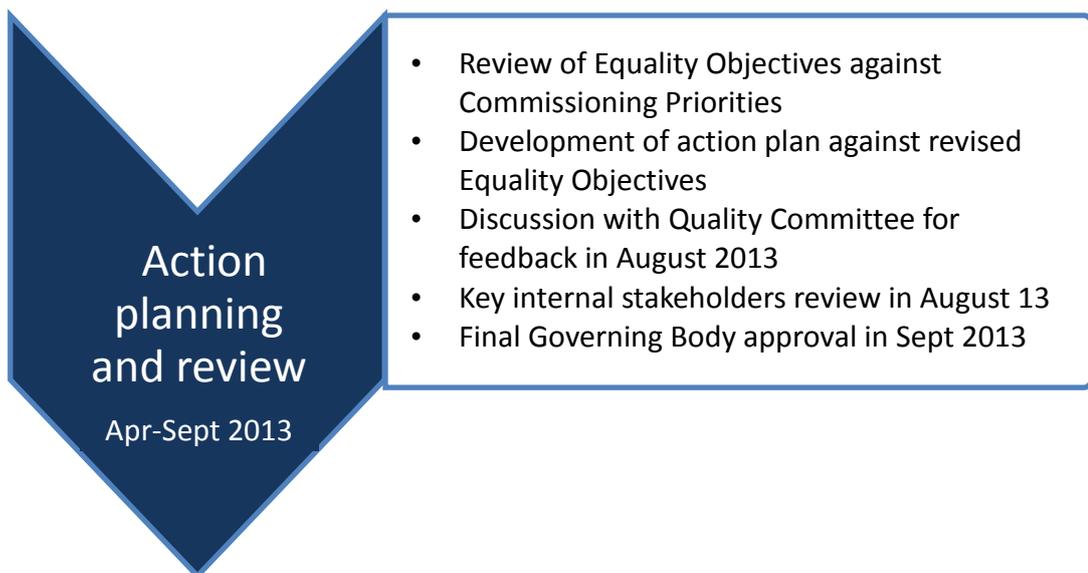
Objective 3: Drive up the level of completed appraisals and personal development plans, with mid-year reviews taking place in September 2012.

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

4. Developing Equality Objectives 2013-17

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





Consultation and engagement

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

6 Equality Objectives 2013-2017

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

Year 1 (2013/14)
1. Building, using and sharing data collection and evidence base
2. Develop Communications and Engagement strategies so they are inclusive and actively responding to needs of diverse community
3. Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes
4. Training and conducting Equality impact Analysis (EA)
5. HR: Training needs identified for Board, CCG and Commissioning Support Unit (CSU) staff
6. HR: Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)
Year 2 (2014/15)
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, CCG and CSU staff
Year 3 (2015/16)
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)
Year 4 (2016/17)
1. Review Equality Key Performance Indicators to measure improvement in health outcomes

6.2 An action plan to support implementation of these objectives has been developed following our patient and public engagement event in February 2013. The contents of the action plan 2013-17 can be found in Appendix 5.

6.3 Each year we will review actions that have been achieved and further develop the plan based on our Equality Objectives and in partnership with internal and external partners.

7 Publishing our Equality Objectives

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

8 Monitoring and Reviewing our Equality Objectives

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

9 Next steps

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

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

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

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

10 Comments and feedback

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

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

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

Email: w.shahain@nhs.net

Appendix 1: The Equality Delivery System

The Equality Delivery System is a tool for both current and emerging commissioner and provider NHS organisations – in engagement with patients, staff and the public - to use to review their equality performance and to identify future priorities and actions. It includes local and national reporting and accountability mechanisms.

At the heart of the EDS is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance has been analysed, graded and an action plan will be determined.

Goal 1: Better health outcomes for all

Goal 2: Improved patient access and experience

Goal 3: Empowered, engaged and well supported staff

Goal 4: Inclusive leadership at all levels

The EDS helps ensure that everyone has a voice in how organisations are performing and where they could and should improve. This has been supported by Sir David Nicholson NHS Chief Executive and Chair of NHS Equality & Diversity Council.

The NHS has been sponsored and supported by the Equality and Diversity Council (EDC) to develop the EDS for the NHS, thus the EDS has been designed by the NHS for the NHS, to support the delivery of a service that is personal, fair and diverse. The EDS will support NHS organisations to drive up equality performance and embed equality into mainstream NHS business. It has been designed to help NHS organisations, in current and new NHS structures, to meet the requirements of the public sector Equality Duty.

The EDS will also support NHS organisations to meet the equality aspects of the NHS Constitution, the NHS Outcomes Framework, Care Quality Commission's Essential Standards, and the Human Resources Transition Framework. The EDS will be a key mechanism through which the NHS delivers its commitment to local transparency on performance, doing so through the active involvement of staff and the public in the setting of objectives and monitoring of performance for equality.

Legal framework for Equality and relationship to EDS

The Government's Equality Strategy 'Building a fairer Britain' is underpinned by the two principles of equal treatment and equal opportunity.

By eliminating prejudice and discrimination, the NHS can deliver services that are personal, fair and diverse and a society that is healthier and happier. For the NHS,

this means making it more accountable to the patients it serves and tackling discrimination in the work place.

The Operating Framework for the NHS in England 2011/12 (December 2010) makes it clear that NHS organisations need to maintain progress on equality by fulfilling their statutory duties under the Equality Act and to deliver high quality care for patients. Final Version Page 17 of 22

In addition to the Equality Act, patients' rights to a comprehensive and fair NHS are set out within its founding principles; legislation such as the Health Bill 2009 which includes the NHS Constitution; and are now being refreshed and extended following the White Paper report, 'Equity and excellence: liberating the NHS' and the 'Future Forum'. There are also plans for the first time, to enshrine the reduction of inequalities in legislation within the Health and Social Care Bill.

The Equality Act

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act brought all existing equality law into a single piece of legislation. The new single equality duty continues to cover race, gender and disability, but is now extended to cover age, marital status and civil partnership, sexual orientation, religion or belief, pregnancy and maternity, and gender reassignment – commonly referred to as protected characteristics. The new duties are flexible, proportionate and less bureaucratic. They move away from detailed legislative description of process to focussing on outcomes and allow public bodies, such as NHS South West London, more autonomy to decide how best to deliver equality of opportunity.

The Act consists of general and specific duties:

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

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The specific duties required public bodies to publish relevant, proportionate information showing how they met the Equality Duty by 31 January 2012 and to set one or more specific, measurable equality objectives by 6 April 2012 and then at intervals of no more than four years.

Appendix 2: Equality Delivery System goals and grades

Overall results – 6 April 2011

Goal 1: Better health outcomes for all	Outcome	Agreed grade with stakeholders
The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results:	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing, and reduce health inequalities	Developing
	1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Developing
	1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Underdeveloped
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	Developing
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Achieving

Goal 2: Improved patient access and experience	Outcome	Agreed grade with stakeholders
The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience:	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Achieving

	2.2 Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment	Developing
	2.3 Patients and carers report positive experiences of their treatments, care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	Developing
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.	Developing

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

	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)	Achieving
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Achieving

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

Appendix 3: Progress with Equality Objectives 2012/13

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

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



Merton Clinical Commissioning Group

Notes of the
Merton CCG Equality Objectives panel event
Thursday 12th February 2013
Meeting Room 3
Wimbledon Bridge House, London SW19 3RU

Present:

Joan Adegoke	NHSSM
Myrtle Agutter	LINK Merton
Patricia Anderson	Merton Unity Network
Annie Ford	Health Diversity Project, Programme Manager
Clare Gummatt	MCCG, PPI Board lay member
Dr Geoff Hollier	MCCG, GP and Clinical equality lead
Audrey King	Merton's Interfaith Forum
Jackie Macklin	NHS SWL Cluster
Wasia Shahain	NHSSM
Revd. Andrew Wakefield	Merton Inter-Faith group
Evereth Willis	London Borough of Merton

1 Welcome and Introduction

Dr Hollier welcomed all to the event and thanked participants for supporting Merton CCG (MCCG) in developing its Equality Objectives. He talked through the day's event looking at progress made in the last 12 months, the vision for MCCG, developing Equality Objectives and the plans to achieve the set objectives.

Participants took turn to introduce themselves.

2 How are we doing on equality locally?

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

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

taking over from the PCT.

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

3

What is Merton CCGs vision for equality?

Merton CCGs vision is 'to improve health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of our population'.

On achieving the vision, our approach is to develop:

- Strategy
 - Commissioning and Operating Plans
 - Equality and Diversity Strategy
 - Communications and Engagement Strategy
- Leadership
 - Handover to Merton CCG CEO
 - Clinical and Operational Equality leads identified
- Structures
 - Progress will be fed through CCG Clinical Quality Committee
 - Patient Participation Group

- CSU Equality and Diversity Group

- **Priorities**

- Develop Equality Objectives & Plan

- Equality and Diversity training

- Implement Equality Delivery System

- Equality Analysis assessments

4 Introduction to developing our Equality Objectives

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

5 Discussion on how to develop our Equality Objectives

Panel discussion – GH explained that most of the objectives have started earlier, objectives slated for later years would be constantly reviewed and could start as soon as possible with no need to wait for accomplishing one before the other, this the panel agreed upon.

Relates to Equality Objective 1 – ‘Building data collection and evidence base’.

Evidence theme 1: Data collection.

WS summarised the evidence noting this was a consistent theme across all data sources. Also acknowledged collecting, recording, analysing data has been a challenge in the NHS.

Contributions from panel member as follow:

PA – sharing of information with partner organisations is important because of availability of huge amounts of information which could be shared with partners. This is also a priority in the BAME strategic plan.

EV – the issue lies not only with data collection, but how the data will be used and critically analysed is important and the need to reflect this in the objective. For example, census data at ward level – how will this be used?

CG – raised the issue of how, when and where to share data

AW – addressing demographic change must be focus, and changing image of Merton as a ‘white/middle class’ borough.

JM – suggested on training for staff on how to ask questions to gather necessary and useful information

AF – explained on huge amount of data that are available from other sources and where they could be found. Example given are schools where data on first language of pupils are collected, showing concentration of particular ethnic group and primary care data collected by London Observatory.

AW – faith inequalities becoming more important. In describing identities, people use faith to identify themselves and for majority this takes precedent over their ethnicity. How do E&D practitioners address that?

WS has discussed with MCCG’s Director of Commissioning how to embed Equality and Diversity into the commissioning of services. It was concluded a more detailed piece of work must be undertaken to record relevant information and implications with commissioning intentions and plans.

PA commented that Commissioning Intentions are a missing link within the Equality Objectives and should be included in Objective 1.

Evidence theme
2: Joint Strategic Needs Assessment (JSNA)

Relates to Objective 2 – Use of JSNA.

WS summarised this has a strong link with data collection, and could be included within it. Group discussed how JSNA would be used for commissioning as it was believed that looking at gaps in JSNA would help identify areas for CCG commissioning. Use of information from regional or national organisations was thought to be a useful means of filling gaps also.

Evidence theme
3: Equality impact assessment

Relates to Objective 3 – Training and conducting Equality impact Analysis (EA).

PA – explained proper use of EA will serve as a reminder of key messages. Proper training of staff on its use was also highlighted. Building of Equality impact Analysis into functions was agreed to be useful.

EW - suggested that EA could be built into maybe risk assessment tool for ease of use and to avoid the dislike of numerous form filling.

Equality theme
4: Patient involvement in

Relates to Objective 4: PPI in (de)commissioning of services.

On the issue of public/patient involvement, CG informed of a number of Patient Participation Groups (17) established, with more to develop across the rest of the CCG. The aim is to set the PPG up to feed into

redesign the Quality Committee, and have reps on the group. It was acknowledged this is a more complex piece of work and should be built on using theme 7 as its base.

Equality theme 5: Identify gaps in service uptake

Identification of gaps in uptake of services was agreed to be spread across a number objectives (1, 7, 6, 11, 3 etc) rather than a stand-alone objective, and this should be reflected in the action plan.

PA – part of BAME Strategic Plan under ‘Coordinated service planning and delivery’. Should continue to address East/West divide.

AF – interface with Public Health to feed into and feedback from the JSNA especially on health promotion. This was agreed by panel that there should be a link with Public Health on day to day basis to inform service provision/commissioning.

GH – Strategic links would to be made with Health and Wellbeing Board.

EW – recommended a discussion with Simon Williams, to explore parameters between HWB and E&D work-streams.

Equality theme 6:

Communications/ engagement plans and

Relates to Objective 6 and 7: Develop C+E plans to be inclusive and representative and Develop patient engagement mechanisms so they are representative.

Equality theme 7: Develop PPI mechanisms

AW raised the question of how to engage with the right individuals and groups, avoiding ‘usual suspects’. PA suggested the word ‘representative’ is taken out, and insert ‘responsive’. The issue remains on how commissioners engage with service users. Discussion around merging objectives 6 and 7, where 6 is the objective and 7 turned into a suggested action.

Equality theme 8: Learning from Complaints

WS highlighted learning from complaints should be used to make changes to service commissioning – all agreed approach to link this area to building data collection and evidence base, so will be added to actions under this objective.

Equality theme 9: Safeguarding

On Safeguarding, it was agreed to use PSED recommendation and for Safeguarding leads to lead the work rather than developing a separate objective.

Equality theme 10: Developing KPIs

Relates to Objective 10: Develop KPI’s to measure improvement in health outcomes.

Measuring equality progress and impact was agreed as an objective, though WS highlighted challenges still remain in building mechanisms for reporting and monitoring progress as data still needs to be separated between Sutton and Merton CCGs. GH commented that if KPIs are set up correctly, we would be able to appraise health

outcomes.

PA – highlighted importance of developing focus on health inequalities.

EW – Equality impact analysis could be used to show gaps in service provision.

Equality theme 11: Using data from partners

Group agreed collecting and using equalities data from partners should be embedded into objective 1 on data collection.

Equality theme 12: Communicating with partners to increase E&D awareness

Group agreed this should be incorporated into Objective 6. Ensure that the wording is action oriented and reflects intention to drive change.

Equality theme 13: Actions to reduce age discrimination

WS – clarified that that this area related to a review into services for older people.

AW sought clarification on what age means ‘older people’. *Post-meeting note: general definitions identify older people as 50>; The Centre for Policy on Ageing defined older people 65> for review.*

JM – highlighted legislation on ban on age discrimination, and inclusion here shows progressiveness. Group agreed to incorporate into objective 4.

Equality theme 14-18: Human Resources

Relating to Objectives 14/15 and 16: identifying and delivering equality training for staff and Board; and identifying and addressing bullying and harassment.

Group discussed training and need to include some delivery in Year 1. WS confirmed induction training was planned for Year 1 and would amend accordingly.

AF – raised concerns about wording regarding bullying and harassment, and encouraged a more overarching objective. This will allow new organisation to set a culture of expectation in a more positive framework. Ownership and commitment should be demonstrated by leaders.

PA – noted we should not dilute the message, however difficult, and suggested bringing forward the demonstration of outcomes to Year 2.

GH – accepted that work will be taking place as part of HR policy, however the CCG will need to establish how it takes this activity forward in partnership with its own staff, commissioned staff (in the CSU) etc.

CG – suggested monitoring at a time when CCG more embedded. Underlying this objective is a need to find out HRs own processes to monitor these areas.

Themes 17 and 18 – were not supported by evidence and data sources to address as objectives.

6

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

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

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Evaluation and close

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

Appendix 5: Merton CCG Core Equality Objectives and Action plan 2013-2017

Equality Objectives		Actions	Lead/Timelines	Outcomes
Ref.	<u>YEAR 1 (2013/14)</u>			
a	Building, using and sharing data collection and evidence base	1/Develop Equality Analysis toolkit and training for inclusion in QIPP/Commissioning plans 2/Work with PH colleagues to update 2013 JSNA 3/Communicate and highlight equalities changes to JSNA 4/Merton PALS / Complaints annual report shared for information 5/Share and utilise relevant equalities information from partners with commissioners (including London Borough of Merton, HealthWatch)	WS/IJ - July 2013 KE/WS - Aug 13 KE - October 2013 CSU - March 2014 WS - September 2013	1/Link equalities to business planning cycle, inc. commissioning plans 2/Ensure equalities data is strengthened in JSNA refresh, e.g. census data 2103 3/Gaps identified in service uptake for commissioning/service development 4/Utilise learning from PALS/complaints (HealthWatch) within commissioning 5/Gather and use equalities data from partners in commissioning
b	Develop Communications and Engagement strategies so they are inclusive and actively responding to needs of diverse community	1/Review Comms and Engagement Strategy inc. Equality Analysis refresh 2/Patient Engagement plan developed, including development of Patient Participation Groups 3/Raise awareness of requirements to engage in commissioning / procurements 4/Internal discussion with key stakeholders 5/Regular meetings with LBM and HW leads	CLK - October 2013 CLK - December 2013 CLK - March 2014 JK/WS - 20 Aug 2013 WS - Sept 2013	1/Gaps identified in engagement with protected groups 2/Develop patient engagement mechanisms 3/Supports development of further PPE activities 4/Internal E&D Group to provide assurance 5/Communicate info from partners to raise E&D awareness

Equality Objectives		Actions	Lead/Timelines	Outcomes
c	Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes	1/Commissioners carry out Equality Analysis on Commissioning/QIPP projects 2/Training workshop - Equality Analysis 3/Agree process for developing KPIs to measure improvement in health outcomes for protected groups 4/ Carry out Equality Delivery System assessment for commissioning and workforce 5/Monitor Provider Organisations for compliance with Equality Act 2010	AD - August 2013 WS - 22 August 2013 MT/WS - March 2014 JK/WS - March 2014 JK/WS - January 2014	1/Gaps identified in service uptake and health inequalities
d	Training needs identified for Governing Body members and CCG staff	1/Agree statutory/mandatory training needs with CSU training commissioner 2/Roll out e-learning E&D module 3/E&D induction module developed and delivered 4/Equality Analysis training developed and provided 5/E&D training for Governing Body members	WS - May 2013 Training Commissioner WS - September 2013 WS - 22 August 2013 JK/EB/WS - March 14	1/Gaps identified in service uptake 2/Raise awareness of core equalities issues 3/Staff and Board fully briefed on roles, responsibilities and tools to embed equalities
e	Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)	1/Annual staff survey is conducted and supported by all staff 2/Plan developed to address/monitor findings	HR Business Partner - March 2014	1/Understand health and wellbeing issues for staff 2/Address and improve health and wellbeing for staff
Ref.	<u>YEAR 2 (2014/15)</u>			
a	Delivery of Communications and Engagement strategy delivers equality requirements	1/Identify stakeholder/protected groups for specific engagement focus 2/Develop patient engagement mechanisms that increase access for protected groups	CLK - October 2013 WS/CLK - October 2013	1/Improve access for seldom heard groups 2/Identify and address gaps in service uptake

Equality Objectives		Actions	Lead/Timelines	Outcomes
b	Patient and public involvement in decommissioning, commissioning, design & procurement of services	1/Map engagement activity requirements through commissioning workbooks 2/Demonstrate use of Engagement Strategy when designing engagement activities 3/Explore actions to investigate/redress inequalities for older people	CLK / Commissioning managers - March 2015	1/Gaps identified and addressed in service uptake and health inequalities 2/Evidence that good practice followed in all engagement activities 3/Older People's voice becomes part of service redesign
c	Deliver training to embed equalities for Governing Body and CCG staff	1/Review uptake of Equalities training and target gaps 2/Update E&D induction with changes to legal / national requirements 3/Review effectiveness of EA training through audit 4/Refresh Equalities training for Governing Body	HR Business Partner - tbc WS - Sept 2014 WS - July 2014 EB/JK/WS - October 2014	1/Gaps identified in service uptake 2/Raise awareness of core equalities issues 3/Staff and Board fully briefed on roles, responsibilities and tools to embed equalities
Ref.	<u>YEAR 3 (2015/16)</u>			
a	Review Communications and Engagement strategies as inclusive and actively responding to needs of diverse community	1/Review impact of Engagement Strategy through strategy refresh 2/Review effectiveness of engagement mechanisms with stakeholders 3/Communicate findings with partners and stakeholders to raise awareness of gaps/success	CLK / Patient and Public Engagement Lead - tbc	1/Gaps identified and improved in engagement with protected groups 2/Responsive engagement mechanisms for local communities and groups 3/Supports development of further PPE activities 4/Internal E&D Group to provide assurance 5/Communicate info from partners to raise E&D awareness

Equality Objectives		Actions	Lead/Timelines	Outcomes
b	Demonstrate improvement of disaggregated staff views on current workforce issues (including health and wellbeing, bullying and harassment)	1/Annual staff survey is conducted and supported by all staff 2/Plan developed to address/monitor findings	HR Business Partner - tbc	1/Understand health and wellbeing issues for staff 2/Address and improve health and wellbeing for staff
Ref.	<u>YEAR 4 (2016/17)</u>			
a	Review Equality Key Performance Indicators to measure improvement in health outcomes	1/Review Commissioning Equality Analysis to identify trends and themes to develop KPIs 2/Review and report on progress with KPIs	Director of Commissioning - tbc	1/Gaps identified in service uptake and health inequalities

Appendix 6: Acknowledgments

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