



Merton

Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 31st July 2014

Agenda No: 6.1

Attachment: 05

Title of Document: Equality Delivery System 2 (EDS2) Grades 2013-14 and Improvement Plans 2014-15	Purpose of Report: For Approval
Report Author: Gemma Novis, Equality & Diversity Lead (May-June 2014)	Lead Director: Lynn Street, Director of Quality
Executive Summary: <p>This report describes the EDS2 framework and process carried out by Merton CCG. The assessment includes grades and improvement plans for Goals 1 and 2 for 2014/15. Tentative grades for Goals 3 and 4 have also been given, which will be validated internally by staff and externally by independent assessors. Improvement plans for both goals will be developed between August and September 2014.</p> <p>Overall Merton CCG grading for EDS2 is currently 'DEVELOPING' (the four grades being: Undeveloped, Developing, Achieving or Excelling) – which means local evidence suggests that the majority of people in three to five protected groups fare well across Goals 1-4 when compared to those who do not share any protected characteristics.</p> <p>Improvement plans have been created in the three commissioning areas of IAPT, CAMHS and Older Peoples (Community) services. These have been based on evidence gathered for the grading, EDS2 stakeholder workshops and discussions between commissioning leads and providers. All actions will be embedded within the Merton CCG Year 2 Equality Objectives Action Plan.</p> <p>The report suggests that a greater focus on improving services and workforce for those who share the protected characteristics of Race (BME), Sexual Orientation (LGB), Gender Reassignment and Age could lead to universally improved health system in Merton, meeting the needs of the local population and staff based at the CCG overall.</p>	
Key sections for particular note (paragraph/page), areas of concern etc: <p>Please see grades on pages 8 & 9, and associated improvement plans in Appendix 5 from page 21</p> <p>Section 6 & 7 (EDS2 Goals 3 & 4): Evidence is currently being collated and will be validated following an internal staff engagement exercise and through an independent third party assessor. Tentatively these goals have been graded as 'DEVELOPING'. A report with the final grades and improvement plans for 2014-15 will be ready by October 2014.</p>	
Recommendation(s): <p>The Merton Clinical Commissioning Group Governing Body is requested to:</p> <ol style="list-style-type: none"> 1. Endorse the report, acknowledging and noting the cross-cutting actions on page 9 and the plan to embed these in broader service delivery / commissioning practice through assurance from the Commissioning Team regarding progress on the improvement plans, including on how they have been embedded in current work streams. 2. Agree the plan for collating evidence, independently assessing and grading Goals 3 & 4 (internal to the CCG). 	

<p>Committees which have previously discussed/agreed the report: Clinical Quality Committee (13 June 2014)</p>
<p>Financial Implications: None</p>
<p>Implications for CCG Governing Body: The Equality Delivery System 2 is a means for Merton CCG to fulfil the legal requirements set out in the Public Sector Equality Duty. The current tentative grade of 'DEVELOPING' will help the CCG GB to focus its attention on ensuring improvements are being embedded across all functions and governance in 2014-15.</p>
<p>How has the Patient voice been considered in development of this paper: Patient views have informed the EDS2 grading and improvement plans for Goals 1 and 2.</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) N/A</p>
<p>Equality Assessment: This report covers progress with the Equality Delivery System 2</p>
<p>Information Privacy Issues: N/A</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) To be available for the public via the website and to remain open for continuous feedback.</p>



Equality Delivery System 2 (EDS2)
Grades 2013-14
&
Improvement Plans 2014-15



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South London Commissioning Support Unit

Version	Date	Approved
1.0	06 June 2014	Lynn Street Director of Quality

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1. Background to the Equality Delivery System & Public Sector Equality Duty

1.1 The Equality Act 2010 and Public Sector Equality Duty

The Equality Delivery System (EDS) for the NHS was formally launched on 11 November 2011. Since then the respective NHS organisations responsible for the health of the population of Merton have used the EDS to support the transition and transfer of responsibilities to NHS Merton Clinical Commissioning Group (Merton CCG) in April 2013.

The original EDS was commissioned and steered by the NHS Equality and Diversity Council, its development owed a great deal to engagement with, and contributions from, the NHS and those who use its services. In other words the EDS was designed by the NHS for the NHS.

The refreshed EDS – or EDS2 as it has come to be known – was launched in November 2013 and has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all. EDS2 is also supported by the NHS Trust Development Authority.

At the heart of EDS2 is a set of 18 outcomes grouped across four goals:

- Goal 1: Better Health Outcomes**
- Goal 2: Improved Patient Access and Experience**
- Goal 3: A Representative and Supported Workforce**
- Goal 4: Inclusive Leadership**

The outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards (*see Appendix 1*). It is against these outcomes that performance of NHS organisations has been analysed, graded and local action plans have been determined.

The EDS2 helps Merton CCG to review current equality performance and identify future priorities and actions, whilst being a vehicle for continuous dialogue with all stakeholders – including patients, staff and the public – and a means to illustrate how the organisation fulfils its responsibilities under the Equality Act 2010 to eliminate discrimination, advance equality and foster good relations, as set out in the Public Sector Equality Duty.

1.2 The Equality Act 2010 and Public Sector Equality Duty

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.

To fulfil the Public Sector Equality Duty it is important for Merton CCG to evidence how they are giving 'due regard' to those who share one or more protected characteristic and to take action (reasonable adjustments) to fulfil the three aims of the general duty:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not (Tackling prejudice and promoting understanding)

The Act helpfully explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

2. Embedding the Equality Delivery System

Since authorisation in April 2013 Merton CCG has placed a strong emphasis on promoting equality within the organisation and the way it works. An Equality & Diversity Group chaired by the Director of Quality has been meeting quarterly since September 2013 and is attended by various Directors and representatives including the Patient & Public Involvement lay member and a Clinical Equality Lead. The remit of the Equality & Diversity Group is to facilitate the implementation of the EDS2 to deliver fair and inclusive outcomes for patients, communities and staff (see Terms of Reference in *Appendix 2*).

This year EDS2 has helped Merton CCG to focus on areas for improvement and development services within the following three commissioning areas:

a) Improving Access to Psychological Therapies services (IAPT)

This service is commissioned to see adults aged 16 and over registered with a Merton and Sutton GP presenting with primary anxiety and depression disorders for evidence based psychological therapy.

b) Child and Adolescent Mental Health Service – Tier 3 (CAMHS Tier 3)

These are services for those aged up to 18 years which are usually multi-disciplinary teams working in a community mental health clinic or child psychiatry outpatient service, to provide a specialised service for children and young people with more severe, complex and persistent disorders. They include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

c) Older People’s Services – in Community Settings

This service is aimed at people aged 65 and over, it has been recognised that this group requires a high level of support from the health and social care economy.

Key stakeholders felt that a focus on the three commissioning areas above would lead to improved outcomes in the community, especially in terms of eliminating discrimination, advancing equality (reducing health inequalities) and fostering good relations. Considerable amounts of information and evidence were produced and used to inform discussions towards grading each of the Outcomes for Goals 1 and 2. This is the first time that Merton CCG has completed an EDS2 assessment; however the former Sutton & Merton Primary Care Trust carried one out in 2011- 2012, with an overall RAG rating of **DEVELOPING**.

3. EDS2 Community Engagement: Stakeholder Assessment & Grading (Goals 1 & 2)

Merton CCG is committed to working with patients and the public to improve the quality of our work whilst eliminating discrimination, advancing equality and fostering good relations. The EDS2 is a vehicle for dialogue which brings together the evidence and perspectives of all stakeholders, including the views of local people, to find areas of potential improvement across the 4 goals – in particular improvements relevant to those who share one or more protected characteristic.

3.1 EDS2 Workshop – March 2014

On 20 March 2014 NHS Merton Clinical Commissioning Group hosted an EDS2 workshop. As Goals 3 and 4 are internal Goals for Merton CCG, this workshop focused on Goals 1 and 2. Overall 22 people registered, 17 participated and 16 feedback responses were handed back. Representatives from the following organisations participated in group discussions:

- Merton Seniors Forum
- Age UK Merton

- Home Instead Care Agency
- London Borough of Merton
- Merton Centre for Independent Living
- Ability Housing
- Community Empowerment Network
- Association of Pastoral Care in Mental Health
- Carers Support Merton
- Royal Marsden Hospital
- IAPT & Older Peoples Community Service Users

Mary Clarke (Clinical Equality Lead and Independent Nurse Member - Merton CCG) introduced the day and Wasia Shahain (Equality Lead - South London Commissioning Support Unit) presented background information and requirements of grading Merton CCG using the EDS2 model.

The participants were asked to focus on assessing the three priority commissioning areas; they were divided into groups for discussion:

- a) Improving Access to Psychological Therapies services (IAPT)
- b) Child and Adolescent Mental Health Service (CAMHS) – Tier 3
- c) Older People's Services – in Community Settings

A self-assessment was shared for EDS2 goals 1 & 2 alongside evidence for each commissioning area, which included examples of current good practice (see *appendix 3*). Discussions were then facilitated by Merton CCG to ensure participants could:

- Agree a grade that everyone is comfortable with
- Share ideas with Merton CCG for how to improve the service in this area and,
- Check if the picture (with the evidence) portrayed matched their (participants) experiences

Appendix 4 contains all the feedback received from participants via the feedback form provided on the day. Merton CCG will use this feedback to inform the next EDS2 event in 2015.

3.2 Outcome from EDS2 Workshop – March 2014

The findings and grading results from the EDS2 workshop in March 2014 were captured as follows:

A) Mental Health (IAPT) – all grades were agreed apart from 2 outcomes. 1.3 Service transitions upgraded from 'Developing' to 'Achieving', and 2.1 Access was downgraded from 'Excelling' to 'Achieving' as there are still pockets of populations experiencing barriers

B) Children’s Services (CAMHS Tier 3) - original grades agreed in all but one area, 2.4 Complaints was downgraded from ‘Achieving’ to ‘Undeveloped’ due to lack of evidence

C) Older people’s services (community settings) – two outcomes on each goal were amended from ‘developing’ to ‘undeveloped’: 1.2 Individual Health Assessments and 1.4 Patient Safety & 2.1 Access to Services and 2.4 Complaints.

3.3 Results from Workshop - EDS2 Goal 1 – 2013/14

	Outcome	IAPT	CAMHS – Tier 3	Older People (Community)
Goal 1: Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	(D)	(D)	(D)
	1.2 Individual people’s health needs are assessed and met in appropriate and effective ways	(A)	(D)	(U)
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	(A)	(U)	(D)
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	(A)	(A)	(U)
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	N/A	N/A	(D)

3.4 Results from Workshop - EDS2 Goal 2 – 2013/14

	Outcome	IAPT	CAMHS – Tier 3	Older People (Community)
Goal 2: Improved Patient Access & Experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	(A)	(D)	(U)
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	(A)	(D)	(D)
	2.3 People report positive experiences of the NHS	(A)	(D)	(D)
	2.4 People’s complaints about services are handled respectfully and efficiently	(A)	(D)	(U)

KEY (U)ndeveloped (D)eveloping (A)chieving (E)xcelling

Overall Merton CCG is assessed as **DEVELOPING** for EDS2 Goals 1 and 2. This means that overall the majority of people in three to five protected groups fare well when using Merton CCG commissioned services when compared with those who do not share any protected characteristics. Evidence, including feedback from stakeholders, suggests that a greater focus needs to be placed on getting services right for those who share the protected characteristics of Race (particularly those who are black, Asian or from any minority ethnic group), Sexual Orientation (particularly those who identify as being lesbian, gay or bisexual), Gender Reassignment (e.g. those who have undergone or wish to undergo gender reassignment, and / or those who identify as being transgender) and Age (particularly older people and young people who are black, Asian or from any minority ethnic group).

4. Service Improvement Plans 2014 – 15 (EDS2 Goal 1 & 2)

Appendix 5 includes the agreed local service improvement plans for IAPT, CAMHS – Tier 3 and Older Peoples Community Services. These plans have been developed via feedback from the EDS2 workshop in March 2014 (including the evidence that was presented by commissioners for discussion), any recent Equality Analysis and through dialogue with existing service providers. Each plan is specific to each service area however there are a number of cross – cutting actions which are relevant to all Merton CCG commissioned services, some of these include:-

- **Monitoring and Review Systems** - Responses and analysis needs to be disaggregated by each protected characteristic to identify gaps and any barriers in terms of patients accessing services e.g. PEQ, Complaints and Community Engagement responses or activities
- **Patient Experience Questionnaires (PEQ)** - Analysis of responses to cross the range of protected characteristics to drive continuous service improvement. e.g. gaps in feedback received / consider who have not reported an 'excellent' or 'good' service and check for any correlations with certain protected characteristics to help focus areas of improvement
- **Personal Information Sharing** - Revisit key messages for service users in terms of Personal Information Sharing (Equality Monitoring) to encourage higher response rate and to include questions about Gender Reassignment (*based on the good practice example provided by the Equality & Human Rights Commission*) and Religion & Belief in the Patient Experience Questionnaires.
- **Increase 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 insight 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 & Engagement** - use equalities analysis to highlight communities of greatest need (e.g. where prevalence is high and service users are under-represented) to inform targeted and tailored activities and key messages
- **Representation of service users** - to ensure service users reflect known prevalence of health conditions within populations of focus to address health inequalities – using data as found in JSNA, relevant research findings, needs assessment etc.
- **Fostering Good Relations** - further action to plan and implement a strategy to foster good relations between those who share protected characteristics and those who do not in the London Borough of Merton (tackle prejudice / stigma and promote understanding between those who share protected characteristics and those who do not).

These actions and improvement plans directly connect to our Equality Objectives, in particular Objective 3 in Year 1: ***Develop Key Performance Indicators (KPI's) to measure improvement in health outcomes***, and Objective 2 in Year 2: ***Patient and public involvement in decommissioning, commissioning, design & procurement of services***, as such they will be integrated into the Year 2 Equality Objectives action plan.

5. EDS2 Grading – Goal 3: A Representative and Supported Workforce

This goal contains 6 outcomes and is currently being assessed internally to Merton CCG. A full staff survey has been completed and workforce data is being assessed. A current predicted grade for the goal is '**DEVELOPING**' which means that overall those who share one or more protected characteristic do not fare as well as they might with those who do not. Overall Merton CCG acknowledges a need for greater focus on achieving a representative and supported workforce and an action plan will be developed by September 2014.

6. EDS2 Independent Assessment and Grading – Goal 4: Inclusive Leadership

This Goal contains 3 outcomes and is currently being assessed internally to Merton CCG (Objectives 1 and 2 require an independent third party to assess and grade this outcome). The current predicted grade is **DEVELOPING** which means that more emphasis can be made on Merton CCG leading the way on commissioning inclusive health services which meet the specific and general health needs of all people in

Merton, in particular by focusing on getting services right for those who experience the greatest need and barriers due to sharing one or more protected characteristic. An action plan for improvements in Goal 4 will be developed by September 2014.

7. Equality Objectives 2013 – 2017: Year 2 Action Plan 2014 – 15

Every year the Equality Objectives will be reviewed and updated in accordance with the specific needs of Merton CCG and its populations, to ensure that ‘due regard’ is given to the changing health needs of those who share one or more protected characteristics and to ensure that objectives are being met (see Merton CCG Equality Objectives Report 2013 – 17¹). The current Equality Objectives have been mapped to the EDS2 goals and span 2013 -17:

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 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

As a result of reviewing our work within the EDS2 framework in 2013 – 14, a number of Year 1 objectives will be continued into Year 2. The Commissioned Service Improvement plans in *Appendix 5* form part of Objective 3 in Year 1: **Develop Key Performance Indicators (KPI's) to measure improvement in health outcomes**, and Objective 2 in Year 2: **Patient and public involvement in decommissioning, commissioning, design & procurement of services**.

¹ MCGG Equality Objectives Report 2013- 17
http://www.mertonccg.nhs.uk/GetInvolved/Documents/MCCG_Equality_Objectives_report_-_FINAL_270913.pdf

8. Publishing the EDS2

The EDS2 objectives and grades will be published on the Merton CCG website along with information about the results of equality analysis, objectives and underpinning data on an ongoing basis.

9. Monitoring and Reviewing the EDS2

Merton CCG will continue to progress the Equality Objectives and use the EDS2 framework to help meet some of its Public Sector Equality Duty to comply with the Equality Act 2010. Incorporating the feedback from discussions at the EDS2 event in March, Merton CCG will work together with providers and partners to embed the 3 improvement plans within the respective service areas, and report back on their progress in 2015. Merton CCG will continue engaging with the communities and populations that it serves to ensure that we are meeting local health needs, and to reduce existing health inequalities.

10. EDS2 - 2014 /15 - Next Steps

Action	When?	Who?
Meeting with Director of Quality to discuss approach and agree commissioning priorities	Complete	CSU ED lead/CCG ED lead
Senior Management team to agree strategic priorities	Complete	CSU ED lead/ CCG ED lead
Initial meetings with commissioning managers	Complete	CSU ED lead
CCG commissioners gather data for EDS	Complete	CCG lead commissioners
EDS evidence used for development of annual equalities report (PSED)	Complete	CSU ED lead
Develop patient panel approach, comms and circulation lists	Complete	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 grading process with stakeholders	Complete	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 - Service Improvement for Equality Plans developed and approved with commissioners / providers	Complete	CSU ED lead/ Commissioning managers
Sign off/approval of EDS2 Grades and Improvement Plan at Executive Management Team (EMT)	Complete	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Merton Governing Body	31 July 2014	CSU ED lead/ Director of Quality
Goal 3 – A representative and supported workforce (internal assessment)	May - Sept 2014	CSU ED Lead / Director of Quality / HR
Goal 4 - Inclusive Leadership (4.1 & 4.2 evidence collation & independent assessment, 4.3 – internal assessment)	June - September 2014	CSU ED Lead / Director of Quality / HR
EDS2 Goal 1 & 2 findings collated and used in development of Equality Objectives Action Plan 2014/15 (Year 2)	Aug/Sept 2014	CSU ED lead/ Commissioning managers
Review of Equality Objectives (Year One) at Executive Management Team.	Sept 2014	CSU ED lead/ Director of Quality
Review and Sign-off of Equality Objectives (Year One) at Merton Governing Body	Sept 2014	CSU ED lead/ Director of Quality

11. Comments & Feedback

We welcome any comments and feedback on this EDS2 Grades and Improvement Plan Report. We would like to know how effective this scheme is in promoting and delivering equality and to receive any comments and suggestions for improvement to this work.

Comments and feedback can be sent to:

c/o Director of Quality
NHS Merton Clinical Commissioning Group
120 The Broadway
Wimbledon
SW19 1RH

-END-

Appendix 1: The Goals and Outcomes of EDS2

The Goals and outcomes of EDS(2)		
Goal	Number	Description of outcome
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved Patient Access and Experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A Representative and Supported Workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix 2: Equality & Diversity Group Terms of Reference

Merton Clinical Commissioning Group Equality and Diversity group Terms of Reference

1. Purpose

- 1.1 The role of the Group is to support work streams that ensure compliance with Equality Duties under the Equalities Act 2010, and thereby to deliver positive outcomes for patients, communities and staff.
- 1.2 The group will support and monitor the implementation of the Equality Delivery System to ensure that within our Commissioning and Employment responsibilities we are assessing and improving our equalities performance.
- 1.3 Understand health inequalities in Merton CCG and influence commissioning decisions

2. Scope

- 2.1 Monitoring the Equality Objectives action plan and general compliance within the Annual Equality Report.
- 2.2 Delivery of objectives for Goals 1 and 2 of the Equality Delivery System: Better Health Outcomes and Improved patient access and experience; and Goals 3 and 4 – A representative and supported workforce, and Inclusive leadership with the support of South London Commissioning Support Unit.

3. Objectives

Equality Objectives

- i. Monitor the NHS Merton CCG Equality Objectives action plan 2013-17 and demonstrate progress.
- ii. Take remedial action where progress is not meeting expectations.

Equality Delivery System (EDS)

- i. Align and consolidate findings from NHS Merton CCG's Equality Delivery System assessment with Equality Objectives.
- ii. Involve staff and external stakeholders to ensure the EDS assessment reflects a broad range of views, and evidence is gathered to support the development of an improvement plan to ensure that objectives for subsequent years are identified.
- iii. Monitor the timeline to ensure the data and information processes, engagement and grading workshops are timely for production of the EDS report as an annual requirement.
- iv. Contribute to developing specific communications and engagement plans associated with the EDS improvement plan.

Equality and Diversity in General

- i. Ensure information is collated in a timely way to enable the Public Sector Equality Duty Report to be published as an annual requirement.
- ii. To increase awareness of equalities duties with CCG staff and stakeholders, by developing robust communication processes and networks, recognising the co-dependencies with the CCG Communications and Engagement Strategy.
- iii. Receive feedback and assurance on Equality Analysis assessments
- iv. Support review of the CCGs Equality and Diversity strategy

4. Membership

4.1 Core membership is as listed. There is no quorum for meetings however full attendance is requested to maintain momentum on the work of the group.

4.2 Others may be invited to attend at the request of the group and by invitation from the Chair to inform and update the Group on specific agenda Items.

Role	Organisation
Director of Quality (Chair)	Merton CCG
Nurse Member of the Governing Body (Clinical ED Lead)	Merton CCG
Director of Public Health	Merton CCG / London Borough of Merton
Lay Member – PPI	Merton CCG
Director of Commissioning	Merton CCG
Patient and Public Engagement Coordinator	Merton CCG
Equality and Diversity Lead	NHS South London CSU
GP/Primary Care input (TBC)	Merton CCG

5. Accountability and Reporting Arrangements

5.1 The steering group is accountable to the Clinical Quality Committee. Quarterly reports on the progress made by the group will be provided.

4. Frequency

4.1 Meetings will be held quarterly. The frequency of the meetings may vary according to the stage of the work. Additional meetings may be arranged to support the work of the group.

6. Other Matters

6.1 Actions from the meeting will be recorded by E&D lead.

7. Review

7.1 Work programme: The Group will review its Terms of Reference and work programme at every meeting. A review of the group will take place annually.

7.2 Terms of reference: The terms of reference for the Equality and Diversity Group shall be reviewed after six months and at least on an annual basis thereafter. This will take into account any new guidance and relevant codes of conduct / good governance practice

Appendix 3: Current Good Practice

The following examples of current good practice for each commissioning area were shared as part of the evidence towards grading across Goal 1 & 2 of the Equality Delivery System.

a) Improving Access to Psychological Therapies services (IAPT)

Protected Characteristic	IAPT - Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	Equality Analysis is completed annually with an embedded action plan / monitoring and review process	Eliminating Discrimination Advancing Equality Fostering Good Relations
Age	Partnerships with Age UK Merton and My Futures has led to increased access for older and younger people	Advancing Equality
Age / All	Focus groups with individuals who share one or more protected characteristics are used as a vehicle for continuous service improvement (older & young people's focus group in past year)	Advancing Equality
Disability	Partnerships with relevant local services ensure that people with learning disabilities can access appropriate services / have a positive experience of service transition	Eliminating Discrimination Advancing Equality
Disability	Reasonable adjustments are actively made to support access to services for individuals who are physically disabled.	Eliminating Discrimination Advancing Equality
All (except Gender Reassignment)	Monitoring data of service users is collected across age, disability, race, sex, religion & belief, sexual orientation and Pregnancy & Maternity	Eliminating Discrimination Advancing Equality
Race	Specific projects are carried out with service partners who work with individuals who are BAME (more description of projects required)	Eliminating Discrimination Advancing Equality
Race, Age	Focused marketing campaigns aimed towards BAME, Older and Younger communities	Advancing Equality Fostering Good Relations
Age / All	Operational Policy has been informed via focus groups – as above	Eliminating Discrimination Advancing Equality
Disability / Race - Language	Support needs to enable better access for client are recorded on IAPTUS to ensure all clinicians are aware e.g. need for support in completing written questionnaires, sign language interpretation, hearing loop etc.	Eliminating Discrimination Advancing Equality
Race - language	Those who would prefer to speak in a language other than English automatically booked a face to face appointment with either an interpreter present or a clinician who speaks their preferred language. Support with completing questionnaires is also available.	Eliminating Discrimination Advancing Equality
Sex, Religion & Belief	Clients are able to choose the gender of clinician to enable them to feel more comfortable	Eliminating Discrimination Advancing Equality
Sexual Orientation	Current needs assessment for those who identify as Lesbian, Gay, Bisexual or Questioning to inform potential marketing campaigns and service improvement	Eliminating Discrimination Advancing Equality
All	Any referrals to other services are discussed with relevant colleagues to ensure smooth transition. All providers are subject to the PSED and staff are trained (evidence provided via training dashboard system)	Eliminating Discrimination Advancing Equality
Age	Currently run a 'Fear of Falling' course delivered in partnership with Age UK Merton	Advancing Equality
Age, Disability,	Face to face triage offered as a choice to all people if they are older, aged	Eliminating

Race - language	under 20, are disabled, non-English speaking or experience other barriers to a meaningful telephone based assessment	Discrimination Advancing Equality
Disability	All staff trained in disability awareness and the team includes a disability lead. Reasonable adjustments are made to remove any barriers to access to the service (such as large print visual materials, choice of site etc) and various therapeutic tools can be adapted and utilised.	Eliminating Discrimination Advancing Equality
Religion & Belief, Race	The Temple Project continues to be delivered in partnership with Shree Ghanapathy Temple and Tamil speaking clinicians offer specifically tailored treatments at the temple and at various other sites. A one top shop model has been developed which offers support in housing, financial and employment advice and soon ex-service users will become co-facilitators of groups. Expansion of this project to other faith communities is being explored with the Merton Provider Site Network	Eliminating Discrimination Advancing Equality
Sex	Promotional activities have been implemented to encourage more men to learn about and access the service	Advancing Equality
Religion & Belief	Relationship workshops are held at Salvation Army premises, and Self-confidence workshops are being run in St Helier Community Church and United Life Church Coffee shops.	Advancing Equality
Sexual Orientation	Survey completed with current clients where the majority shared they were happy to provide personal information regarding sexual orientation. The data continues to be collected from clients when they first register for the service.	Eliminating Discrimination Advancing Equality Fostering Good Relations
Sexual Orientation	Posters are on display in all waiting rooms to demonstrate the commitment to eliminating discrimination, advancing equality and fostering good relations for those who identify as being Lesbian, Gay, Bisexual or Questioning, and provide the same quality of service as to those who identify as Heterosexual.	Eliminating Discrimination Advancing Equality Fostering Good Relations
Pregnancy & Maternity	Interventions are available for mothers who are suffering with postnatal depression – on a group and /or individual basis	Advancing Equality
All	Any letters about treatment are shared with clients (unless they opt-out) and relevant information such as leaflets for other services, housing / financial support, relevant local projects (Everymans project, Merton Women's centre etc) are made available and tailored to the needs of client. Easy read versions and a range of languages are available.	Advancing Equality
Sexual Orientation	Great feedback received from clients who identified as Lesbian, Gay or Bisexual via the Patient Experience Questionnaire (they felt listened to, staff took concerns seriously and helped them to better address their difficulties)	Eliminating Discrimination Advancing Equality

b) Child and Adolescent Mental Health Service – Tier 3

Protected Characteristic	CAMHS Tier 3 - Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
Disability	The service works with local learning disability services where they exist to agree pathways / transitional protocols to ensure all young people with learning disabilities can access appropriate services.	Advancing Equality
Disability	Reasonable adjustments are made to enable access to the service for clients who are physically disabled	Advancing Equality
Disability	Equality Impact assessment process is in place and monitored / reviewed annually	Eliminating Discrimination Advancing Equality Fostering Good Relations
Disability	Reasonable adjustments are made at appointment bookings to ensure access for disabled children and young people e.g. sign language interpreter, hearing loop for those who are deaf. Birches Close Clinic site is DDA compliant.	Eliminating Discrimination Advancing Equality
All	When referring to another team or service, the operational policy outlines that clinicians should always call the team first to discuss the appropriateness of the referral and then follow this up in writing to ensure smooth transition.	Eliminating Discrimination Advancing Equality

Protected Characteristic	CAMHS Tier 3 - Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	All providers are subject to the PSED and staff are trained on Equality & Diversity and Disability Awareness(evidence provided via training dashboard system)	Eliminating Discrimination Advancing Equality
Race	A language interpretation service is available for non-English speakers	Eliminating Discrimination Advancing Equality
All	All children and their families are offered an appointment date and time of their choice	Advancing Equality Fostering Good Relations
All	A single point of entry to CAMHS was introduced in April 2010 and this was cited as example of best practice in "Keeping CYP in mind: the governments full response to the independent review of CAMHS	Eliminating Discrimination Advancing Equality Fostering Good Relations

c) Older People's Services in Community Settings

Protected Characteristic	Older Peoples Services - Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
Age	Older People's Assessment and Rehabilitation Service currently has a referral criteria of aged 65+ but there is a proposal to remove this restriction in order to enable access for those who are aged 50+ with complex needs / frailty	Eliminating Discrimination Advancing Equality
All / Carers	Each service specification includes a performance indicator for reducing inequalities and barriers as well as improving service user and carers experience	Eliminating Discrimination Advancing Equality
All	Equality Impact Analysis are completed to inform the development of any new services e.g. Community Prevention of Admission Team	Eliminating Discrimination Advancing Equality
Age / Disability	Wide range of services commissioned to support people in their own homes where they are housebound (either temporarily or permanent).	Eliminating Discrimination Advancing Equality
Disability	Transport is available to clinics for those who need additional mobility support	Advancing Equality
Race	A Bilingual Health Advocacy Service is commissioned to enable newly arrived communities to access appropriate health services and achieve better health outcomes as a result. Particular on individuals who speak Polish, Urdu or Tamil as their main language.	Eliminating Discrimination Advancing Equality
Disability	65% of service users reported having a disability (sensory and / or physical) in the District Nursing Community Survey	Eliminating Discrimination Advancing Equality
Race	19% of service users are estimated to be BAME which is representative of the local population at retirement age	Eliminating Discrimination Advancing Equality
Race	Health Equity Audit completed for the Diabetic Retinal Screening Service identified that uptake was good at approx. 83% for all those aged 65+. Further analysis of the variation among different ethnic groups is required.	Advancing Equality

Appendix 4: Summary of feedback responses from EDS Workshop

A) Group/communities represented:

22 people registered, 17 participants and 16 feedback responses

(Participants could represent more than one group/community)

1. General equality perspective	6
2. Age	5
3. Sex	3
4. Disability	2
5. Race or Ethnicity	3
6. Religion or Belief	0
7. Lesbian/Gay/Bisexual/ Questioning	0
8. Gender Reassignment	0
9. Pregnancy or Maternity	0
10. Carers	3

Please Tick:	Good	Adequate	Poor
1. How useful did you find the information provided before the event?	10	5	0
2. Was the venue easy to find and accessible?	15	1	0
3. Was the event organised well?	16	0	0
4. Were the presentations easy to understand?	15	0	1

From the table above we can see that 100% of respondents found the information provided before the event useful and 94% felt that the presentations were easy to understand. All respondents found the venue easy to find, 94% found it accessible and all participants felt that the event was well organised.

Question	Comments
1. Was the purpose of the event made clear to you from the outset?	<ul style="list-style-type: none"> • Yes x 11 • No Comment - 1 • A reasonably detailed outline of the reason for the group and intentions was provided • A bit too much jargon but I'm glad I attended • Very useful introduction, specifically having a de-brief about IAPT and current development. Perhaps more of an introduction about each of the protected characteristics would provide a good foundation next time • Not really as I got the email late and was rushing! • Purpose became clearer by working through the discussions
2. Did you feel able to contribute to the process? Please give	<ul style="list-style-type: none"> • Yes x 15 • Group discussions went well • There was scope to contribute on each of the criteria discussed • We were encouraged by commissioners to share our thoughts and this was a valuable dialogue • I was able to promote disability equality training over disability awareness and going one step further

examples if possible	<p>than simply DDA compliant buildings</p> <ul style="list-style-type: none"> • Engaged in stimulating discussions • I thought everyone contributed well and ideas were broken down, analysed and discussed. • IAPT discussion was very well facilitated giving room for all to contribute all encouraged to do so • Able to bring experience from local government • I was quite outspoken • Plenty of discussion with good steering points provided
3. Were you happy with the next steps discussed? Are you willing to stay involved	<ul style="list-style-type: none"> • Yes x 13 • No x 1 • Next steps are this year's promises – prove it! • Need to know more • Please keep me in the loop • Positive feedback and important areas of improvement that could enhance the effectiveness of the service • Concerned about silo nature of this process but happy to help and support where I can • Although it does all look a bit slow
4. What (if anything) did you learn from being involved in this process?	<ul style="list-style-type: none"> • No comments x 1 • Our voices are heard • The needs of the local community need to be better understood by Merton CCG • I learnt a lot about the ways outcomes are decided, measured and assessed • I learnt relevant information about my chosen service area • I was surprised that in terms of older peoples service that it was not possible to delve a little deeper into the data by age groups • I learnt that Merton CCG has a strategy and progress is being made if we can caution against complacency • Need to be more open with residents about outputs and services • Learnt a great deal more about the CCG and EDS • New ideas on how to further improve the service • Very informative with helpful feedback and interesting to get others opinions • Learnt how inflexible the current system is, there are good people involved (Wasia and her colleagues) but are not enabled to be smarter. If I sit around the table and join in, am I colluding with failure? • Reinforced the limitations at work as a result of restrictive criteria • CAMHS can learn a lot from the IAPT model • Even more information about NHS Services. One day I will have a complete picture • We have a common purpose • How full the data needs to be to provide robust conclusions
5. How could we have improved your experience of this event?	<ul style="list-style-type: none"> • No comments x 8 • Might have made it a service users event • Not a lot – it was good • Allocated more time • Further evidence on spreadsheets- some columns were not too informative which made it difficult to give a grading • For what it was, it was great but wider pre-engagement would make it better and smarter • Fewer or merged outcomes • To run event for the whole day to enable participants to join all three topics of discussion
6. Any other comments?	<ul style="list-style-type: none"> • No comments x 8 • There was a clear intention to both inform and to listen • Very well organised, Clare was great and Wasia – very good timekeeping! • Thank you and well done for the organised and honest event ☺ • Great to have young women from CAMHS Merton Service on our table. Good presentations and facilitators! • Concerned about narrow focus of discussions 0 and time available for them – cannot talk about Equality & Diversity without considering other factors • Good to have this engagement

Appendix 5: Commissioned Area Improvement Plans 2014 – 15 (EDS2 Goal 1 & 2)

4.1 Improving Access to Psychological Therapies

This draft improvement plan has been developed via a range of sources including through engagement with of stakeholders at Merton CCG Equality Delivery System event dated 20th March 2014 where the in –depth discussion group included representatives from:

- Association of Pastoral Care in Mental Health (APCMH)
- Carers Support Merton
- Royal Marsden Hospital
- Community Empowerment Network (CEN)
- IAPT Service users

These actions have been considered by commissioners and providers and will be embedded within service delivery action plans for 2014/15.

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
1.1a	A perceived gap in providers feeding back to commissioners from community engagement activity e.g. 'We heard, we did' type learning cycle within service development, design and implementation	EDS Event	Commissioners and Providers to co-design a feedback mechanism regarding community engagement activity and outcome (focus on BME – South Asian Groups in particular)	Joint Commissioning and Provider Lead	Under discussion
1.1b	A perceived gap in providers taking action to reach out and listen to 'seldom heard' the most disadvantaged groups in the borough – particularly South Asian groups	EDS Event	As Above – the reporting back needs to capture the range of protected characteristics / disadvantaged groups (inc. Carers and socio-economic disadvantage) in a 'you said, we did' type reporting cycle	Joint Commissioning and Provider Lead	Under discussion
1.2a	A need for more flexible approaches to patient assessment, e.g. to ensure the diversity of needs are met and not only those that fit a rigid criteria	EDS Event	Although the service has a remit to measure the recovery of depression / anxiety in a specific way, there is an openness to learn from wider good practice.	Provider Lead	Under discussion
1.3	A perceived need of improvement in capacity to deliver interventions in community settings	EDS Event	A specialist will be trained to deliver interventions in community settings with a focus on specific BME (e.g. South Asian)	Provider Lead	Under discussion
1.4a	Issue around domestic violence and how violent partners can affect access to the service (protected characteristic of 'sex')	EDS Event	Ensure all staff adhere to domestic violence policy and promote the reporting of incidence / support organisations	Provider Lead	Under discussion
1.4b	Further evidence required to show how feedback about mistakes and mistreatment has been heard and action taken to improve the service delivery – particularly collated for each protected characteristic	EDS Event	Complaints policy and the associated monitoring tools to be revised to ensure the active promotion of NHS Constitution / Patients Charter and on how to complain	Provider Lead	Under discussion
2.1a	Gender reassignment is not routinely	Commissioner	To include a requirement to monitor access	Commissioning	To be

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
	collected so unable to monitor access		across all protected characteristics in the specification for re-tender '	Lead	included within new Service spec when re-tendering.
2.1b	A need to encourage all service users to complete surveys and share their 'personal information' e.g. demographics.	EqIA 2014	To revisit this through the specification to 're-tender' (linked to 1.1a above)	Commissioning Lead	Same as above
2.1c	A perceived need for more focus on prevention via communication & engagement (including social media)	EDS Event	Revisit communications and engagement strategy as part of 're-tender' to ensure clear focus on advancing equality and fostering good relations whilst promoting IAPT – e.g. prevention through positive messaging promoting mental health for key target groups (e.g. with a focus on South Asian populations)	Commissioning Lead	Same as above
2.1d	SMART actions required in terms of promoting the service to under-represented / disadvantaged groups with known high CMI prevalence	EDS Event	Establish a clear communications and engagement strategy within new specification ensuring representatives / groups that support those who share protected characteristics across the range are clearly identified	Commissioning Lead	Same as above
2.2a	Gaps in evidence to show patient control and choice in treatment options	EDS Event	Commissioner to co-produce a system with providers to report on patient feedback across the range of protected groups or collate specific case studies to evidence achievement / excellence in this area	Joint Commissioning and Provider Lead	Under discussion
2.3a	No feedback from any individuals identifying a religion/ belief through PEO	Commissioner	Ascertain why no feedback has been received. Review the PEO.	Commissioning Lead	Under discussion
2.4a	It is possible that the service is excelling in this outcome however there is a lack of evidence to cross 9 protected characteristics	Commissioner	Specification to include a requirement to seek feedback about the service from ex-service users within the year after they stop attending. Feedback to be generated across all protected characteristics to inform service improvement.	Commissioning Lead	To be included within new Service spec when re-tendering

4.2 Child and Adolescent Mental Health Services (CAMHS)

This improvement plan has been developed via a range of sources including through engagement with stakeholders at Merton CCG Equality Delivery System event dated 20th March 2014 where the in –depth discussion group included representatives from:

- Merton Centre for Independent Living
- Ability Housing
- London Borough of Merton – Equalities Officer
- Community Empowerment Network (CEN)

Current good practice already shared via the EDS template is listed in Appendix 1. The following actions, once agreed, will be embedded within service delivery action plans for 2014/15:

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
1.1a	A perceived gap in providers feeding back to commissioners from community engagement activity e.g. 'We heard, we did' type learning cycle within service development, design and implementation	EDS Event	<p>As part of the new CAMHS directorate we will be working with commissioners through a new commissioning forum which will include the CCG and the local authority.</p> <p>This will provide the forum for CAMHS to feedback on all areas of community engagement with regards to service development.</p> <p>The directorate offered consultation opportunity on the transformation process through a consultation document and the feedback received was used in formulating the transformation and transition plan.</p> <p>As part of the ongoing transition plan CAMHS will be involving young people and their parents/carers in service development and improvement.</p>	CAMHS Lead	Scheduled
1.1b	Generally more EDS evidence can be provided to show how services are designed, procured and delivered to meet the needs of high risk groups / those groups who experience known high prevalence / service need	Needs assessment 2010	<p>CAMHS understands the need for greater understanding of the patient journey and how we use this understanding in the designing and implementation of our services.</p> <p>The new CAMHS dashboards will capture and analyse the data through the use of the IAPTus system and this data will be used to identify trends and priorities for service development.</p> <p>The CAMHS transformation will focus the services toward more evidence based treatments where we can monitor clinical outcomes for patients and we will also be more closely monitoring the patient experiences through questionnaires related to care pathways and also through complaints.</p>	CAMHS Lead	Scheduled
1.2a	Understanding of gaps in service provision needs to be improved across all protected characteristics	Needs assessment 2010	<p>Audit can be achieved via IAPTus data base and recommendation of the introduction of a SPA.</p> <p>In 2010 the Joint Strategic Needs Assessment (JNSA) (Reference A) highlighted the unmet emotional and mental health needs of children and young people of Sutton and Merton. It made recommendations in respect of:</p> <ul style="list-style-type: none"> •Better integration of services •A single point of entry •Improved links and communications between services •The availability of timely information about referrals <p>The CAMHS transformation process highlights the need for a single point of access which will support links and case transfer between services and the data obtained will highlight gaps in provision</p>	CAMHS Lead	Scheduled
1.3a	Transitions between CAMHS to non-CAMHS services transitions and between CAMHS service tiers need improvement, however positive feedback received on this from some service users.	Commissioner / EDS Event	<p>This is a work in progress for CAMHS and there is still much to do to achieve this.</p> <p>The above answer provides clarity on how we could manage referrals requiring transfer to other services.</p> <p>CAMHS also needs to be proactive in maintaining relationships and referral pathways with other providers.</p>	CAMHS Lead	Scheduled
1.3b	Parents fed back their desire to	EDS	Through the transition to the new CAMHS model we will be	CAMHS	Scheduled

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
	understand more about the specific treatment /services to which their children are being referred	Event	<p>engaging with parents and young people to support this process.</p> <p>Step 1 will be for them to support us in how we use the outcome measures we collect.</p> <p>Step 2 will be to identify and address difficulties that they have had when accessing dedicated services.</p> <p>Step 3 will be looking at the perception and appeal of the services and single points of access.</p> <p>Step 4 will be to start to investigate the self-referral mechanisms for the services.</p>	Lead	
1.4b	Further evidence required to show how feedback about mistakes, mistreatment, complaints etc has been heard and any action taken to improve the service delivery – particularly collated for each protected characteristic	EDS Event	<p>There is a set complaints process for the Trust which is managed centrally and the Trust website defines this process.</p> <p>The service has leaflets for people who wish to complain and these complaints are investigated centrally and the complainant is fed back to as part of the resolution process.</p> <p>We do need to be more proactive with displaying information on how to complain.</p> <p>As a service we welcome complaints and feedback and use this when formulating service development strategies.</p>	CAMHS Lead	Scheduled
1.4c	A perception that the complaints process is confusing due to the number of organisations involved in delivering the service	EDS Event	<p>As above.</p> <p>Internally we explore all complaints and CYP IAPT outcome measures to identify trends.</p>	CAMHS Lead	Scheduled
2.1b	A need to encourage service users to complete feedback / patient experience surveys and share their' personal information regarding protected characteristics' to inform service improvements	EDS Event	<p>As part of the transformation we will be providing feedback questionnaires to support information gathering.</p> <p>The CYP IAPT outcome measures include questionnaires which will also be used.</p>	CAMHS Lead	Scheduled

4.3 Older Peoples Community Services

This improvement plan has been developed via a range of sources including through engagement with stakeholders at Merton CCG Equality Delivery System event dated 20th March 2014 where the in –depth discussion group included representatives from:

- Merton Seniors Forum
- Age UK Merton
- Home Instead Care Agency

- Resident & Service User
- London Borough of Merton Councillor

Current good practice already shared via the EDS template is listed in Appendix 1. The following actions, once agreed, will be embedded within service delivery action plans for 2014/15:

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
1.1a	Not all services offered transport for housebound and some transport staff have been unable to support the individual to get ready to leave the house (where this support was required)	EDS Event	Expectations around use of transport services to be clarified through clear, consistent messages via the range of providers and community service. Signposting to information about support to be made	SMCS / Vol sector partners / LBM/ Transport providers	Under Discussion
1.2a	There are different issues / barriers to services from east to west of borough with socio-economic reasons being one of the issues	EDS Event	Sutton & Merton Community Services are in the process of rolling out surveys across their services to learn more about experience / barriers to accessing appropriate services (May/June 2014). This will be set out so that analysis across the protected characteristics is possible. Current work on the Mitcham Local Care Centre will also support local interventions	SMCS/ Merton CCG	Scheduled
1.2b	Some barriers continue to be experienced by older people when attempting to access good quality primary care. E.g. Receptionists sometimes being a barrier, delays experienced in getting extended appointments which are often required for older and more complex patients (a feeling of being hurried through the system)	EDS Event	Engage patient participation groups in working with their practices to identify current / emerging issues through both feedback and statistical analysis to improve patient experience where necessary. A named GP for over 75s to be introduced Customer service courses for reception staff	PPE Lead Primary care support team / NHS England 2014/15 July - Sept 2014	Under Discussion Scheduled
1.3a	The maintenance of quality during transitions between services varies depending on patient and professionals knowledge of the system	EDS Event	Embed processes to support users and professionals to utilise and share care plans where possible and appropriate to improve co-ordination of care	Integration partners / BCF	Under Discussion
1.3b	Frail elderly people need support when discharged from services – transition process to ensure friends, family, carers etc are informed to encourage a safe and supportive home environment	EDS Event	Improvements to support frail elderly people when discharged from services to deliver better support at home will be made via the integration work and Better Care Fund project (e.g. increased reablement supported by social services, additional telecare and introduction of key worker role for those at greatest need). Greater analysis of instances where a poor experience within transition to be reported.	Integration partners / Better Care Fund	Under Discussion
1.4	Further evidence required to show how feedback about mistakes, mistreatment, complaints etc has been heard and any action taken to improve dignity for patients in all service delivery – particularly collated across each protected characteristic.	EDS Event	All Trusts produce monthly and annual complaints reports. However further work is required to collate these by protected characteristic. CQC inspections also review this. NHS England survey practices regarding complaints received, however GP response is not a mandatory requirement. Analysis of local feedback – across protected characteristics - to be presented at quality committee	SMCS Quality Committee / PPI Lead & Patient Representatives / NHS England	Under Discussion
1.5a	A need for further breakdown of data	EDS	Providers and commissioners to analyse service	SMCS /MCCG/	Under

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
	including more detailed breakdown into age bands from 65+ to give richer analysis in terms of access to services as well as being able to analyse community data by other protected characteristics	Event	access across a wider range of age bands 65-69, 70-74, 75-79 etc. and request data broken down by protected characteristics where possible.	/LBM	Discussion
1.5b	Health promotion efforts to stem from stronger partnerships with voluntary & community sector in the borough, and leisure organisations	EDS Event	Take action to build stronger and broader links with CVS & leisure organisations in terms of health promotion for over 65s. This will also be picked up through integration work and via the relationship with practice managers and practice nurse forums, with Age UK Merton, to promote available services to older patients	/ Public Health / Integration partners	Under Discussion/Scheduled
2.1a	Some concern about district nursing staff not allowing choice of location of treatment for patients e.g. an example shared where patient described themselves as housebound but district nurse did not agree so appointments were made located at practice	EDS Event	Contracts which were amended in 2013/14 with SMCS have a clearer definition of what is meant by housebound. Revisit of appeals process to be made to ensure access is available. Clear communication to be given to patients regarding which services can best meet their needs.	SMCS	Scheduled
2.1b	There is a need for flexible, sometimes short respite periods for carers so they can attend to their own health and wellbeing needs	EDS Event	Revisit the joint Carer's strategy and communicate key messages targeted towards carers regarding access to respite and to ensure adequate funding is in place	CCG/LBM/voluntary sector	Under Discussion
2.2	The involvement of carers in the health needs/treatments of older people varies from patient to patient. Clinicians may struggle to know when to involve carer or not	EDS Event	Devise a mechanism for clinician's to ascertain the level of carer involvement in patient's life to ensure support is in place whilst confidentiality is adhered to as well. Encourage and support clinicians and health and social care staff to have discussions with users and their carers regarding the amount of information they wish to share	SMCS / MDT	Under Discussion
2.3	Frail older people may need more support in navigating their local NHS system overall	EDS event	Key worker role being developed as part of integrated localities which will include an 'advocacy and guidance support'	Annette Bunka, Jenny Rees and Debbie Lindon-Taylor as part of Integrated Localities	Scheduled
2.4	Some older people have raised their fears of complaining about GP services – which might be a cause of under reporting	EDS event	Learning from complaints and patient views are part of CQC inspections. Complaints about GPs can be made to NHS England directly if they cannot be dealt with internally. Healthwatch and Patient Participation Groups to support older people to complain / give feedback to GP practices with confidence and in-confidence.	Clare Lowrie Kanaka (PPE Lead) / NHS England	Under Discussion