

## **Public Sector Equality Duty Annual Report**

**Authored by: Yasmin Mahmood, Senior Equality and Diversity**

**Associate, NHS South East Commissioning Support Unit**

**31 January 2016**

This annual report documents the steps taken by NHS Merton Clinical Commissioning Group to meet its Public Sector Equality Duty in 2015.

(Version 2)



**right care  
right place  
right time  
right outcome**

## Foreword

We are delighted to present this report highlighting our progress on equality and diversity in 2015.

This year has been one of significant change for the organisation and we have been keen to ensure that we understand and implement the statutory requirements we are responsible for as a public body, an employer and commissioner of services.

This report brings together information, evidence and recommendations which demonstrate how NHS Merton Clinical Commissioning Group (CCG) is meeting its statutory duties under the Equality Act 2010.

We have tried to show what steps we have taken to improve performance in this area. We are committed to build on successes and address gaps, in recognition that:

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

The contents of this report describe how key business functions have taken account of equalities, evidenced by relevant documentation and supporting information where required.

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

**Dr Andrew Murray**  
Chairman

**Adam Doyle**  
Chief Officer



## Contents

Foreword	2
Legislative context	4
About Merton	5
Organisational context	6
CCG Governance	8
Commissioning	9
Quality Innovation Productivity and Prevention programme	11
Partnerships	12
Consultation and Engagement	14
Public Health	19
PALS and Complaints Service	22
Interpreting service	23
Serious Incidents	25
Safeguarding	25
Tender, contracts and performance monitoring	27
Equality and Diversity Progress	28
Workforce Information	30
Summary	32
Appendix 1: List of documents	34

This report has been produced by NHS Merton Clinical Commissioning Group. If you would like more details on the contents or a summary version in an alternative format, please contact:

Lynn Street  
Director of Quality  
120 The Broadway, 5<sup>th</sup> Floor, London SW19 1RH  
**Tel:** 020 8254 8165 **Email:** [lynn.street@mertonccg.nhs.uk](mailto:lynn.street@mertonccg.nhs.uk)  
**or**

Yasmin Mahmood  
Senior Associate, Equality and Diversity  
NHS South East Commissioning Support Unit  
[yasminmahmood@nhs.net](mailto:yasminmahmood@nhs.net)



## 1. Introduction

### 1.1 Legislative context

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

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

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity, and
- foster good relations between people who share a protected characteristic and those do not.

1.2 There are nine 'protected characteristics' covered by the Equality Act: age, disability, ethnicity and national origin, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion, faith or belief, sex and sexual orientation.

1.3 **The specific duties** require public bodies, such as Merton CCG, to publish relevant and proportionate information to show how they are meeting the general duty by 31 January each year and set specific measurable equality objectives by 6 April every four years, starting in 2012. The general and specific duties together comprise the CCG's **Public Sector Equality Duty**.

### 1.4 Other statutory duties:

In addition to the Equality Act, Merton CCG's also has statutory duties under the Health and Social Care Act 2012, which include the need to:

- ensure clinicians are in charge of shaping services and patients have choice in identifying services best suited to their needs,
- promote stronger patient voice, through the local HealthWatch and other patient and public involvement forums,
- promote integration of healthcare services through joint-working between local authorities and CCGs,
- reduce health inequalities through evidence based decision-making by a Joint Health and Well-Being Board, publishing the Joint Strategic Needs Assessment and Health and Well-Being Strategy, and
- improve health outcomes for all by minimising barriers to accessing health services and ensuring all are able to benefit from the NHS.

1.5 This report outlines the steps taken by Merton CCG since January 2015 to meet its public sector equality duty (PSED) and focuses on:

- The CCG's vision and strategy and commissioning intentions, which highlights its key priorities based on changing needs of the local population.



This includes the range of equality analyses undertaken during the year and targeted review of services using the Equality Delivery System.

- Consultation and engagement – by highlighting the range of partnerships and engagement activities it has been involved in to ensure involvement of staff, patients and the public in the design and delivery of services.
- Governance and decision-making processes within the CCG to ensure it is publicly accountable.
- Steps taken by the CCG to be an employer of choice.

## 1.6 About Merton

Merton has a population of approximately 203,200 (2014) people, which is expected to rise by between 3,500 and 13,200 by 2020. Key features of Merton's population:

- Approximately 50.6% of the population is female.
- 49% of the population lives in family households with dependent children, while 29% lives in single occupant households.
- The proportion of working age population is likely to decrease from 68% (2014) to 66% by 2020, with a rise in 0-15 year olds and 50+ year olds.
- Health outcomes in Merton are better than the London and national average, evident in lower premature mortality rates and longer life expectancy at birth.
- Wards in East Merton are found to experience greater deprivation and poorer health outcomes compared to West Merton – evident in higher rates of premature deaths.
- East Merton is overall younger, poorer and ethnically more diverse, with lower levels of education and training compared to West Merton.
- 37% of Merton's population belongs to Black, Asian or minority ethnic (BAME) communities (2014), a figure expected to rise to 40% in 2020.
- Poland, Sri Lanka, South Africa, India and Pakistan are among the top 10 countries of birth in Merton.
- 40% speak a first language other than English – and about 121 languages are spoken in Merton schools.
- 56% of Merton's population identified itself as being Christian, followed by 21% who identified with no religion, 8.1% as Muslim, 6.1% as Hindu, 0.9% as Buddhist and 0.4% with other religions.
- 



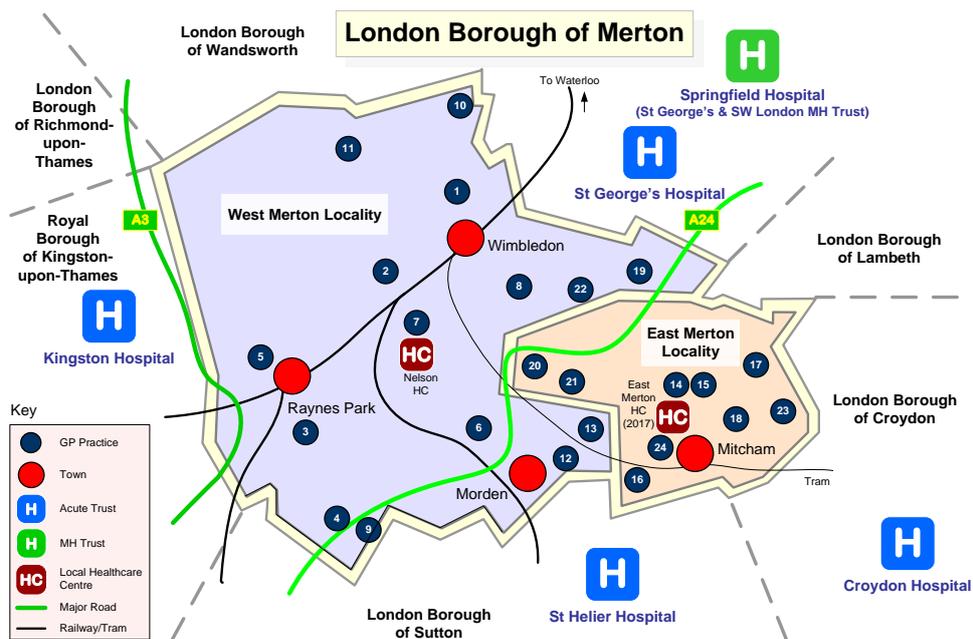
- Of the population aged 16+ years, 2.5% or 4,100 people are estimated to be lesbian, gay or bisexual
- 
- Of the transgender population survey respondents, 80% were trans women and 20% trans men.
- 4.8% of men and 5.7% of women have disabilities or health problems that limit day-to-day activities a lot.

(Source: Merton Joint Strategic Needs Assessment (JSNA), 2013-14, GLA Population Projections 2012 Round SHLAA ward projection creator, Census 2011, Merton School Census 2012.)

## 2. Organisational context

- 2.1 NHS Merton Clinical Commissioning Group is formed of 24 GP practices administered through two localities - East Merton and West Merton. The new two-locality structure for Merton's GP practices, which replaces its earlier three localities, is illustrated in the map below.

Merton Borough: Two-locality Structure



### 2.2 Vision and Strategy:

- 2.3. Authorised since April 2013 to plan and fund NHS services for London Borough of Merton, Merton CCG has evolved considerably in its commissioning role. With a new Clinical Chair and Chief Officer since mid-2015, the CCG has reviewed its models of care, operating plan and governance arrangements to develop a 'Whole Merton' vision and strategy in partnership with local practices, partners and providers. Simultaneously, it is also developing an organisational development plan to ensure staff have



the right skills, capability and competence to deliver its vision and strategy. The 'Whole Merton' vision and strategy sets the strategic direction for the CCG for the CCG's 2-year operating plan for 2016-18 which will be published after the national guidance is issued by December 2015.

- 2.4 For the first time in 2015/16, the CCG agreed two sets of commissioning intentions – one covering the collaborative work required across South West London (SWL) as part of the five year strategy for the sector and the other - setting out work required to be done locally to meet the needs of the borough's population, contributing to the SWL work. The two commissioning plans help provide a framework for all services delivered locally and regionally.
- 2.5 The focus of Merton CCG's commissioning is on 8 key delivery areas from a range of providers in acute hospital care, community healthcare and mental health:
- 1) Older and vulnerable adults
  - 2) Mental health
  - 3) Children and maternity services
  - 4) Keeping healthy and well
  - 5) Early detection and management
  - 6) Urgent care
  - 7) Medicines optimisation
  - 8) Transforming primary care
- 2.6 Primary care services, which were formerly commissioned by NHS England, are now being co-commissioned by Merton CCG, with a likelihood of it taking on fully delegated commissioning in the future.
- 2.7 In commissioning these services, Merton CCG works closely with a range of partners across the health and social care system, including the London Borough of Merton and the voluntary sector.

### Equality and Diversity:

- 2.8 Merton CCG has steadily developed its equality and diversity work programme since its authorisation in 2013. Its Equality Objectives were published in 2013 and it has benchmarked its progress in achieving them through the Equality Delivery System for the second consecutive year in 2015. Results of the EDS engagement and assessment process for 2015-16 can be found in in Appendix 1(b).
- 2.8 The CCG purchases a range of services (including equality and diversity advice and support) from NHS South East Commissioning Support Unit (SECSU) to meet its statutory responsibilities under the Equality Act 2010.
- 2.9 NHS England provides strategic policy guidance and performance monitoring through its national Equality and Health Inequalities team and the Public Health Team at the London Borough of Merton provides data sets, information and analyses on the changing health needs of the local population.
- 2.10 This report focuses on progress between January and December 2015 and will cover the following core business areas:



1. Commissioning and Quality Innovation Productivity and Prevention (QIPP)
2. Partnerships and Public Health
3. Consultation and Engagement
4. Complaints and Patient Advice and Liaison Service (PALS)
5. Serious Incidents
6. Safeguarding
7. Contracts, Tenders and Performance Monitoring
8. Workforce
9. Equality Act compliance in 2015/16

### 3. CCG Governance

- 3.1 Merton CCG's Governing Body members have a collective responsibility to ensure compliance with the public sector equality duty to achieve successful outcomes as an employer and commissioner of healthcare services.
- 3.2 The Governing Body provides strategic leadership to equality and diversity by:
  - Agreeing the organisation's equality objectives and improvement plans.
  - Ensuring that equality is a key consideration in Governing Body decisions.
  - Leading by example by actively championing equality and diversity, supporting the CCG's Equality and Diversity Steering Group and attending forums with patients, carers and voluntary and community groups.
- 3.3 The independent nurse member on the Governing Body champions equality and diversity at board level and represents it at the Equality and Diversity Steering Group and Clinical Quality Committee.
- 3.4 The Governing Body includes a Patient and Public Involvement Lay Member with extensive knowledge and experience of engagement. The link between engagement and equalities has helped us strengthen the CCG's user focus.
- 3.5 The Chief Officer is responsible for ensuring that necessary resources are available to progress the equality and diversity work programme and ensure it is embedded in the CCG's day-to-day practices in a consistent and planned manner.
- 3.6 The Director of Quality is the executive lead for equality and diversity and provides assurance reports to the Governing Body, Executive Management Team and the Clinical Quality Committee.
- 3.7 The Director of Public Health, who represents London Borough of Merton on the Governing Body, helps to ensure that concerns relating to health and wellbeing are shared between the CCG and local authority. The two organisations work together with other partners on the Health and Well



Being Board to produce the Health and Well-being Strategy and the Joint Strategic Needs Assessment (JSNA).

3.8 Middle managers and line managers are responsible for:

- Setting objectives and targets around equality and diversity, by ensuring for example, the EDS2 Improvement Plans are embedded in commissioning plans and through the contract monitoring framework.
- Ensuring that all employees have access to relevant and appropriate training and development opportunities and other enablers, such as flexible working.
- Highlighting training needs identified either through performance development reviews or feedback from the staff survey and EDS2 workshops.
- Supporting staff to work in culturally competent ways in a work environment free from discrimination, by setting standards of good practice, responding quickly to concerns and sharing knowledge and resources.

## 4. Commissioning

### 4.1 Commissioning intentions

4.1.1 For the first time in 2015/16, the CCG has agreed two sets of commissioning intentions – one covering the collaborative work required across South West London (SWL) as part of the five year strategy for the sector and the other - setting out work required to be done locally to meet the needs of the borough's population which would contribute to the SWL work.

The two commissioning plans help provide a framework for all services delivered locally and regionally.

4.1.2 The focus of Merton CCG's commissioning is on 8 key delivery areas from a range of providers in acute hospital care, community healthcare and mental health:

1. Older and vulnerable adults
2. Mental health
3. Children and maternity services
4. Keeping healthy and well
5. Early detection and management
6. Urgent care
7. Medicines optimisation
8. Transforming primary care

4.1.3 Primary care services, which were formerly commissioned by NHS England, are now being co-commissioned by Merton CCG, with a likelihood of it taking on fully delegated commissioning in the future.



4.1.4 In commissioning these services, Merton CCG works closely with a range of partners across the health and social care system, including the London Borough of Merton and the voluntary sector.

4.1.5 The key providers for its hospital services are the following trusts:

- St George's University Hospital NHS Foundation Trust
- Epsom and St Helier University Hospital NHS Trust
- Kingston Hospital NHS Foundation Trust

As the main hospital sites for these trusts are within other CCG geographic areas, Merton CCG is an associate commissioner in all these contracts – requiring it to work in partnership with each lead CCG to ensure services are co-designed to meet the needs of its population.

Mental Health services are provided mainly by South West London and St George's Mental Health Trust, with Kingston CCG being the lead commissioner for this contract.

Until March 2016, Merton CCG is the co-ordinating commissioner for the community services contracts with Royal Marsden NHS Foundation Trust, who host Sutton and Merton Community Services (SMCS). From April 2016, Central London Community Healthcare will provide a range of adult and children's community services and Connect Physical Health will deliver musculoskeletal (MSK) and outpatient physiotherapy services in Merton over the next three years.

4.1.5 Strategic programmes for 2016/17

The key strategic programmes for 2016/17 have been identified below. Plans for them will be refined after operational planning guidance is published by NHS England.

Strategic programmes:

(a) Community Services

Integration of care and pathways with other providers across the whole system, including primary care, acute, mental health and social care will be the focus for the new community services and combined MSK and outpatient physiotherapy services.

For community services, the new provider will focus on embedding prevention through advice and signposting on lifestyle issues with an aim to reduce non-elective admissions.

For MSK and Outpatient physiotherapy services contract, the CCG will consolidate GP referrals to Outpatient physiotherapy services into one provider and introduce a single referral route for trauma and orthopaedic referrals into secondary care. The aim is to introduce clearer pathways, and greater information and support for patients.



(b) Integration and Better Care Fund

In 2016/17 the priorities for the Better Care Fund (BCF) will continue to focus on key areas like: reducing emergency admissions, reducing length of stay, reducing permanent admissions to care homes, reducing delayed discharges of care and improving user and carer experience.

To facilitate improved communication integration between providers, the following will be adopted: development of a multi-agency information sharing protocol to facilitate provider and commissioner views on the whole person service delivery; IT projects to support information sharing and joined-up commissioning between health and social care and improved relationship between mental and physical healthcare provision evidenced by providers and commissioners.

(c) Better Care Closer to Home

The two key projects under this programme include:

- (i) Nelson Health Centre: Operational in 2015/16, in 2015/16, work will be underway to involve service users, providers and GPs to consider ways to make services more accessible outside hospital settings, ensure early intervention and reduce the number of patients needing specialist care.
- (ii) East Merton Model of Care and Mitcham development

This project is targeted at reducing health inequalities in East Merton. The second half of 2015/16 was aimed at developing a new model of care, integrating health, social care, local authority and community care to tackle health deprivation in East Merton. In 2016/17, decisions will be made around which services to commission and how they will be delivered by the new Model of Care. Aligned to this will be the development of a new health facility, which will be based in Mitcham and act as a health hub for the integrated Model of Care, which will be operational towards the end of 2019.

(2) Primary Care Transformation

This includes new models for primary care through the development of GP Federations and Multispeciality Community Providers (MCPs) aimed at sustaining primary care; reviewing primary care access for routine and urgent care and supporting GP Referrals through the implementation a software package that includes valuable information for GPs such as a directory of local services within and outside acute settings.

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

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



To support the delivery of Merton CCGs QIPP programme and provide an overview of the potential impact of any service changes on diverse groups, equality analysis has been included in the QIPP framework.

All QIPP schemes now complete an equality analysis as part of the process – and its completion is monitored by the QIPP Programme Manager. QIPP schemes completed since January 2015 include:

- Mental Health Placements
- Acute challenges
- Running Costs
- Mental Health demographic growth
- Repeat prescribing

## 5. Partnerships

- 5.1 Merton CCG works in partnership with Merton Council to focus on preventing illness and helping people stay independent in older age or with a disability.
- 5.2 The CCG also works in partnership with HealthWatch Merton to ensure local residents are fully engaged in our work and are able to feed back their views. They advise the CCG on preparation of materials, accessing new audiences and work with us on key engagement events.
- 5.3 Health and social care organisations the CCG works with also include:
- Member GP practices
  - Sutton & Merton Community Services (part of the Royal Marsden NHS Foundation Trust)
  - Acute hospitals including St George's Healthcare NHS Foundation Trust, Epsom and St Helier University Hospital NHS Trust and Kingston Hospital NHS Foundation Trust and a number of specialist hospitals in London and elsewhere, including The Royal Marsden NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust
  - South West London and St George's NHS Trust for mental health services
  - A range of independent and voluntary sector providers, such as residential and nursing homes, St. Raphael's and Trinity Hospices,
  - Health service professionals such as pharmacists, optometrists dentists, nurses, therapists and other health professionals via clinical networks
  - South West London Collaborative Commissioning Initiative
  - NHS England London and national bodies including the Care Quality Commission
  - Local councillors, including those on the Health and Wellbeing Board and Health Overview Panel
  - Local voluntary and community groups with a health and social care focus



- 5.4 Merton CCG also works closely with partner CCGs. The six south west London CCGs (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth) and NHS England are working together in a strategic

commissioning partnership – South West London Collaborative Commissioning - to address the challenges faced by the local NHS. A five-year strategy for local health has been published.

- 5.5 The six CCGs in south west London and NHS England are committed to ensuring patient and public engagement is embedded into their collaborative commissioning work. South West London Collaborative Commissioning has worked to complement existing engagement activities within each of the individual CCGs in the area, to avoid duplication and maximise opportunities.
- 5.6 Public engagement on the case for change in health services in south west London has, historically, been extensive, including the other change programmes such as 'Better Services, Better Value'. During 2014, the Consultation Institute and another expert body, Public Involvement, advised the programme that given the previous three years of in-depth engagement with local people, a further period of extensive engagement may frustrate residents and stakeholders. They instead advised the programme to test all feedback to date in a SWL-stakeholder event.
- 5.7 In May 2014 the programme tested all feedback to date in a SWL-stakeholder event <http://www.swlccgs.nhs.uk/documents/listening-and-learning-engagement-report-june-2014/>
- 5.8 A number of consistent themes were discussed, for example workforce, integration of services, patient education and information about accessing services and working more closely with the voluntary sector.
- 5.9 In April and May 2014, a total of 20 focus groups were carried out to extend reach into local communities and further test the feedback gleaned to date. Each group began the session looking at the overall patient feedback for South West London. It was strongly felt that we had heard the population correctly, with 17 out of 20 groups agreeing that we had heard the patients' voice. No group disagreed with our findings. In addition, the results of the focus groups were broadly in line with the outcome of the stakeholder event (noted above).

#### **5.10 South West London Collaborative Commissioning - Patient and Public Steering Group (PPESG)**

- 5.10.1 To ensure that there is effective lay involvement and public and patient engagement in the SWL Collaborative Commissioning programme, in April 2014 a steering group of patient and public lay representatives from each of the six CCGs, the six local Healthwatch organisations and the voluntary sector within each of the six CCG areas was set up and meets every six weeks.
- 5.10.2 The six CCG patient and public lay representatives elected Sally Brearley as the Chair for the group and Clare Gummett, (Merton Governing Body Lay Member), and Carol Varlaam, from Wandsworth as Vice-Chairs. The Chair represents the group on the Strategic Commissioning Board and the SWL Forum, with the Vice-Chair acting as a substitute as required. The group has been formed to:

- Oversee public and patient engagement on the SWL Collaborative



Commissioning programme, acting as a key strategic adviser to the Strategic Commissioning Board and the communications and engagement team on these matters.

- Provide two-way communication between the programme and key community/public stakeholders ensuring all parties are kept up-to-date with key information/developments.
- Provide a representative to sit on relevant governance structures – Strategic Commissioning Board and SWL Forum.
- During 2014 and early 2015, information disseminated information about the case for change via Patient and Public Engagement Steering Group networks and social media and continued to update key stakeholders such as local MPs on developments with the programme. The programme worked with providers and Health and Wellbeing Boards to consider the next steps.
- Advise on the targeted engagement activities to support wider engagement with a) diverse community groups and b) engagement priorities of work streams.

#### **5.11 Direct engagement of patients and the public in SWLCC Clinical Design Groups**

5.11.1 In addition to supporting the Patient and Public Engagement Steering Group, the programme also supports direct patient involvement in the strategy by inviting patient representatives to sit on each of the Clinical Design Groups. These patient representatives are recruited through local CCGs, Healthwatch organisations and the voluntary and Community Sector.

5.11.2 Their role is to provide an objective patient voice in meetings – acting as a critical friend. The programme provides support to them through one to one meetings, training sessions and payment of out of pocket expenses. The programme is currently reviewing the numbers of patient representatives and their spread across the boroughs. A refreshed recruitment programme will run in autumn 2015.

## **6. Consultation and Engagement**

Engagement activity in 2014/15 focussed around two set piece public engagement events - '*Engage Merton*' and '*at the health hub*' – and a range of focussed engagement activity on specific groups and commissioning priorities. Engagement utilised a variety of channels and encompassed a wide variety of groups and organisations from across Merton. Activities include:

### **i) 'At the health hub'**

Objective: To provide local residents with an opportunity to comment on any aspect of their healthcare experience.



Activity: 24 health-related stands in the 'health marquee' at the local Mitcham carnival in the East of the Borough.

Audience: All Merton residents. The carnival attracts all ages and a wide variety of groups many of whom our standard engagement might not always reach.

Outcome: The marquee attracted one thousand visitors to the marquee and all the stands achieved a good level of interest. IAPT services in particular were an area of concern for many. The feedback regarding availability of services was fed into the commissioning team as part of their work on provision of new talking therapies.

## ii) Engage Merton

Objective: Views on community service provision for 2016 and beyond, and a new health facility for Mitcham.

Activity: Engage Merton - On 16 October 2014, Merton Clinical Commissioning Group (CCG) our annual engagement event, Mitcham Football Club.

Audience: patients, members of the public, service users, carers, clinicians and other stakeholders. Stakeholders were invited to attend and members of the public registered to attend the structured event in the afternoon and a 'market place' was held during the evening where members of the public could drop in.

Outcome: A total of 69 individuals took part in the event and the market place. Individuals from within Merton CCG and the Commissioning Support Unit supported the event. There was representation from:

- Black, Asian and minority ethnic groups and organisations
- Carers groups and organisations
- Children, young people and families groups and organisations
- Community and voluntary groups and organisations
- Disability groups and organisations
- Faith groups and organisations
- Hospital and Community Trusts
- Merton council representatives
- Mental Health groups and organisations
- Older people groups and organisations
- Patients and the public
- Tenants and Residents groups

At the event carers said they wanted to be more involved in the CCG's strategy development. As a result carers and young carer's views are now actively sought as we design and shape our services. The Operating Plan now makes specific reference to our work with this group to ensure they are fully consulted at all stages. Alongside families and young people, the CCG has worked with Carers Support Merton to draw up plans to provide improved support to young carers.



Attendees at the event also said more consultation work with families was important to them. As a result we spoke to families in receipt of NHS continuing care and the CAMH service to ask their views on service improvements. This work was done in partnership with Merton council and HealthWatch.

The CCG also commissioned a review by the Royal College of Paediatrics and Child Health in December 2014 on how best to improve the health outcomes for families and children in Merton with complex health needs. A number of recommendations were made and from these the CCG has developed an action plan with clear timescales which will be progressed during 2015/16. A review of the process for children's NHS continuing care has begun and will continue into 2015, to improve the response to children and families with complex health conditions.

At Engage Merton concern was expressed by some attendees that when planning and reviewing services; we did not look at physical and mental health together. To ensure we do take a holistic 'whole person' view we updated our operating plan to include this as a specific requirement.

**iii) Engagement around services for children and young people**

Objective: To improve co-ordination of service and boost positive experience by users

Activity: Meetings, workshops, one to one discussions. Merton worked in partnership with the local authority who lead on the Merton Health and Wellbeing strategy and also consulted and worked closely with council workers who deal with children

Audience: service users, carers, clinicians, local authority and safeguarding representatives and other stakeholders. HealthWatch supported the CCG to recruit young people and their parents and carers. This was led by commissioning managers for these services, supported by the Communications and Engagement Team.

Outcome: As a result the priorities focussed on in 2014/15 directly linked to the Merton Health and Wellbeing Strategy priority of giving every child a healthy start.

A review was conducted into the way that children and young people received health support. The services for children and young people that are jointly provided with LB of Merton were mapped to ensure it was easier to identify services and better integrate commissioning with Public Health and Children and Families Services. As a result an integrated Education Health and Care Planning team with LB Merton now supports the development of integrated care plans for children with special educational needs and disabilities.

Another outcome was that Merton CCG decided to fund additional consultant time at the specialist children's centre at St Helier Hospital to improve performance in relation to the provision of initial health assessments for Looked After Children.

Other actions taken as a result of working with LB Merton include:



- the integration of children's community health services to ensure that children's health needs are met early.
- the delivery of a joint action plan to address concerns about the needs of children transitioning from one service to another to ensure that a child's life is supported effectively.

The CCG and LB Merton also established a joint working group to improve child and adolescent mental health services (CAMHS) and refresh the Merton CAMHS strategy. The first phase of this work was a needs assessment and service review led by Public Health which began in December 2014.

#### iv) Older People Services

**Objective:** To better tailor and target services and provide more pro-active care, prevent exacerbations of conditions and support an increased number of older patients in the community.

**Activity:** Meetings, workshops, one to one discussions, discussion with Age UK Merton, Alzheimer's Society and other charities, visits to interfaith forums and other special interest groups. The Governing Body lay member with responsibility for patient engagement also undertook a series of visits and meetings seeking to identify priority concerns.

**Audience:** service users, carers, clinicians, local authority representatives and other stakeholders. This was led by commissioning managers for these services, supported by the Communications and Engagement Team.

**Outcome:** A key objective for the CCG has become to maximise independent living, prevent unnecessary admissions to hospital, and reduce the loss of independence and confidence that a hospital stay can bring about. The CCG also sought to ensure that when people do require hospital admission, services will be available to ensure that the stay is no longer than needed, support is available with the transition from hospital back into the community, and where possible premature admission to long term residential care is avoided.

Feedback from our engagement suggested a key area to be addressed was the need for additional support to help improve care in nursing and residential care homes in Merton alongside unnecessary ambulance conveyances and admissions to hospital. To tackle this we expanded the community prevention of admission team (CPAT) and increased the information, training and support available.

A new Community Hub at the Nelson Health Centre was commissioned and includes HARI (Holistic Assessment and Rapid Investigation Service), which provides a multidisciplinary holistic service led by an interface geriatrician, providing both urgent and routine holistic assessments, with on-going rehabilitation where required. The aim of this service is provide a community-based solution to manage appropriately more complex needs in the community.



Another key area of work for the CCG has been around dementia and responding to public requests for greater levels of support in the community and in a clinical setting.

The Dementia Hub was launched in Mitcham with a number of partner agencies including London Borough of Merton and The Alzheimer's Society. It provides a range of linked-up services including follow-up memory clinics. The Hub addresses local concerns around support networks for carers and families of people with dementia.

Three dementia nurses have been recruited to provide additional support to people with dementia and their carers in the community.

Increased training and support has been provided in primary care to help increase dementia diagnosis rates, to ensure that people with dementia are identified, treated and supported as early as possible. In addition CCG staff members have undertaken Dementia Friends training.

As part of the End of Life Care (EOLC) Strategy refresh a variety of groups including Carers Support and Age UK Merton were contacted and spoken with. Training for community staff and carers on a range of aspects of EOLC was felt to be important. This has been delivered, information about bereavement support developed, an update of the booklet "*What to do after a death at home*" has been published and arrangements made to enable home to hospice transportation, with the overall aim of improving support to people at the end of life.

**v) Review of Children's Continuing Healthcare:**

Objective: A review of the process for children's NHS continuing care

Activity: Telephone interviews, one to one meetings, workshop where participants were invited to attend. To support this work the feedback on these services received at other events including 'in the health hub' and 'Engage Merton' was fed in to help shape the direction of the work.

Audience: Healthcare professionals, families with children in receipt of Continuing Healthcare funding.

Outcome: The Operating Plan was updated to reflect feedback that providing more integrated care for children with complex health needs was needed. This was a key concern.

An integrated education, health and care planning team involving the CCG and local authority was agreed and fully operational by the end of April 2015 and its operation reviewed by the end of October 2015. It will deliver joined- up, high quality plans for 200 children with special educational needs and disabilities. Alongside this joint commissioning arrangements with LB Merton will be strengthened, building on the working arrangements put in place in 2014 between LB Merton and CCG managers.

**vi) The Nelson Health Centre**

Objective: Patient focussed development of the new Nelson Health Centre



Activity: The Nelson Community Reference Group worked with Merton CCG regarding the business case for the Nelson Health Centre. Consultation with the public took place throughout the project. This contribution and the experience of the architects made a significant contribution towards producing a building that works for its users and the local residents.

Audience: Nelson Reference Group, the Better Healthcare Closer to Home Group, local residents and key interested parties

Outcome: Following advice from the Nelson Reference Group, the following changes were made:

- The car park design was amended to reduce noise
- An acoustic fence was added to protect neighbouring properties from potential noise
- Staff car parking was placed adjacent to the boundary – this meant fewer vehicle movements per day (the stationary staff vehicles also help provide an additional sound barrier)

In order to improve access to the Nelson Health Centre, the old wall to the front of the building was removed, despite strong local feeling towards retaining it – creating more space on the public footpath by the bus stop, thereby improving the safety of service users and pedestrians. These designs were tested with the Nelson Community Reference Group, who agreed with this proposal. The latest feedback has been extremely positive about this change.

**More information can be found in the in the list of documents in Appendix 1(c).**

## 7. Public Health

Merton CCG works closely with the Public Health Team at the London Borough of Merton to ensure health inequalities are reduced and healthcare needs are met through robust evidence gathering. Key activities it has participated in include:

### 7.1 Joint Strategic Needs Assessment (JSNA):

Through its membership of the HWB, Merton CCG has supported the development of the JSNA. The process is led by the Public Health Directorate of the London Borough of Merton, in partnership with a range of local stakeholders, including the voluntary sector. It covers lifestyle risk factors, physical and mental health, as well as the demographic make up of our residents and the wider environment within which our residents live. The analysis contained in the JSNA underpins the refreshed Health and Wellbeing Strategy 2015-2018, launched in June 2015.

Since January 2015, the Merton JSNA content is available online, fully searchable and more user friendly for commissioners and decision-makers across the council and partners. This enables the JSNA to be updated as and when new data or analysis is available. This approach also means that as and when new Health Needs Assessments (HNAs) or other analysis is undertaken, the summary findings can quickly be added to the online JSNA



web pages, with links to the full reports, so that the intelligence is readily available to support commissioning decisions.

A JSNA Summary will be prepared on an annual basis, of which this is the first, summarising key health headlines, changes and trends under each of the life course themes.

## 7.2 Merton's Community Health Champions

A partnership between London Borough of Merton Public Health, Merton Voluntary Service Council (MVSC), community groups, and the NHS through LiveWell Merton (HRCH), this programme identifies, recruits and trains Community Health Champions from diverse community groups to promote healthy living and take-up of clinical prevention services, such as immunisations and screening.

A total of 23 people who live, work and volunteer in Merton have signed up to be Community Health Champions and encourage others in the community to make healthier lifestyle choices. MVSC worked with a range of BAME organisations including EMC, Focus4One, South Mitcham Community Association, Homestart Merton, African Educational Cultural Health Organisation, St Mark's Family Centre and The Association of Polish Families to ensure engagement of diverse communities.

The Health Champions play a lead role in encouraging people in their local community to participate in activities, and between January 2015 to date, have supported more than 100 local people.

## 7.3 NHS Health Checks

The NHS Health Check programme is a mandatory national programme to reduce the risk of heart attack, stroke, diabetes and kidney disease. It is a free check provided by the NHS and is for people aged 40-74 who are not already diagnosed with these diseases. Public Health London Borough of Merton has commissioned local G.P. practices to deliver the NHS Health Check programme with 23 out of 24 G.P practices participating. For the financial year 2015/16, 1685 people were offered an NHS Health Check during Quarter 1. Of those offered, 995 people have received an NHS Health Check.

A new IT Call/Recall system is being implemented which will target the most vulnerable patients who are eligible for a NHS Health Check first such as those of South Asian ethnic origin and with a family history of heart disease.

## 8. **Merton the Place for a Good Life - Health and Wellbeing Strategy 2015-18**

The new refreshed Merton Health and Wellbeing Strategy 2015-18 was launched at the Mitcham Carnival in June with the vision of: *A fair share of opportunities for health and wellbeing for all Merton residents.*

This means we aim to halt the rise in the gap in life expectancy between areas within Merton by prioritising the most significant influences on health as well as good health.



There are five key priorities which together create a place for a good life in Merton. Each priority sets out a number of outcomes with three-year targets. A detailed delivery plan sets out actions against each outcome, with baselines, one-year targets, lead officer and governance lead. A summary 'Strategy on a Page' is also available.

A consultation event was organised by HealthWatch for the refresh of the Health and Wellbeing Strategy. Health and Wellbeing Board partners have been closely involved in the development of the strategy. The refresh of the HWB strategy 2015-2018 is also based on the Merton Partnership Conference 2013, which focussed on reducing health inequalities and links to the Merton Community Plan.

## 9. Other initiatives

Other initiatives of the Public Health Department to reduce health inequalities include:

- Funding a series of initiatives following the determinants of health across a person's life course. Many of these initiatives focus on East Merton and include healthy schools and community health champions.
- A 2-year pilot befriending scheme to tackle loneliness and isolation in older adults.
- As part of the development of a place-based approach to health improvement, a series of street audits are underway in the Pollards Hill area. These audits engage with residents and aim to build up a picture of the assets available in the community, as well as areas of need. The findings of the street audits are being used in work with local community groups to design a co-produced action plan.
- Commissioning responsibility for the Health Visiting Services, including the Family Nurse Partnership, has changed as of 1<sup>st</sup> October from NHS England to Public Health Departments within local authorities. This , provides more opportunity to ensure that services commissioned meet the needs of the children and families.
- Commissioning of Community Health Services, which includes Health Visiting (including Family Nurse Partnership), School Nursing, Specialist Nursing for Children Looked After, Care Leavers and the Multi-Agency Safeguarding Hub (MASH) and Children's Community Therapy and Specialist Healthcare Support and Co-ordination, has taken place with new service specifications from April 2016 onwards. A period of Mobilisation will be undertaken to successfully implement the new service specifications.
- An Early Years Pathway Manager has been working with staff working with the 0-5 age range, reviewing how services can better aligned and strengthened to support integrated working, especially in pathways between GPs, Midwifery, Health Visiting and Children's Centres and some specialist services. This will ensure families are supported appropriately across the pathways.



- Funding 2 clusters of schools (20 schools in total) in the east of the borough to develop a targeted Healthy Schools programme in Merton. This project also funds practical initiatives supporting the broad spectrum of health. For example, the programme has funded projects such as gardening and food growing, healthy eating, diet and nutrition, promoting healthy weight and physical fitness, building confidence and resilience in young people in the 2 school clusters.
- A review of Children's Centres identified a need to support parents with low-level mental health issues. A programme of training and additional support in Children's Centres has been funded to address this gap e.g. training on Mental Health First Aid training for Children's Centre staff to better identify Mental Health issues in families they work with.
- A number of needs assessments and reviews have been undertaken to support improvements in services and commissioning. They have included Child and Adolescent Mental Health; Looked After Children; Child Sexual Exploitation and Female Genital Mutilation. The recommendations are being pulled into local service planning and strategies in the coming year.
- A pilot programme of food growing and cooking skills in two schools in East Merton that will increase physical activity levels, teach children to cook, involve parents and teachers and introduce a food growing space within the school.
- A Proactive GP Pilot project working within existing resources to embed prevention in GP practices and tackle health inequalities within hard-to-reach at risk communities. The project embeds prevention in GP practices and links those practices to Community Health Champions who screen group members for early diagnosis of long-term conditions in East Merton. The project is delivered through a partnership comprising the London Borough of Merton, Merton CCG, GP practices in East Merton and the voluntary sector health champions.

## 9. Patient Advice and Liaison Service and Complaints

- 9.1 The PALS and Complaints Service deals with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by MCCG. Since October 2013, Equality and Diversity monitoring forms have been sent with acknowledgment letters to complainants. This has been an important source of information in helping us to identify whether certain groups experience problems disproportionately to other groups. MCCG contracts these services through South East Commissioning Support Unit (SECSU).
- 9.2 Equality monitoring is undertaken as part of evaluation of these services, and the information gathered is analysed and collated in Quality reports so trends and themes can be identified and addressed.



9.3 From 1 April 2014 to 31 March 2015, there were a total of 37 complaints and 83 PALS enquiries received on behalf of NHS Merton CCG. Complaints mainly related to the following themes:

- Poor communication between the Continuing Healthcare Care team and families.
- Delays in acknowledging and receiving correspondence.
- Complaints around the CHC Retrospective Claims process. In particular receiving responses from CHC team.

In benchmarking the number of CHC complaints across neighbouring CCGs, the report found that Croydon CCG received 10 complaints and Sutton received 11 complaints for the same period, indicating a consistent picture across these South West London CCGs.

No clear analysis in terms of complaints and protected characteristics was made in the report. Last year's report indicated that responses to equality monitoring forms indicate that complainants, were in general from White British married heterosexuals between the ages of 46-65 who have no disability.

This reflected national studies on complaints which have found that:

- Those aged over 30 are more likely to complain
- Men are more likely to complain than women
- Active complaining is associated with active information seeking behaviour and linked to upscale demographics
- It is usual for over 70% of complaints to be received from those identifying as 'white'

(PPO, 2011; Moyer, 1984; Warwickshire Police, 2013)

9.4 Information on PALS and Complaints is available on the MCCG website [here](http://www.mertonccg.nhs.uk/contact/Pages/PALSandComplaints.aspx).  
(<http://www.mertonccg.nhs.uk/contact/Pages/PALSandComplaints.aspx>)

9.5 Independent advocacy is available to all patients. To make a complaint, patients and carers can access the NHS Complaints Advocacy Service, which offers free and independent service, by either accessing [www.nhscomplaintsadvocacy.org](http://www.nhscomplaintsadvocacy.org) or contacting VoiceAbility for an advocate's support to make a complaint on 0300 330 5454 or [nhscomplaints@voiceability.org](mailto:nhscomplaints@voiceability.org). VoiceAbility also provides Independent Mental Capacity Advocacy (IMCA) for people assessed as lacking capacity and without family or friends who are appropriate to support them.

## 10. Interpreting service

10.1 Merton CCG commissions Central & North West London NHS Foundation Trust (CNWL) to provide interpreting services for people accessing primary care.

10.2 The objective of the service is to ensure that people from ethnic and linguistic minorities will be provided appropriate language support to:



- Facilitate their access to the appropriate health service;
- Ensure they receive the same quality of service as people who speak or read English fluently;
- Enable them to be fully and appropriately involved in discussions and decisions which will affect them.

10.3 The service includes face-to-face interpreting for individual consultations (e.g. GP), including home visits for the elderly, frail or house-bound.

Between April 2014 and April 2015, the usage of the services by language is given in Table 1 below:

**Table 1: Usage by language**

Language	CNWL	big word	language line
Albanian	3		2
Arabic	9	1	1
Bengali	2	1	3
Bulgarian	22	1	12
Cantonese	1		3
French	1		
Gujarati	1		
Hindi			1
Hungarian	1	1	
Italian	2	1	10
Korean	2	3	9
Kurdish (sorani)	1	1	1
Lithuanian		3	
Lugandan		2	
Mandarin	4		10
Polish	66		26
Portuguese	35		4
Punjabi	1		
Pushtu	1	1	1
Romanian	2	7	2
Russian	35		4
Slovak	1		3
Somali	1		11
Spanish	19		10
Tamil	26		2
Turkish	15	2	4
Urdu	5		2
Vietnamese		20	1

(N.B.: The bigword provides written language translations and face-to-face interpreters. Language Line is a telephonic interpreting service.)



## 11. Serious Incidents

11.1 The CCG monitors all serious incidents which affect Merton patients. The South East Commissioning Support Unit provides the CCG with reports on incidents, timeliness and quality of investigation by the providers, also numbers, trends and themes. There are certain trends affecting protected groups as follows:

- The number of pressure ulcers affecting elderly people and other vulnerable groups (eg disabled people) is an important indicator of quality of care and the CCG will be working with its providers across the health system to ensure preventative care is appropriately given.
- There are also a very small number of serious incidents affecting patients with mental health needs. We also monitor any incidents affecting women within the maternity services, and child and adult safeguarding incidents.

## 12. Safeguarding

12.1 Merton CCG fulfils the following safeguarding functions:

- Ensuring that services commissioned by the CCG are designed to safeguard children and vulnerable adults.
- System leadership role for the health contribution to safeguarding – ensuring the local Safeguarding Boards have appropriate health advice and improvement actions.
- Ensuring health agencies are working together productively to support safeguarding practice through locally agreed policies and procedures – we seek assurance from all our providers through a variety of routes.
- Working with partners in an increasingly complex commissioning and regulatory environment, where neighbouring boroughs need to work together and where there is a need for London wide initiatives.

### Children's safeguarding

12.2 Merton CCG, along with partner agencies in Merton, uses the Pan London Child Protection procedures for guidance in all circumstances related to safeguarding children.

12.3 Key areas of attention related to safeguarding children within the CCG include: taking the strategic lead in the health aspects of children in care, transition of vulnerable children to adult services, gathering views of young people and their experiences of using the health services and a review of commissioning of care for children with complex health needs.



- 12.4 The CCG is an active participant on the Merton Safeguarding Children's Board (MSCB) and has developed a dashboard of health indicators for the safeguarding children dashboard in partnership with its providers. In 2015, a health navigator, managed and supervised by Sutton and Merton Community Services (SMCS) represents the health sector in the multi-agency safeguarding hub (MASH) to provide relevant information to MASH for processing of referrals received. The health navigator is involved in section 47 strategy discussions with social care and police to make decisions related to child protection. The community services Named Nurse monitors impact of increased referrals and ensures processes within MASH are streamlined and benchmarks local information with London-wide and national trends.
- 12.5 Key service areas likely to have a significant impact on safeguarding children have also been identified, which include: frontline services, Accident and Emergency, Family Planning Services and Walk-In Centres. Groups of children found vulnerable to safeguarding risks include: disabled children, looked after children, children without GPs, children frequently missing health appointments, self-harming, privately fostered children. Socio-economic characteristics that can lead to problems, include: gang activity, children sexually exploited, neglect or girls at risk of female genital mutilation. Other risk factors include: domestic abuse, parental mental health and parental substance abuse. MCCG and the key health provider organisations are working in partnership with MSCB through a number of approaches to tackle these complex problems by undertaking multiagency case audits and including some of these risk indicators into datasets.
- 12.6 In 2015, a review of the Child and Adolescent Mental Health Service (CAMHS) recommended, among other actions, the need to engage with children and young people from different backgrounds on the design and delivery of the CAMHS strategy (particularly at Tier 2 level in schools), flexibility around appointments, greater use of digital media and the need to integrate the health, social care and education services. The Designated Nurse has held consultations with social workers to get views of young people around the quality of their health care and plans are underway to involve young people in the recruitment of key posts.

### Adult safeguarding

- 12.7 Merton CCG is a member of the Merton Safeguarding Adults Board set up in March 2014. The board issues guidance related to safeguarding adults with reference to: the Care Act, serious case reviews, providers' assurance, Deprivation of Liberty Safeguards and the Prevent work stream, which is being jointly managed with NHS England and Metropolitan Police. Safeguarding reviews now will include local authorities, the Metropolitan Police and London Ambulance Service.



- 12.8 Merton CCG has continued to work closely with the London Borough of Merton and the Care Quality Commission in 2015 around safeguarding adults. The Chief Officer, Locality Lead for East Merton and Director for Commissioning and Planning are members of the Merton Health and Well-Being Board with a key role in ensuring services are joined up across health and social care in the borough.
- 12.9 Priorities for 2015/16 include working with commissioning teams to ensure safeguarding is embedded into all contracting and procurement processes. Plans are also underway to develop further training on the Mental Capacity Act and the Prevent agenda to raise awareness within the CCG as part of the Safeguarding Adults programme.

The CCG continues to work in partnership with London Borough of Merton to collate statistics around safeguarding activity as part of the Adult Social Care performance Framework and provides quarterly updates to the Clinical Quality Committee.

### **13. Tenders, contracts and performance monitoring**

- 13.1 Ensuring the contracts and tendering process includes specific requirements around equalities provides assurance that commissioners and providers are taking account of their responsibilities. It also enables the organisation to understand how different communities access services and establish mechanisms to address any inequalities.
- 13.2 In order to ensure that our providers have met their responsibilities under the Equality Act, we request that an Equality Analysis is undertaken as part of any service change.
- 13.3 Merton CCG Equality Analysis guidance states all new contracts and service specifications require equality analysis. During 2015, Merton CCG completed the re-procurement process for its Community Services Contract. A full and complete Equality Analysis was undertaken (see case study) and tender submissions for the Pre-Qualifications Questionnaires were evaluated for equality and engagement.
- 13.4 The NHS Standard Conditions of Contract now in use at Merton CCG includes the requirement for providers holding contracts over £200,000 to implement the Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS), in addition to the existing requirements, which include: publishing the annual Public Sector Equality Duty Report and outcomes of the EDS and undertaking an audit of reasonable adjustments.



#### **Case Study:**

#### **Equality analysis on the procurement of Merton Children and Adult Community Health Services and MSK and Outpatient Physiotherapy.**

Merton CCG and London Borough of Merton decided as part of this procurement process, not to decommission any services and, as a minimum, retain the current service levels. In response to changing demographics and increase in demand and complexity of need, the CCG committed to increasing investment in community services to improve quality and access of the service and improve outcomes for the local population..

The equality analysis was continually updated throughout the procurement period from May 2015 till September 2015. The contract was awarded in October 2015 and services will commence in April 2016.

As part of the EA, a wide range of organisations and individuals were consulted, including people representing different protected groups, carers, looked after children and people on low income.

Key actions resulting from the analysis were: including equality and diversity as part of the tender Core Specification, including requirements that the provider will have to comply with, such as, ensuring accessibility, taking into account all protected characteristics in service delivery and involving people from different groups in the design and delivery of the service.

Potential providers were expected to demonstrate how they would meet their equality and diversity duties as part of the Pre-Qualification Questionnaire (PQQ) and the Invitation to Tender Documentation (ITT). PQQ evaluations scored bidders on equality and diversity and the NHS Standard Conditions of Contract to the successful bidder stated the need to implement the EDS, the WRES, publish the Public Sector Equality Duty Report and identify through performance meetings how services were being monitored and data gathered around the nine protected characteristics.

## **14. Equality and diversity progress**

**14.1 Equality and Diversity Group:** Merton CCG established an Equality and Diversity Steering Group (EDG) in 2013 to oversee CCG's the equality and diversity work programme. The group meets quarterly has been actively involved in implementing the following: the Equality Delivery System and the Workforce Race Equality Standard, developing a training module for the Governing Body and reviewing key equality analyses, such as the equality analysis for the Community Service Reprourement.

14.2 The group is chaired by the Director of Quality, who is the executive lead on equality and diversity, and includes representatives from the Governing Body, the Public Health and Commissioning teams. From 2016, it will include a GP representative as well. The EDG provides quarterly updates to the Quality Committee and has recently reviewed its Terms of Reference and work plan. The revised Terms of Reference for the group can be found in Appendix 1(e).



14.3 The main objectives of the EDG are to: cascade information on legislation, regulatory frameworks and benchmarking standards, promote best practice; monitor progress of the equality and diversity work plan and ensure improvement plans are being implemented.

**14.4 Equality Objectives:** Merton CCG published its equality objectives for four years in 2013. The equality objectives mapped against the Equality Delivery System goals are included in Table 2.

Table 2: Equality Objectives for Merton CCG mapped to EDS goals

Equality Objectives 2013-2017	Linked to EDS Goal
1. Build, use and share data collection and evidence base	1 Better Health Outcomes for all
2. Develop and deliver Communications and Engagement strategies so they are inclusive and actively responding to needs of diverse community	2 Improved patient access and experience
3. Patient and public involvement in decommissioning, commissioning, design & procurement of services	2 Improved patient access and experience
4. Develop and review Equality KPIs to measure improvement in health outcomes	1 Better Health Outcomes for all
5. Training and conducting Equality Analysis (EA)	1, 2 and 3 - An empowered, engaged and well supported workforce
6. Training needs identified for Board, CCG and Commissioning Support Unit (CSU) staff	3 and 4 – Inclusive leadership at all levels
7. Identify baseline of disaggregated staff views and demonstrate improvement on current workforce issues (including, health and wellbeing, bullying and harassment)	3 An empowered, engaged and well supported workforce
8. Identify and deliver training to embed equalities for Governing Body and CCG staff	4 Inclusive leadership at all levels

#### 14.9 Equality Delivery System (EDS)

In 2015, Merton CCG completed its benchmarking against the Equality Delivery System for the second consecutive year. Following consultations with service users, providers, voluntary and community sector, staff and leadership teams between August and December 2015, Merton CCG was assessed overall as **'DEVELOPING'** for Goals 1-4. The improvement plans for all four goals can be found in Appendix 1(c). These plans will be integrated into the organisation's operating and organisational development plans.

In assessing these goals, Merton CCG followed a robust and transparent methodology, which included a public engagement event with carers, providers and voluntary sector representatives to assess Goals 1 and 2, use a staff survey and workshop for employees to assess Goals 3 and 4



(Outcome 4.3) and a peer review assessment for Goal 4 in a reciprocal arrangement with Sutton CCG.

**EDS Outcomes for Structured Education Programme for people with newly diagnosed diabetes.**

Following consultations with providers, staff and voluntary sector representatives as part of the Equality Delivery System assessment, some of the steps that have been initiated to make the service more accessible include: appointing staff to promote the services to Black, Asian and Minority Ethnic groups through outreach at places of worship and other community centres, introducing additional sessions at a community-based health hub to make the service accessible to working people and providing information on diabetes management in different languages through interpreters and use of translated information.

#### **14.10 Workforce Race Equality Standard**

Under the Equality Act, organisations employing 150 or more staff are required to report on their workforce profile annually. Merton CCG employed 43 people in March 2015 and has analysed its staff by protected characteristic.

Under the NHS Standard Conditions of Contract April 2015/16, all NHS providers holding contracts over £200,000 have to implement the Workforce Race Equality Standard (WRES), which is a benchmarking tool to assess an organisation's progress around race equality.

Under the WRES, providers and CCGs have to gather staffing and board-level data against nine indicators (See appendix 1c) and monitor progress against it annually. CCGs also have to develop a provider assurance framework to ensure their key providers are implementing and monitoring progress against the WRES through a report to the co-ordinating commissioner annually. The first report was to be published in July 2015, followed by annual reports being published and publicised by May 1<sup>st</sup> of each year. Providers are expected to give CCGs six monthly progress updates against their first WRES report.

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

#### **WRES provider assurance framework:**

As part of the WRES provider assurance, Merton CCG has undertaken a baseline assessment of all its providers holding contracts over £200,000. These have been presented as part of its internal assurance report, which



has been considered by the Equality and Diversity Group (EDG) and will be reviewed by Clinical Quality Committee in December 2015.

Providers hosted by the CCG have presented their WRES reports at Clinical Quality Review Group meetings. Reports presented so far and plans for 2016 are outlined in the table below:

Provider	Date WRES report presented to CQRG	Plan for 2016
The Royal Marsden NHS Foundation Trust (hosted by Merton CCG)	28 <sup>th</sup> July 2015	Disaggregated data on Merton to be presented by Royal Marsden at CQRG meeting on 26 <sup>th</sup> January 2016.  Equality and Diversity Group (EDG) discussed Royal Marsden WRES report at its meeting on 30 <sup>th</sup> October 2015 and reports from other key providers such as London Ambulance Service.
South West London St George's Mental Health Trust (SWLSGMHT)	TBC (in 2016)	EDG to review South West London St George's Mental Health Trust WRES report in 2016.

The four key providers who have published their WRES reports include:

Merton CCG 14/15 Contract Values			
Provider	£000's	WRES report published Y/N	<a href="#">Link to report</a>
ST GEORGE'S HEALTHCARE TRUST	55,968	Y	<a href="https://www.stgeorges.nhs.uk/wp-content/uploads/2015/06/WRES-Outcome-290515.pdf">https://www.stgeorges.nhs.uk/wp-content/uploads/2015/06/WRES-Outcome-290515.pdf</a>
EPSOM & ST. HELIER UNIVERSITY HOSPITALS NHS TRUST	36,756	Y	<a href="https://www.epsom-sthelier.nhs.uk/equality-and-diversity">https://www.epsom-sthelier.nhs.uk/equality-and-diversity</a>
SOUTH WEST LONDON AND ST GEORGES MENTAL HEALTH TRUST	15,767	Y	<a href="http://www.swlstg-tr.nhs.uk/uploads/documents/about-us/2015-wres-report-1-0.pdf">http://www.swlstg-tr.nhs.uk/uploads/documents/about-us/2015-wres-report-1-0.pdf</a>
SUTTON & MERTON COMMUNITY SERVICES	14,197	Y	<a href="http://www.royalmarsden.nhs.uk/SiteCollectionDocuments/equality-diversity/workforce-race-equality-standard-2015.pdf">http://www.royalmarsden.nhs.uk/SiteCollectionDocuments/equality-diversity/workforce-race-equality-standard-2015.pdf</a>



## Improvement Plan:

Evidence gathered through staff profiling, the staff survey and the EDS staff workshop have been triangulated to inform the improvement plan related to staffing. This can be found in Merton CCG's EDS report in Appendix 1(b). The EDS Action Plan on staffing has also been integrated into the CCG's Organisational Development Plan for 2015/16 (see Appendices).

Overall in March 2015, Merton staff and board profile reflected the borough's demographic make-up in terms of ethnicity, with 32.6% of its staff and 40% of its board from Black, Asian or Minority Ethnic groups (Merton: 35%).

The CCG employs more female staff than male (83.3% female – 50.7% of the borough's population is female) and representation of women at Very Senior Management (VSM) posts (81%) exceeds the national average (35%, Eurostat 2012).

## 15. Summary of progress in Merton CCG in 2015

A summary of positive examples of strategy, policy and practice in Merton CCG are highlighted below which we will look to build on in the coming year:

- Developing a new vision and strategy for the CCG in 2015-16, along with an Organisational Development Plan to ensure the CCG has the direction and capability to deliver its ambitions. Both documents have outlined the high-level vision around equality and diversity and the development needs for the organisation in keeping with the EDS Action Plan.
- Gathering robust baseline information to inform the EDS improvement plans for 2015-16 through systematic stakeholder engagement and evidence gathering for all 4 Goals.
- Ensuring equality and diversity have been considered in the Community Services procurement process, including a full and robust equality analysis and evaluation of Pre-Qualification Questionnaires around equality, diversity and patient engagement.
- Staff received two sessions of statutory and mandatory face-to-face training on equality and diversity in keeping with Skills for Health guidelines.
- The Governing Body benefitted from training on Equality and Diversity in decision-making.
- Bespoke training on equality and diversity was also delivered to the Better health Care Closer to Home Patient Participation Group.



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



## Appendix 1: List of referenced documents

a) Merton Vision and Strategy 2015	 Merton_CCG_Revise d_Vision_and_Strateg
b) Merton CCG High Performing Organisation Plan	 Merton_CCG_High_p erforming_Organisati
c) Merton CCG Commissioning Intentions 2016/17	 6GB_PT1_24.09.15_ COMMISSIONING_IN
d) Draft Merton CCG Equality Delivery System Report and Improvement Plan 2015-16	 EDS Report 2015-16 Version 1.pdf
e) Statutory Obligations Report 2014-15	 Stat_Obligations_PPI _fin_v3_GOV_BOD[2]
f) Terms of Reference for Equality and Diversity Group	 Equality and Diversity Group - Ter
g) QIPP Approval flowchart	 B - QIPP_Scheme_Appro
h) Equality Objectives report	 I - MCCG_Equality_Obj

