



right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

Public Sector Equality Duty Annual Report

January-December 2016

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This annual report documents the steps taken by NHS Merton Clinical Commissioning Group to meet its Public Sector Equality Duty between January and December 2016.

We are delighted to present this report highlighting our progress on equality and diversity in 2016.

This year has presented significant challenges to NHS Merton Clinical Commissioning Group (CCG) in light of the challenging financial position of both the NHS and the organisation within the healthcare commissioning landscape.

Merton CCG has been working to deliver the *NHS Five Year Forward View* and developing the Sustainability and Transformation Plan for South West London, with our partner five CCGs, facilitated by South West London Commissioning Collaborative. Plans and budgets are being aligned accordingly.

Such a change has required the CCG to make difficult decisions related to commissioned services. Through the year we have continued to strive as an organisation to ensure we meet our statutory duties under the Equality Act 2010.

This has included ensuring our staff have had the opportunity to voice their views, service users and patients have had opportunities to identify strengths and areas for improvement, the public have had opportunity to be involved in designing services and influence decisions that affect their health and well-being and our Governing Body is supported with guidance, information and evidence to deliver fair and equitable decision-making.

This report highlights the progress Merton CCG has made in meeting the three aims of the general equality duty: to eliminate discrimination; promote equality of opportunity; and advance good relations. It has done this through equality analysis on key strategies and plans and implementing two equality benchmarking standards; the Equality Delivery System (EDS2) and Workforce Race Equality Standard, based on review of evidence and engagement; and promoting the Accessible Information Standard among providers. All these measures have helped the CCG to develop plans for continuous improvement in employment and commissioning services. These are reported through this Public Sector Equality Duty Report.

Dr Andrew Murray
Chair

Karen Parsons
Chief Officer



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1. INTRODUCTION

1.1. Legal context

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

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

- eliminate unlawful discrimination, harassment and victimisation,
- advance equality of opportunity, and
- foster good relations between those who share a protected characteristic and those do not.

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

1.2.2. The specific duties require public bodies to publish relevant, proportionate information showing how they meet the Equality Duty by 31 January each year, and to set specific measurable equality objectives by 6 April every four years starting in 2012.

Both general and specific duties form part of the Public Sector Equality Duty (PSED).

1.2.3. As a statutory public body, NHS Merton Clinical Commissioning Group (CCG) must demonstrate how it is meeting its public sector equality duty in its decision-making, commissioning and employment practices.

1.2.4. This report outlines the steps taken by Merton CCG since January 2016 to meet its public sector equality duty (PSED) and focuses on:

- The CCG's strategic objectives and commissioning intentions, which highlights its key priorities in the year ahead which have been based on evidence gathering and engagement with staff and key partners. As part of this the report highlights the range of equality analyses undertaken during the year, including targeted review of services using the Equality Delivery System (EDS2) and provider assurance mechanisms.
- Consultation and engagement – by highlighting the range of partnerships and engagement activities it has been involved in.
- Organisational context, 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, including training and development and staff engagement.



1.3. Regulatory Context

1.3.1. CCG Improvement and Assessment Framework 2015-16

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

1.3.1.2. The framework links together aims of the *Five Year Forward View*, *NHS Planning Guidance* and the Sustainability and Transformation Plans (STPs) for each area, and focusses on 4 domains: Better Health, Better Care, Sustainability and Leadership.

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

1.3.1.4. The workforce engagement indicator will review the CCG's progress against the Workforce Race Equality Standard and staff engagement index, while the indicator on local relationships will assess engagement with local partners, including local authorities, providers, patients, communities and the voluntary and independent sectors.

1.4. Merton CCG's Assurance Rating for 2015-16 on Well-Led domain:

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

1.5. Care Quality Assessment Inspections for key providers

1.5.1. The Care Quality Commission's pilot and new wave of inspections for 2016 assesses health care providers for their progress on the Workforce Race Equality Standard under the 'Well-Led' domain. Of Merton CCG's two key providers (See *Table 1.1*), South West London St George's Mental Health NHS Trust was inspected in 2016 and assessed as Good in the Well-Led domain.

2. ABOUT MERTON

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



- Approximately 50.6% of the population is female.
- 45% 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 0-19 year olds and 65+ 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.
- 21% 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.
- 51% of Merton residents aged 65 and over reported that their day to day activities were limited.

(Source: Merton Joint Strategic Needs Assessment (JSNA), 2014-15, GLA Population Projections 2013 Round SHLAA ward projection creator, Census 2011, Merton School Census 2012, Merton Ward Health Profiles)

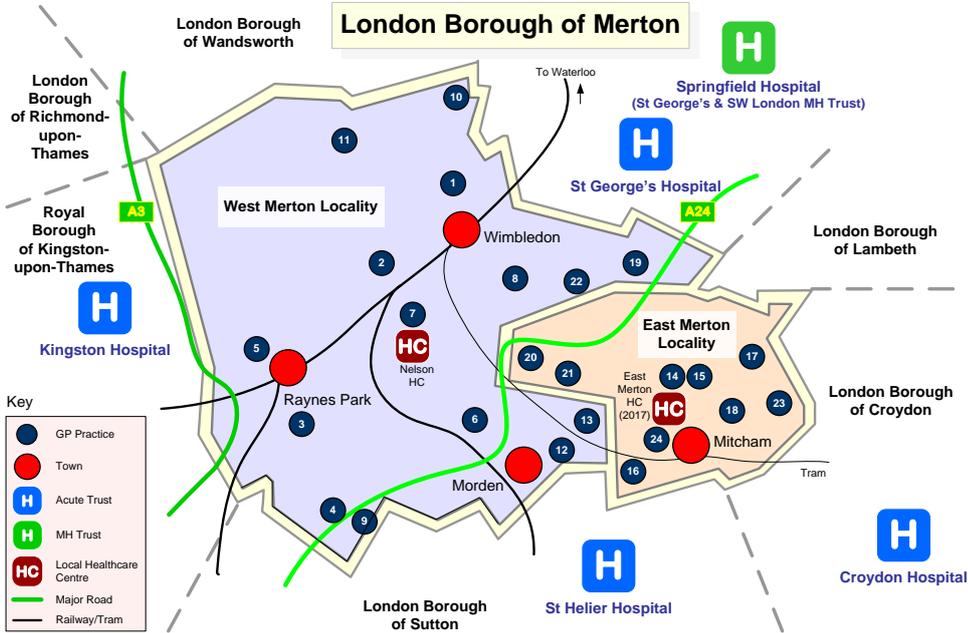
3. ORGANISATIONAL CONTEXT

3.1. NHS Merton Clinical Commissioning Group is formed of 24 GP practices administered through two localities - East Merton and West Merton (see map below).



The CCG is responsible for the planning, buying and monitoring of health care services for people living and working in the London Borough of Merton.

Merton Borough: Two-locality Structure



4. MERTON CCG'S KEY PROVIDERS:

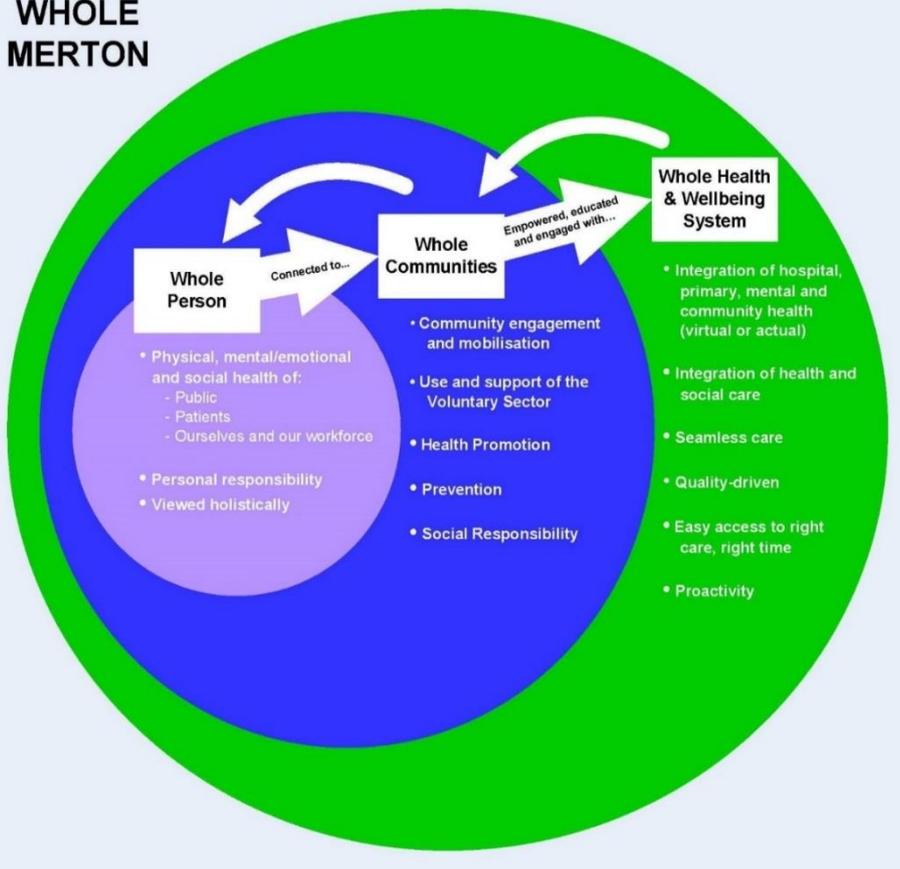
Merton's key providers since April 2016 are given in Table 1.1 below:

Table 1.1: Providers hosted by Merton CCG

Provider	Acute Services	Community Services	Mental Health Services
South West London and St George's Mental Health NHS Trust			X
Central London Community Healthcare NHS Trust		X	



WHOLE MERTON



5. MERTON CCG'S VISION

5.1. Merton CCG's vision for the health and well-being of people in Merton, also described as 'Whole Merton', is illustrated in the figure below. It is aimed at designing services to meet the needs of the population, individuals and families.

6. EQUALITY AND DIVERSITY VISION

6.1. In 2016, the CCG developed an equality and diversity vision statement which outlines its commitment to ensuring equality, diversity and inclusion as part of its overall vision and plans for 'Whole Merton'. The statement can be found on: <http://www.mertonccg.nhs.uk/about-us/equality-and-diversity/Equality%20documents/Merton%20CCG%20Equality%20and%20Diversity%20Vision%20Statement%20May%202016.pdf>.

7. STRATEGIC PRINCIPLES:

7.1. The strategic principles for all Merton CCG commissioned services in 2017-18 are:

- All Merton patients should have consistent access to high quality care, including enhanced services, regardless of where in the borough they live.



- Services should be safe, evidence-based and focused on improving outcomes for patients.
- Services should target health inequalities.
- Services should be patient centred, seamless and accessible.
- Where services can be effectively provided out of hospital and closer to patients' homes, they should be.

8. OPERATING ENVIRONMENT

8.1. Merton CCG faces a challenging financial future, with a planned deficit in 2016/17 of £0.6m, worth 0.2% of its total budget. This is expected to improve over the medium term with an in year break even position forecast in 2017/18 and £2m surplus in 2018/9.

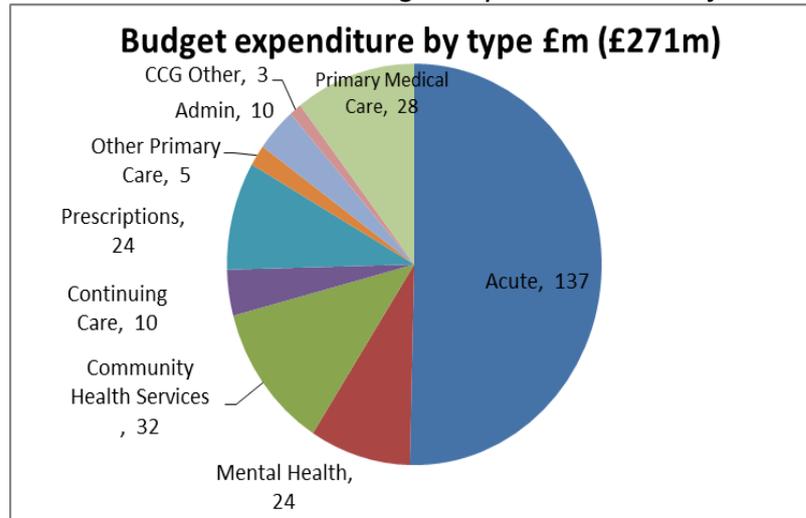
8.2. To achieve these levels of surplus in the medium term, the CCG has ambitious QIPP targets to achieve. The in-year QIPP targets are 2.7% in 2016/17 rising to 4.8% in 2017/18. This reduces to 2.6% per annum in 2018/19.

8.3. The CCG's financial planning for the year ahead will be heavily influenced by the sustainability and transformation fund modelling exercise as the region develops its plans for place-based commissioning. In addition, the requirement for the SW London region to balance to a regional control total also adds further financial uncertainty in the years ahead.

8.4. The CCG will spend a budgeted £271m in 2016/17. The acute sector accounts for £137m of this figure with three acute hospitals accounting for the lion's share of this. The other major spend areas are community health services £32m, primary medical care £28m, mental health £24m, and prescriptions £24m as shown the chart below.



Chart 1: Merton CCG's budget expenditure on key services



9. CCG GOVERNANCE

9.1. 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.

9.2. 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.

9.3. 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 Quality Committee.

9.4. 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.

9.5. 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.



9.6. The Director of Quality and Governance is the executive lead for equality and diversity and provides assurance reports to the Governing Body, Executive Management Team and the Clinical Quality Committee.

9.7. 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).

9.8. 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 are supported through access to appropriate training and development opportunities and other enablers, such as flexible working.
- Highlighting training needs identified through performance development reviews.
- 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.

10. COMMISSIONING

10.1. The commissioning intentions for the CCG for 2017/18 are aligned to the ambitions of the South West London Sustainability and Transformation Plan linked with 'place-based' commissioning.

10.2. **Commissioning intentions will be focussed on services related to:**

- Planned Care
- Urgent and unscheduled Care
- Primary Care
- Medicines optimisation
- Mental Health

10.2.1. In commissioning these services, Merton CCG will be working closely with a range of partners across the health and social care system, including the



providers of acute care, mental health services, community services, primary care services, London Borough of Merton and the voluntary sector.

10.2.2. The operating environment will focus on the development of a Multispecialty Community Provider (aligned to our QIPP programmes), which will include:

- Development of Merton Federation.
- Community based weekend/Out of Hours services.
- Development of integrated care pathways.
- Developing Multispecialty Community Provider contracts to support a shadow form.
- Inclusion of social prescribing.

10.3. Delegated commissioning of Primary Care

10.3.1. Merton CCG took on responsibility for the GP contract via delegated commissioning in 2016/17. This is part of a planned programme to improve primary care services, and making it easier for patients and carers to access general practice services.

10.3.2. The CCG has taken the following steps in 2016-17 to make primary care service more accessible:

- The Primary Care Support Team has disseminated information on the Accessible Information Standard to all GP surgeries through its monthly newsletter.
- The support team facilitated the GP Practice Managers' Forum in August 2016 to provide managers with comprehensive information on using the Translation and Interpretation Service commissioned for GP Practices (See page 33 for more detail).

10.4. In 2017-18, the following plans will be implemented as part of the CCG's primary care strategy to promote accessibility:

10.4.1. Two new Primary Care Centres will be launched in the summer of 2017 – each based in East Merton and West Merton. These will be open between 8 am and 8 pm for at least 6 days a week. The service will offer significantly more GP and Practice Nurse appointments available to patients in the borough. Furthermore, the service will enable continuity of care and improve patient outcomes as clinicians will potentially have access to patients' full medical record during their consultation. This will start the process of developing a local Multi-Speciality Community Provider - an integrated model of care that ensures the right care is delivered in the right place and at the right time.

10.4.2. Improvements will be made to primary care estates, following the successful application to the London Improvement Grant Fund (LGIF) and



Estates & Technology Transformation Fund (ETTF). The refurbishment will improve the quality and overall accessibility of primary care buildings.

10.5. The new model of care being planned for primary care is based on the British Medical Association paper, 'Safer Working in General Practice' and would include telephone triage and face-to-face appointments. It would create a platform for integrated care with a range of providers to manage appointments, including, primary care, out-of-hours and 111. In addition it would create opportunities for workforce development; flexible employment patterns and paths which would support recruitment and retention. With improved access to patients, the new model of care would reduce pressure on emergency departments over time.

11. QUALITY INNOVATION PRODUCTIVITY AND PREVENTION (QIPP) PROGRAMME

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

11.2. To support the delivery of Merton CCG's 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.

11.3. During the past year the CCG has strengthened its Project Management function to ensure a systematic approach to commissioning activities.

12. EQUALITY ANALYSIS

12.1. 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 2016 include:

- Referral Management Centre PID
- Direct Access Pathology
- MSK
- Nelson Utilisations
- Practice variation
- Prescribing
- Complex Patients
- Continuing Healthcare
- QMH Referrals



12.2. Outside the QIPP schemes, the CCG has also completed an equality analysis on the following:

- The Female Genital Mutilation Strategy in collaboration with Merton Safeguarding Children Board.
- Safeguarding Adults at Risk Policy
- Evaluation of Gluten-free products from the NHS

13. INTERPRETING SERVICE

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

13.2. The objective of the service is to ensure that people with language and communication support needs are supported to:

- access appropriate health service;
- ensure they receive the same quality of service as people who are able to communicate effectively
- to be fully and appropriately involved in discussions and decisions which affect them.

13.3. The service includes face-to-face language and British Sign Language (BSL) Interpretation, telephonic interpretation, interpretation through video conference and access to in-house interpreters at surgeries in areas where there is greater demand for some languages. The service is provided for individual consultations (at GP surgeries) as well as home visits for elderly, frail or house-bound patients.

(See Section on Equality Delivery System on page 31 for more detail).

14. CONSULTATION AND ENGAGEMENT

14.1. Merton CCG is committed to ensuring that patient engagement and experience is central to the services it commissions. It abides by the principle 'No decision about me, without me' and takes key steps to ensure that patients, carers and relatives are able to inform the commissioning of services, be aware of the services they can avail of and have an opportunity to comment on their satisfaction levels with services they access.

14.2. The CCG's communication and engagement strategy has helped it to meet its general equality duty, especially around promoting good relations between different groups of people.



14.3. The long-term vision for Patient and Public Involvement (PPI) and engagement is that the partnership between the local community and the CCG is evident in all its work. In this the CCG's objectives are to:

- Ensure CCG staff engage with the public and local communities in an effective, cost efficient and timely way.
- Develop new modes of engagement (including through technology).
- Ensure engagement in pathways redesign, service changes, strategy and priorities.
- Engage hard to reach and vulnerable communities.
- Reduce inequalities through greater involvement.
- Promote and support self-care and self-management.
- Develop effective partnerships with HealthWatch and other partners (e.g. community and voluntary groups) to ensure active engagement of patients and carers.

14.4. To support targeted involvement, the CCG uses the following methods, ensuring that a diverse range of people are involved:

- Individual involvement - Engaging individual members of the public in their own health and care through shared decision-making and giving them more choice and control over how, when and where they are treated.
- Collective involvement - Engaging the public, and groups with common health conditions or care issues, to help get services right for them.
- Co-production - Working collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services.

14.5. Patient and public experience is embedded in the following key internal and external meetings and CCG committees:





14.6. The engagement infrastructure includes the following:

14.6.1. Executive Management Team (EMT)

The CCG has a strong executive leadership team that includes officers with experience of clinical practice at healthcare providers and commissioning bodies, who ensure patient feedback informs the commissioning cycle.

14.6.2. Clinical Groups and Forums

Clinical input is secured through the CCG's localities, Practice Leads' Forum, the Practice Nurse Forum and Clinical Reference Group (CRG). This provides closer inter-agency working and links with communities. With clinical leads often working directly with patients, their involvement in different forums gives the CCG better feedback on patient experience. In 2015/16 Merton CCG was the host CCG for Sutton and Merton Community Services (Royal Marsden Hospital) and led the Clinical Quality Review Group (CQRG) for this contract.



14.6.3. From April 2016 Merton has hosted the community services contract provided by Central London Community Health (CLCH) and the associated CQRG and the mental health services contract provided by South West London and St George’s Mental Health Trust and its related CQRG.

14.6.4. Merton Clinical Quality Committee

Merton Clinical Quality Committee (MCQC), chaired by the lay member of the Governing Body and PPI lead, is a key forum to ensure patient voice is heard within the CCG. As a committee of the Governing Body, it ensures patient and the public views are considered through the quality assurance process. The Quality Committee is informed by the Patient Engagement Group and Equality and Diversity Group.

14.7. Other partners and networks Merton CCG participates in include:



15. PARTNERSHIPS

Merton CCG is an active member of the following partnerships:

15.1. Merton Health and Well-Being Board

- i. Merton Health and Wellbeing Board (HWB) is a partnership of the CCG, Merton Council, HealthWatch and representatives of the voluntary and community sector. Merton HWB Chair is the Council’s Cabinet Member for Adult Social Care and Health and Vice Chair is the Chair of the CCG.



- ii. The purpose of the HWB is to deliver strategic leadership in health and wellbeing, informing the commissioning of health and social care services and encouraging effective joined up services across health and social care, public health and local partners.
- iii. Merton HWB has taken a leadership role in the delivery of the East Merton Model of Health and Wellbeing and its members have been actively involved in community conversations to help inform the model.
- iv. Through the HWB, Merton CCG strategically addresses health inequalities, public health, illness prevention and supporting independent living.
- v. The Joint Health and Well-Being Strategy (JHWS) sets out the partnership's approach to improving the health and well-being in Merton and reducing health inequalities between communities. It is available on Merton Council's website. For more information, see www.merton.gov.uk/mertonhealth-and-wellbeing-strategy-web.pdf

15.2. South West London Collaborative Commissioning (SWLCC)

15.2.1. Merton CCG is working with 5 other CCGs in south west London, with the support of the South West London Commissioning Collaborative, to address improvements in health and social care through the Sustainability and Transformation Plan (STP).

15.2.2. The STP for the south west London sub-region has been developed in partnership with Clinical Commissioning Groups, Acute Hospitals, Mental Health Services, Community Services, NHS Specialised Commissioning Services (such as renal care), Local Authorities and GP federations.

15.2.3. In order to ensure a robust approach to communications and engagement work, the SWLCC programme established a 'Patient and Public Engagement Steering Group' in 2015. The group has been formed to:

- Oversee public and patient engagement on the SWLCC programme.
- 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
- Advise on the targeted engagement activities to support wider engagement with a) diverse community groups and b) engagement priorities of work streams.

15.2.4. The group comprises lay representatives from each CCG, local Healthwatch organisations and the local voluntary sector and meets every six weeks. Merton CCG's Governing Body Lay Member for Patient and Public Involvement is one of two Vice-Chairs for the group.

15.2.5. Further assurance of the communications and engagement approach and activities is given by the Consultation Institute.



16. KEY ENGAGEMENT ACTIVITIES IN 2016

16.1. In 2016, Merton CCG focussed on two key public engagement events to host its Health Hub:

- Merton's Mitcham Carnival (Saturday 11th June).
- Wimbledon Guild's Annual Fair (Saturday 18th June)

16.2. The Health Hub is organised by Merton CCG, with the aim of promoting health and wellbeing services, organisations and opportunities across the borough of Merton. It offered the CCG and stall holders the opportunity to:

- Engage and communicate with local people on Information Sharing and the Better Care Fund
- Promote when, where and how to access services, gain sign-up to initiatives including the Health Help Now app and Patient Online Services
- Raise awareness of general health and wellbeing services available within the borough, including the Nelson Centre and the Expert Patients Programme
- Encourage patients, public and carers to take part in opportunities to be more involved, and influence, local health services by joining the Patient Engagement Group.

16.3. Key successes of the Hub include:

- Attracting 29 people to sign up to become more involved in the CCG's work.
- Receiving 116 completed Health Hub questionnaires, through a touchscreen kiosk and face-to-face discussions with staff during both events and distribution of free Health Packs.
- 7 people signed up to participate in the Patient Engagement Group, with 2 attending the meeting on 22nd June following the Mitcham Carnival.

98% of respondents to Health Hub questionnaires were residents of Merton with 92% (91) agreeing information about their care should be shared across the NHS and social care in Merton.

17. PUBLIC HEALTH

17.1. 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:



17.2. Joint Strategic Needs Assessment (JSNA):

17.2.1. 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.

17.2.2. 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.

17.2.3. 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.

17.3. East Merton Model of Health and Wellbeing (EMMoHWB)

17.3.1. The EMMoHWB is a partnership commitment by Merton CCG and Council to establish a new innovative model of community health and wellbeing. The model is based on a preventative approach, integrates health and social care and uses community assets as part of the support options. The Model is planned to become a blueprint for whole Merton service transformation and meeting the strategic goal of reducing health inequalities across the borough.

17.3.2. Implementation of the Model in East Merton centres on the re-development of the Wilson hospital. The intention is that the site becomes an extended health and community campus co-designed by the local community and clinicians, and co-managed and co-owned in the longer time

17.4. Merton's Community Health Champions

17.4.1. 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.

17.4.2. A further 4 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 Ethnic Minority Centre, Commonsides Community Development Trust and St Mark's Family Centre

17.4.3. The Health Champions play a lead role in encouraging people in their local community to participate in activities, and between January 2016 to date, have supported 140 local people from the east of the borough

17.5. NHS Health Checks

17.5.1. 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.

17.5.2. A new IT Call/Recall system has been embedded across Practices which 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.

17.5.3. From January 2016 to July 2016, 7131 people were offered an NHS Health Check. Of those offered, 2745 people received an NHS Health Check. Of the 2745 that received a check: 34% were 40 to 44 year olds, compared to 3% of 70 to 74-year-olds; 60% were received by males, 40% by females. Take up by age group and males is in line with the invitation priority system.

17.5.4. 11% of checks were received by South Asians, one of the invitation priority groups, compared to 31% by British or Mixed British. South Asian groups are also risk groups for diabetes. The NHS Diabetes Prevention programme (NDPP) is being rolled out in Merton and will specifically target South Asian groups. This will link up with the NHS Health Checks programme and it is hoped that this will increase uptake amongst this group.

17.6. Merton the Place for a Good Life - Health and Wellbeing Strategy 2015-18

17.6.1. 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.



17.6.2. 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.

17.6.3. 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.

17.6.4. 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.

17.7. Other initiatives

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

- Funding of 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.
- Commissioning responsibility for the Health Visiting Services, including the Family Nurse Partnership, has changed as of 1st October 2015 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 and service development has been 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. From April 2016 onwards, key elements from this project will be taken forward through a number of task and finish groups linked to the community services contract and the Early Years Provider network meeting. The outcomes will ensure families are supported appropriately across the pathways.

- Following the success of a 2-year targeted Merton Healthy Schools programme focused in the East of the borough, progress has been made to now adopt a borough wide Healthy Schools London (HSL) programme. An interim coordinator role will be established to support schools to achieve Bronze, Silver and Gold status and the Merton Healthy Schools London Steering group will lead the work going forward. This project encourages schools to undertake practical initiatives to support a broad spectrum of health and well-being using a needs' based approach. The targeted 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 number of needs assessments and reviews have been undertaken to support improvements in services and commissioning. These have included Child and Adolescent Mental Health; Looked After Children; Child Sexual Exploitation and Female Genital Mutilation. The recommendations will influence local service planning and strategies going forward.
- A plan to work across HWBB partners and residents to design and implement a whole system approach to reverse the trend in childhood obesity and give Merton children the best start in life, from strengthening commissioned services and pathways for pregnant women, children and families, through to action on the wider environmental determinants of obesity, working through settings such as schools, public sector spaces and workplaces.
- A Merton 3 year plan outlining actions for the Prevention of Childhood Obesity is being prepared with partner and stakeholder input. This is following a peer review exercise on childhood obesity in 2016 which identified strengths as well as areas for further action. The childhood obesity action plan is designed to reduce inequalities in the following 'headline' outcomes between east and west Merton:
 - Reduced rates of children who are overweight or obese
 - Increase rates of participation in physical activity
 - Improved rates of breastfeeding
- Improved dental health among children: The plan will provide a framework for enabling different stakeholders across the council (including public health, children's services, education, environment, transport and planning) and



NHS organisations to work with the community to tackle childhood obesity as part of the related and wider health and wellbeing improvements.

- 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 ended on July 31st 2016. Nine GP practices and a range of voluntary sector health champions participated in the pilot. 478 people were seen and completed a risk identification tool for COPD; of these 144 (30%) scored 5 or more and were referred to their GP. An evaluation report is underway.

18. COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE (PALS)

18.1. Merton CCG reviews its PALS and Complaints annually, with the support of South East Commissioning Support Unit, to determine trends and areas for improvement in terms of access, quality and decisions made of services commissioned.

18.2. Between 1 April 2015 and 31 March 2016, a total of 47 complaints and 81 PALS enquiries were received on behalf of Merton CCG. An increase in complaints was noted during 2015-2016 to 47 from 37 in 2014-15. There was a slight decrease in PALS during 2015-2016 from 81 to 83 in 2014-2015. The main areas of increases on the previous year were CCG direct PALS and complaints.

18.3. In 2015-16, the majority of the Assessment and Eligibility complaints were about Continuing Healthcare funding applications. These stem from concerns related to patients and or families of patients being ineligible for funding for their health care.

18.4. Commissioning Decisions was the other theme with the highest number of complaints. It was primarily focussed on Individual Funding Requests (IFR) and commissioning of services. The majority of the IFR complaints were about access to funding for fertility treatments. The commissioning of services was generally around availability of services such as mental health.

18.5. Complaints themes in 2015-16 are tabulated below:

Theme	Number of Complaints
Assessment and Eligibility	18
Commissioning Decisions	7
Treatment	2
Access	2
Staff Attitude	1

18.6. Of the 81 PALS enquiries received in 2015/16, 39 were directly related to Merton CCG. The themes for all the 39 Merton CCG direct PALS enquiries are tabulated below:



Theme	Number of PALS Enquiries
Assessment/Eligibility	11
Commissioning Decisions	11
Contact Information	3
Other	3
Access	3
Referrals	3
Prescribing/Medicines Management	2
Complaint Handling	1
Communication	1
Policy and Process	1

18.7. In Quarter 1 of 2016-17, it was found that compared with Quarter 4 in 2015/2016, the number of complaints recorded increased by over 100%. For the same period the number of PALS increased by 27%.

18.8. The highest number of complaints received were about Continuing Healthcare, followed by IFR and Access.

18.9. The complaints and patient liaison team have worked closely with the CHC to ensure complaints were resolved and information provided in a timely fashion. The areas of improvements identified from complaints were:

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

18.10. Due to ongoing concerns with the CHC service expressed by local people, the CCG commissioned a new provider for CHC, Central London Community Healthcare, which commenced on 1 July 2016.

19. SERIOUS INCIDENTS

19.1. Equality Data from 01 January 2016 to date – Merton CCG

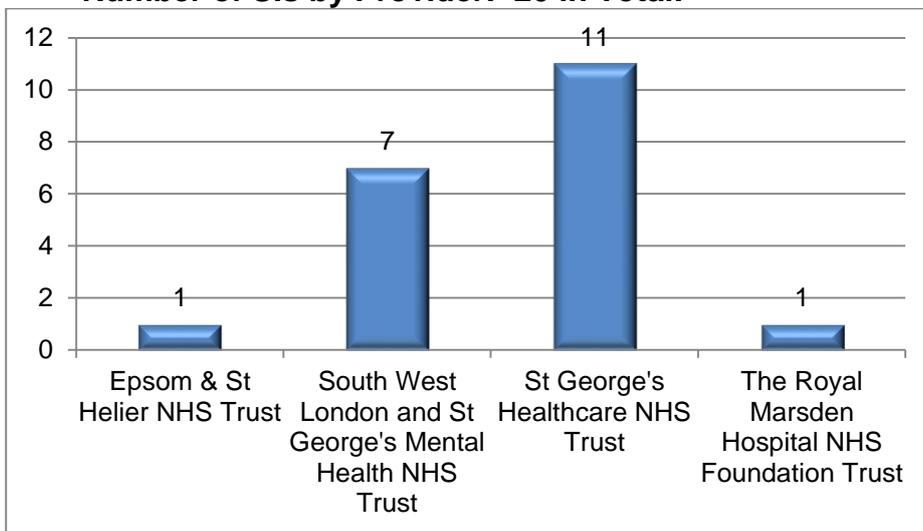
19.1.1. The CCG monitors all serious incidents which affect Merton patients. The South East CSU provides the CCG with reports on incidents, timeliness and quality of investigation by the providers, also numbers, trends and themes. Ensuring equitable access to high-quality healthcare constitutes a key challenge for Merton CCG.



19.1.2. Despite differences in health system size, structure and financing, evidence suggests that across the health economy particular sections of the population are disproportionately affected by barriers to accessing healthcare. Studies have also shown that difficulties in accessing healthcare are compounded by poverty and social exclusion, and that poverty and social exclusion compound difficulties in accessing healthcare.

19.1.3. Learning from SIs informs commissioning response and intentions in order to ensure that barriers in accessing services are identified and removed and in doing so outcomes are improved. The StEIS National Serious Incident reporting system has limitations in that it does not capture all the protected characteristics. However, we have been able to identify certain trends affecting some protected groups as follows:

Number of SIs by Provider: 20 in Total:



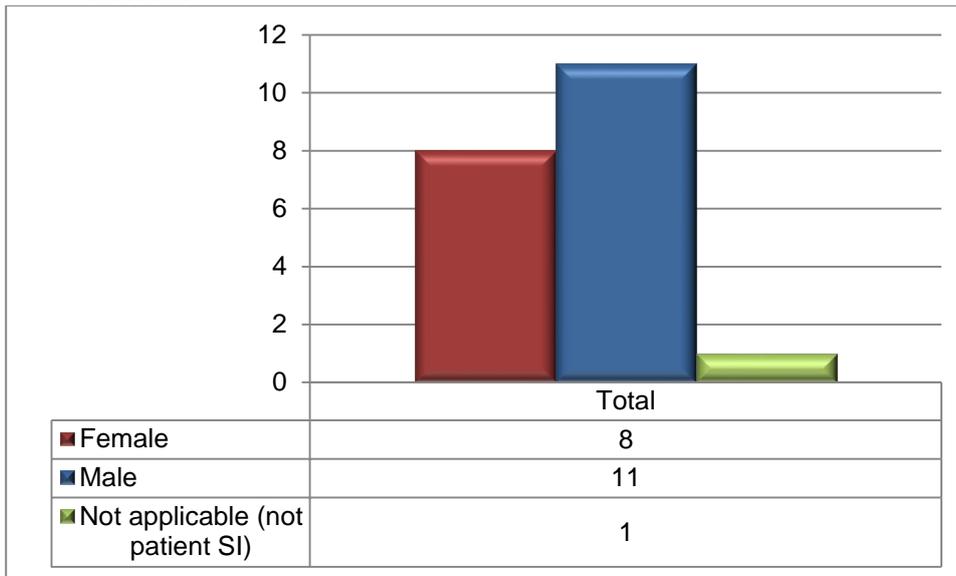
Age

Age Range	Total
21 and under	3
22 to 34	4
35 to 44	3
45 to 54	1
55 to 64	1
65 and over	7
Total	19

One SI did not involve a patient directly.



Gender



There was no information on StEIS to evidence that any of the patients involved were transsexual or in the process of transition.

19.2. Relationship Status

19.2.1. There is only one SI where it is evidenced that the patient is or was married prior to the SI occurring. Providers have been asked to fully complete all categories of the StEIS reporting form however; the initial incident reported may not include all the material facts but it is an expectation that the provider complete the all the relevant sections as and when the information becomes available. This is not a feature of the StEIS reporting system however, it has been requested that the form is altered to facilitate identification of such individuals.

19.3. Disability

19.3.1. There is no information on StEIS to evidence that any of the patients involved were suffering from any type of disability. This is not a feature of the StEIS reporting system however, it has been requested that the form is altered to facilitate identification of such individuals.

19.4. Maternal Status

19.4.1. One SI involved a patient who was pregnant at the time the incident occurred. The patient suffered a fall when 18 weeks pregnant.

19.5. Religious Beliefs



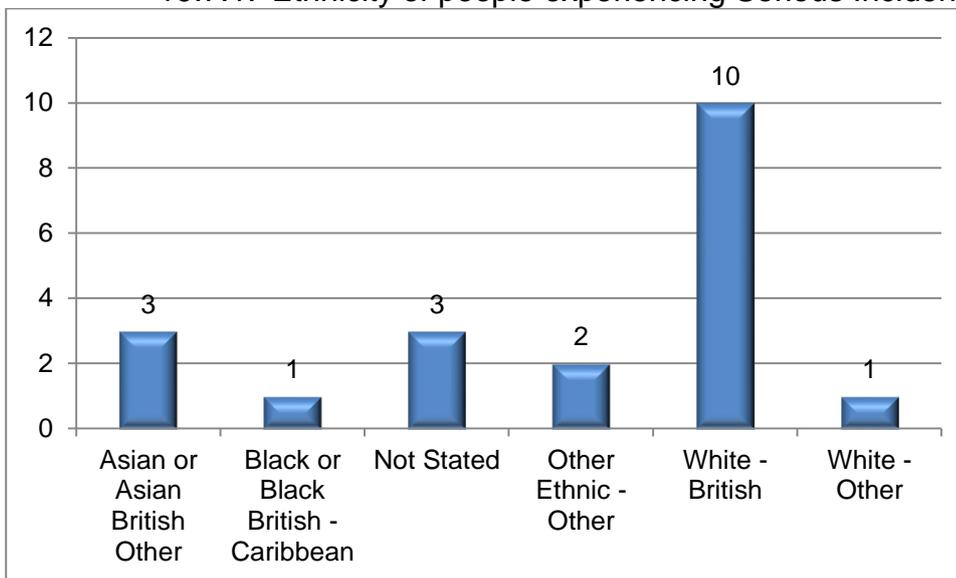
19.5.1. There is no information on StEIS to evidence the religious beliefs, if any, of the patients involved in SIs. This is not a feature of the StEIS reporting system however, it has been requested that the form is altered to facilitate identification of such individuals.

19.6. Sexual Orientation

19.6.1. There is no information on StEIS to evidence the sexual orientation of any of the patients involved in SIs. This is not a feature of the StEIS reporting system however, it has been requested that the form is altered to facilitate identification of such individuals.

19.7. Ethnicity

19.7.1. Ethnicity of people experiencing Serious Incidents is as follows:



20. SAFEGUARDING

20.1. As a commissioning organisation Merton CCG is required to ensure that all health providers from whom it commissions services (both public and the independent sector) have comprehensive, single and multi-agency policies and procedures in place to safeguard and protect adults and children at risk from abuse and the risk of abuse itself.

20.2. Safeguarding Adults:

20.2.1. Merton CCG fulfils its responsibility to ensure adults at risk are safeguarded by:

- Setting safeguarding adults as a strategic objective in commissioning health care.



- Using integrated governance systems and processes for assurance to act on safeguarding concerns in services.
- Working with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
- Providing leadership to safeguard adults across the health economy.
- Ensuring accountability and shared learning within the service and partnership to bring about improvement.

20.3. Pan London Safeguarding Policy and Procedure (2015)

20.3.1. The *Pan London Safeguarding Policy and Procedure*, 'protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' is central to Merton CCG's work in safeguarding adults. Since its launch in January 2011, the Pan London Guidance has served as the leading reference for how people in need of care and support are safeguarded from abuse or potential abuse. A revised version was published in December 2015 and formally launched in February 2016. The updated version ensures that the guidance is aligned with the Care Act 2014 and encapsulates national and regional initiatives. It further aims to capture developments from all organisations working collaboratively to improve the outcomes for safeguarding adults at risk.

20.4. Merton CCG Safeguarding Adults at Risk Policy

20.4.1. In order to discharge its commissioning responsibilities Merton CCG developed a Safeguarding Adults through Commissioning Policy (SACP).

20.4.2. This policy supplements the Pan London policy and describes specific roles and responsibilities within Merton CCG. A revised SACP has recently been ratified at the CCG. It incorporates the new Pan London Adult Safeguarding Policy and Procedure document. The revised document will inform CCG staff of Merton's safeguarding reporting arrangements (part 1) that will be expected to be read in conjunction with the Pan London document (part 2).

20.4.3. The Designated Adults Safeguarding Manager (DASM) has represented the CCG this year in the management and oversight of individual safeguarding and complex cases. This includes:

- Liaising with counterparts in partner agency meetings, such as the Safeguarding Adult Board (SAB) and statutory and voluntary agencies.
- Highlighting how the organisation can prevent abuse and neglect from taking place.
- Ensuring that staff receive safeguarding training relative to their role.
- Advising and guiding CCG staff on safeguarding adult concerns, the Mental Capacity Act 2005 and Prevent.
- Monitoring the progress of cases and ensuring they are dealt with in a timely fashion.



- Ensuring systems are in place to support CCG-funded patients, family members and staff regarding safeguarding adult investigations.
- Completing audits, including the SAB's annual Safeguarding Adults at Risk Audit Tool.

20.4.4. The DASM has built up an excellent working relationship with the Merton Local Authority (LA) safeguarding team, Deprivation of Liberty Safeguards (DoLS), commissioning managers, contracting and PREVENT teams. The CCG has supported London Borough of Merton in its role in co-ordinating work to safeguard adults in the borough on Section 42 enquiries, particularly in relation to care home and domiciliary care cases.

20.4.5. Through the SAB, the Designated Adult Safeguarding Manager looks to forge closer links with agencies such as the Metropolitan police, London ambulance service and community and voluntary groups.

20.5. Prevent programme:

20.5.1. The Prevent is the government's programme to prevent radicalisation. This duty, introduced as part of the Counter-Terrorism and Security Act 2015, requires health bodies as well as schools, local authorities, prisons and police to have 'due regard to preventing people from being drawn into terrorism'. The programme contributes to promoting good relations between communities.

20.5.2. The 'Prevent' agenda is outlined in the Department of Health document Building Partnerships, Staying Safe – The Healthcare Sector's contribution to HM Government's Prevent Strategy: For Healthcare Organisations.

20.5.3. The CCG has maintained close links with NHS England's dedicated Prevent team and with Merton's Metropolitan Police Prevent and Channel liaison and engagement officers.

20.5.4. Implementing the Prevent local strategy is now also a specified requirement within the NHS Standard Contract for provider organisations. The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation.

20.5.5. Key aspects of this work for Merton CCG include: raising awareness of the requirements among staff through training. An accredited e-learning package is now available for staff who have been encouraged to access it following the Workshop to raise Awareness of Prevent (WRAP) training in February 2017.



20.5.6. The Designated Adult Safeguarding Manager (DASM) is a member of the Channel panel, providing clinical input into a multi-agency forum that receives and discusses Prevent referrals in the Borough.

20.5.7. In July this year the DASM worked with London Borough of Merton to adopt the 'Prevent Road Map' now cascaded widely within the borough.

20.5.8. The CCG also organised training for primary care staff on 18th November 2016. Topics covered included:

- Adult safeguarding in Primary Care
- The Breck Foundation – raising awareness of playing safe whilst using the internet
- Merton's Multi Agency Safeguarding Hub (MASH)
- PREVENT presentation by Met Police
- Domestic violence update

20.6. Safeguarding Children:

20.6.1. Merton CCG in 2015/16 achieved compliance with statutory guidance and safeguarding requirements, as endorsed by the NHSE Deep Dive Audit (Nov 2015) and external re audit in Q4 2015/16.

20.6.2. In 2015/16 compliance exceeding 80% was achieved for safeguarding children training across all CCG staff groups requiring level 1 and 2 safeguarding training. All staff in specialist safeguarding roles are compliant with safeguarding training; 100%.

20.6.3. Merton CCG safeguarding children internal training offer has been reviewed and updated. The internal training offer is compliant with the intercollegiate document (RCPCH 2014) requirements and include:

- Basic awareness of PREVENT
- Child Sexual Exploitation
- Female Genital Mutilation (FGM) mandatory reporting requirements

20.6.4. The Designated Nurse has contributed the Merton CCG online Primary Care Update. In Q1 2016/17 safeguarding updates have included; Child Sexual Exploitation (CSE) including circulation of the NHSE Pocket Guide, Independent Inquiry Child Sexual Abuse, Local Authority Designated Officer (LADO) function and updated contacts, MSCB new guidance and updated statutory duties relating to FGM (April 2016 new guidance) .

20.6.5. Merton GPs attended a safeguarding Level 3 training event hosted by Merton CCG – speakers included; Designated Doctor, Designated Nurse and the WISH centre.



20.6.6. Merton CCG is represented on the Merton Safeguarding Children Board by the Director of Quality and Governance and Designated Nurse.

20.6.7. The Merton CCG Designated Nurse chairs the Merton Safeguarding Children Board (MSCB) Policy Subgroup and in 2015/16 had oversight over the development and approval of the following MSCB documents;

- MSCB Female Genital Mutilation (FGM) Strategy
- MSCB Self Harm Protocol.
- MSCB Escalation Procedure

20.6.8. The Merton Designated Nurse attends the MSCB Promoting and Protecting Young People Panel (PPYPS) which seeks to identify and address the emerging and known risks for young people. Key work streams include child sexual exploitation, PREVENT, children missing from home, care and education, impact gang culture and children experiencing the negative impact of domestic abuse.

20.6.9. The Designated Nurse represents Merton CCG on the following multi-agency panels and meetings:

- Multi-Agency Safeguarding Hub (MASH) strategic group
- Violence Against Women and Girls (VAWG) strategic group
- Multi-Agency Child Sexual Exploitation Panel (MASE)
- Multi-Agency Risk Assessment Conference (MARAC) – high risk domestic abuse cases
- Family Nurse Partnership Advisory Board

20.6.10. Merton CCG has demonstrated commitment to working in partnership with both statutory and non-statutory partners on both a strategic and operational level to identify and address key areas of risk for Merton children and young people.

20.6.11. The Designated Nurse has attended the Children In Care Council (CICC) on two occasions. The first was to support the progression of the Health Passport Project. To provide key health information for young people leaving care. The second was to discuss young people's experience of being in care as part of a project being undertaken by the Care Leavers Association (CLA). The findings are to be shared with CCGs to support the commissioning of services to address the specific needs of young people in care and care leavers, thus ensuring co-production of services.

20.6.12. The Designated Nurse attended the Merton Children Looked After (CLA) and Care Leavers Pledge event held at Nonsuch Manor on 6th April 2016. The Pledge is a list of 'promises' made by Merton Council to CLA and care leavers regarding the services and support they can expect to receive.



20.6.13. The aim of the event was to hear the voices of CLA and care leavers and discover what they thought the Pledge should include. The updated Pledge has a refreshed Health Section which reflects the comments and feedback from CLA. The contents of the Health Section are:

- Ensure you are registered with a GP and Dentist
- Advice, guidance and support on substance misuse, sexual health and mental health
- Run courses on cooking health meals
- Make a financial contribution towards leisure activities
- Why you need to have a health assessment

20.6.14. The Designated Nurse attended a seminar in Central London 23rd June 2016 hosted by the Care Leavers Association, where findings of the CLA Health Survey were presented. Key messages were linked to physical health, mental health, and sexual health.

- Physical Health – support to be healthy such as gym memberships, vouchers for bicycles and being shown how to prepare healthy meals
- Mental health - easier access to counselling, information about mental health is and support to address issues of isolation
- Sexual health – more advice on sexual health from other professionals and foster carers as there is an overreliance on the school to provide this.

20.6.15. The Designated Nurse will continue to support the work being undertaken by the Care Leavers Association and will update the CCG on progress made with regard to co-production of services for CLA and care leavers across London.

20.7. Female Genital Mutilation:

20.7.1. As a member of the Merton Child Safeguarding Board, Merton CCG actively contributed towards the Female Genital Mutilation (FGM) Strategy in March 2016, which is aimed at: protecting and supporting women and girls at risk, provision of specialist support for girls who have undergone FGM, including medical and psychological support and prevention through awareness-raising, partnership-working with community and voluntary sector organisations and creating community champions.

20.7.2. The strategy is focussed on girls and young women between the ages of 0-18 years. Women above the age of 18 are supported through the Merton's Violence Against Women and Girls (VAWG) Strategy 2016-2018.

20.7.3. In Merton, pathways have been created to make safeguarding referrals to Children's Social Care/MASH a range of agencies, including: Maternity services, Health visitors, GPs, Education and the voluntary services.



21. TENDERS, CONTRACTS AND PERFORMANCE MONITORING

21.1. Under the Equality Act 2010, NHS providers are required to comply with a number of equality-related requirements. The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care.

21.2. CCGs are required to hold providers on account on the clauses included in the NHS Standard Contract 2016/17, including Service Condition 13 on Equity of Access, Equality and Non-Discrimination. Providers holding contracts over £200,000 must ensure that:

- Parties do not discriminate between or against service users, carers or legal guardians with regards to the nine protected characteristics or any other non-medical characteristics, except if permitted by law.
- Legal adjustments are made for service users, carers and legal guardians with language or communication difficulties arising from a limited knowledge of English or a disability. The provider must carry out an annual audit of this and highlight improvements.
- Providers show compliance with Section 149 of the Equality Act, which includes: showing due regard to the three aims of the Public Sector Equality Duty
- Provide a plan on how it is complying with the clause.
- Implement the EDS2 – in case of NHS Trusts and Foundation Trusts
- Implement the Workforce Race Equality Standard and provide progress reports.

21.3. Providers holding contracts less than £200,000 ('small providers') have to ensure:

- There is no discrimination between or against service users, carers or legal guardians on grounds of the nine protected characteristics or any other non-medical characteristics, except as permitted by Law.
- Assistance and reasonable adjustments are made for users, carers and legal guardians with language and communication difficulties.

21.4. **Provider assurance in procurement in 2015/16:**

21.4.1. In 2015-16, the procurement and contract mobilisation for new community health services in Merton was a key activity. The new providers commissioned by the CCG and Merton Borough Council to deliver community health services in the borough from April 2016 is Central London Community Healthcare NHS Trust (CLCH). It now provides a range of both children's and adult community services in the borough, while Connect Physical Health Limited provides adult musculoskeletal (MSK) and outpatient physiotherapy services.



21.4.2. The procurement included an evaluation of the providers' record on equality and diversity and engagement with patients and carers.

21.5. Provider assurance in 2016/17

21.5.1. As part of the WRES provider assurance, providers hosted by the CCG will be presenting their Equality Reports related to all key clauses under Service Conditions 13 of the NHS Standard Conditions of Contract 2016/17 at Clinical Quality Review Group meetings between November 2016 and March 2017. Contract leads have also been provided with guidance and processes to monitor compliance on the EDS2, Accessible Information Standard, WRES and other equality reporting mandated by the NHS Standard Conditions of Contract 2016/17.

Table 1.2: Key providers and compliance with equality duties as published on their website

Provider	Equality Delivery System	WRES	Annual Equality Report	Equality Objectives published
South West London and St George's Mental Health NHS Trust	Yes	Yes	E&D Strategy 2016-20 published. Progress update provided to CQRG in November 2016	Yes
Central London Community Healthcare NHS Trust	Progress update awaited for 2016	Baseline report for 2015 published on website	E&D report for 2014/15 published. Progress update awaited for 2016.	Yes

22. PROGRESS ON THE CCG'S EQUALITY AND DIVERSITY WORK PLAN:

22.1. **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 and acts as a sub-committee of the CCG's Quality Committee.

The group is chaired by the Director of Quality and Governance, who is the executive lead on equality and diversity and includes representatives from the Governing Body, the Public Health and Commissioning teams. In 2016, the membership expanded to



include a GP representative. The EDG provides quarterly updates to the Quality Committee.

22.2. **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. These will be reviewed and a fresh set of 4-yearly objectives will be published in 2017.

Table 1.3: Equality Objectives for Merton CCG mapped to EDS2 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

22.3. Equality Delivery System (EDS2)

22.3.1. The Equality Delivery System (EDS2) is a performance improvement tool to monitor and improve performance on equality and diversity across four domains or 'Goals': Better Patient outcomes, Improved Access and Experience, A representative and supported workforce and Inclusive leadership.

22.3.2. The EDS2 helps CCGs meet its Public Sector Equality Duty by reviewing its equality performance on each of these goals annually through evidence gathering and engagement with a range of stakeholders, including commissioning staff, provider organisations, patients, carers, members of the public, voluntary sector organisations, local authority representatives and CCG



Governing Body members. Following the engagement process, the CCG receives a grade for each of the goals. The purpose of the assessment to ensure the CCG is transparent and accountable to its key stakeholders and is working to continuously improve itself.

22.3.3. Merton CCG has implemented the EDS2 for the third consecutive year in 2016. Its aggregated grades for all four EDS2 Goals since 2014 are as follows:

Table 1.4: EDS2 Grades since 2014

EDS2	2014-15	2015-16	2016-17
Goal 1	(D)	(D)	(A)
Goal 2	(D)	(D)	(D) (A)
Goal 3	(A)	(D)	(D)
Goal 4	(A)	(D)	TBC (4.1 and 4.2) – Achieving for Outcome 4.3

22.3.4. In 2016, the CCG reviewed the following services for Goals 1 and 2: Translation and Interpretation Services at GP Surgeries and Complex Depression and Anxiety Service. The service was reviewed in partnership with Central and North West London NHS Trust and South West London and St George’s Mental Health Trust respectively. Review of the service was concluded at a workshop involving partner agencies, members of the public, service users and carers at an event held on June 9th 2016.

22.3.5. Overall, the **Translation and Interpretation service** was assessed as **Achieving** for Goal 1 and **Developing** for Goal 2. This means that while the CCG was doing fairly well in terms of designing, meeting people’s needs, supporting transitions and prioritising safety (Goal 1), it needed to do much more to ensure non-English speakers have access to this service.

22.3.6. The **Complex Depression and Anxiety Service** was assessed as **Achieving** for Goals 1 and 2 and the CCG has identified a few improvements that need to be made with the support of voluntary sector partners, service users and carers.

22.3.7. Grades for both services are given in *Table 1.5*.



Case Study: Translation and Interpretation Services for GP Practices in Merton

In 2016, following feedback from its Equality Delivery System (EDS2) public engagement event in 2015, Merton CCG reviewed its Translation and Interpretation Services at GP Surgeries

What was the problem?

In 2015-16, an analysis of take-up of interpreting services in GP surgeries across Merton highlighted that take-up was patchy, even in areas with a high density of speakers of language other than English. Further investigation revealed several surgeries were unaware that the CCG had commissioned this service for their use (some were wrongly accessing another provider) and were unsure of the range of translation and interpreting services they could access through the CCG's current provider, Central and North West London (CNWL) NHS Trust. This in turn potentially affected the experiences and health outcomes of patients who had language and communication difficulties.

Public engagement:

The problem was further examined at a workshop to review this service in June 2016 (as part of the annual EDS2 review), involving provider representatives, CCG representatives and members of the public and voluntary sector. The feedback highlighted that the service needed to be promoted to all surgeries and practice staff needed to be aware that patients could access this service free of charge, as it was funded by the CCG. The feedback also suggested that practice staff needed to be aware of the full scope of the service, including telephonic, video-conferencing, face-to-face and specialist interpreting in specific health areas (like mental health). It was identified that small improvements through active promotion and awareness-raising could lead to significantly improve take up and patient experience and outcomes.

Outcomes: Awareness raising and contract review

Following the event, a workshop was held for all practice managers in August 2016 with the support of the primary care support team. The CNWL service team provided practice managers with full information and promotional material on the service (such as mouse mats, information card and leaflets), when and how to book interpreters, the scope and parameters of the service (including availability of in-house and specialist interpreters in areas of high-demand) and the recruitment, training, certification and codes of conduct adhered to by interpreters. The workshop allowed practice managers to clarify their understanding of the service and identify whom to contact in case of problems.

The commissioning manager has since reported an increased take-up of the service as part of monthly monitoring to identify usage by practice and language. CNWL will provide an annual audit to evidence change in take up of the service across practices in Merton in April 2017.

22.3.8. To review Goals 3 and Outcome 4.3, which address staff experiences across the employment lifecycle, the CCG held a staff workshop on October 6th 2016, which discussed findings from its staff survey for 2016, its Workforce Race Equality Standard report and identified good practice and areas of improvement. Overall, the CCG was assessed as being **Developing** for Goal 3



and **Achieving** for Outcome 4.3. Grades for Goal 3 and Outcome 4.3 are given in Table 3.

22.3.9. Grades for Goal 4 will be concluded by January 2017, following an external assessment by London Borough of Merton.

Table 1.5 Grades for EDS2 Goals 1 and 2 2016-17

Goal	Outcomes	Translation and Interpretation Service at GP Surgeries	Complex Depression and Anxiety Service
Goal 1 (Better Health Outcomes)	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	(Achieving)	(Achieving)
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	(Developing)	(Achieving)
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	(Achieving)	(Achieving)
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	(Achieving)	(Developing)
Goal 2 (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	(Developing)	(Achieving)
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	(Developing)	(Excelling)
	2.3 People report positive experiences of the NHS	(Developing)	(Achieving)
	2.4 People report positive experiences of the NHS	(Achieving)	(Achieving)

Table 1.6 Grades for Goal 3 and Outcome 4.3

Goal	Outcomes	Grade
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	(D)
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.	(A)
3.3	Training and development opportunities are taken up and positively evaluated by all staff.	(U)
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	(U)



3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	(D)
3.6	Staff report positive experiences of their membership of the workforce.	(D)
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	(A)

22.3.10. Action Plans developed for each goal will be published along with the grades of the CCG's website by March 31st, 2017.

22.4. Workforce Race Equality Standard

22.4.1. In 2015, NHS England mandated that all NHS providers holding contracts 17 over £200,000 under the Standard Conditions of Contract 2016/have to implement the Workforce Race Equality Standard (WRES), which is a benchmarking tool to assess an organisation's progress on race equality by analysing the outcomes for Black and Minority Ethnic (BME) staff as compared to their White staff annually.

22.4.2. CCGs are also expected to show due regard to the WRES, by ensuring providers are delivering on the WRES and implementing the WRES internally by reviewing experiences and outcomes of their workforce annually.

22.4.3. Under the WRES, providers and CCGs have to gather staffing and board-level data against nine indicators 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 have been published in July 2015, followed by annual reports being published and publicised by July of each year. Providers are expected to give CCGs progress updates on their WRES reports.

22.4.4. Merton CCG has gathered data against the nine WRES metrics for 2016. 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 considered by its Equality and Diversity Group and Quality Committee. The WRES Action Plan has been integrated with the EDS2 Action Plan for 2016-17, which will be published by March 31st 2017.

22.5. Accessible Information Standard

22.5.1. The Accessible Information Standard (AIS), which came into effect from July 31st 2016, requires all health and social care providers to consider the information and communication support needs of people with disabilities.



22.5.2. Under the standard, health and social care providers have to adopt a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of patients, service users and carers.

22.5.3. CCGs are expected to show due regard to this standard, by ensuring contracts, frameworks and performance-management arrangements with provider bodies enable and promote its requirements.

22.5.4. To ensure compliance with the AIS, Merton CCG has:

- Provided information on the AIS to all GP surgeries through its newsletter.
- Provided a briefing on the standard to its Patient Engagement Group.
- Promoted the standard internally through its monthly news bulletin.

22.6. Training and Development:

22.6.1. Staff and Governing Body members have had access to the following training to promote greater effectiveness at the workplace:

- Online statutory and mandatory training on equality and diversity is 49%
- Dignity At Work Training: Over 90% of staff attended the training and rated it highly.
- Training on equality and diversity and decision-making for Governing Body.

23. SUMMARY OF PROGRESS IN MERTON CCG IN 2016

- Staff received ongoing support and guidance on equality analysis. This year, care has been taken to ensure all services being decommissioned have been assessed for equality-related risks.
- The EDS2 review for all four goals have taken place through robust evidence gathering and stakeholder engagement, with partners in health, social care, voluntary sector, patients and carers. Action plans have been developed in collaboration in commissioning managers, the EDG, HR and Governance teams.
- The CCG reviewed its Workforce Race Equality Standard Report and Action Plan for 2016-17 and has assured its key providers are delivering on their action plans.
- In primary care, GP Practices received information and guidance on the Accessible Information Standard and on the use of Translation and Interpretation Services commissioned by the CCG. The Primary Care team is also developing robust plans to implement the New Model of Care, which



includes the Accessible Care Framework in 2017, and to refurbish premises to make them more user-friendly for people with mobility difficulties.

- The Governing Body has been supported with training on equality and diversity, including assurance related to board papers.
- The CCG has a new equality and diversity vision statement to guide its policy formulation and decision-making processes (this can be found on: <http://www.mertonccg.nhs.uk/about-us/equality-and-diversity/Equality%20documents/Merton%20CCG%20Equality%20and%20Diversity%20Vision%20Statement%20May%202016.pdf>)

