

Public Sector Equality Duty Annual Report

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This annual report documents the steps taken by NHS Merton Clinical Commissioning Group to deliver its equality and diversity work programme in 2014.

Final Version (3)



right care
right place
right time
right outcome

Foreword

We are delighted to present this report highlighting our progress on equalities in 2014.

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

This report brings together information, evidence and recommendations which demonstrates 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 as a tool to support and guide us over the coming year.

Dr Howard Freeman

**Chair
NHS Merton Clinical Commissioning Group**

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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 general and specific duties:

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

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relations

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

1.3 **The specific duties** require public bodies, such as Merton CCG, to publish relevant and proportionate information to show how they are meeting the general duty by 31 January each year. They are also expected to 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 2014 to meet its public sector equality duty (PSED) and focuses on:

- The CCG's Commissioning process, to demonstrate how priorities are derived and plans are developed. This includes the range of equality analyses undertaken during the year, especially when new services are commissioned and/or changes are being made.



- 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. Key areas of focus include steps taken around providing integrated 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 202, 750 people, which is expected to rise by 16,000 by 2017. Key features of Merton's population:

- Approximately 50.7% of the population is female.
- 49% of the population lives in family households with dependent children, while 28% lives in single occupant households.
- The proportion of working age population is likely to decrease from 69% to 67% by 2017, with a rise in those under 9 and above 65 years.
- 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.
- 35% of Merton's population belongs to Black, Asian or minority ethnic (BAME) communities, a figure expected to rise to 39% in 2017.
- Poland, Sri Lanka, South Africa, India, Pakistan and EU Accession countries are among the top 10 countries of birth in Merton.
- 40.3% speak a first language other than English – and about 121 languages are spoken in Merton schools.
- 56.1% of Merton's population identified itself as being Christian, followed by 20.6% 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 total population, 2.5% or 5100 people are estimated to be lesbian, gay or bisexual
- Of the recorded transgender population, 80% were trans women and 20% trans men.
- 4 in 10 men have been found to have disabilities, compared to 6 in 10 women.



(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 25 GP practices in the London Borough of Merton in the three localities of East Merton, West Merton and Raynes Park.
- 2.2 On 1 April 2013, Merton CCG took over statutory responsibilities for planning and funding NHS services for the London Borough of Merton from NHS Sutton and Merton Primary Care Trust. The CCG is the co-ordinating commissioner for the Community Services contracts with the Royal Marsden NHS Foundation Trust (who host the Sutton and Merton Community Services). It is also a key associate commissioner in contracts with:
- St George's Healthcare NHS Trust
 - Epsom and St Helier University Hospital NHS Trust
 - Kingston Hospital NHS Foundation Trust
 - South West London and St George's Mental Health Trust
- 2.3 Merton CCG has steadily developed its equality and diversity work programme since its authorisation in 2013. We published our Equality Objectives in 2013 and undertook an extensive baseline assessment in 2014 to identify progress against the refreshed Equality Delivery System – an equality benchmarking scheme for NHS organisations. Results of our assessments and improvement plans can be found in Appendix 1(b).
- 2.4 We purchase a range of services (including equality and diversity advice and support) from South East Commissioning Support Unit (SECSU), which helps us meet our statutory responsibilities, including those outlined by the Equality Act 2010.
- 2.5 NHS England provides strategic policy guidance and performance monitoring through its national Equality and Health Inequalities team.
- 2.6 This report focuses on progress in 2014-15, 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 2014/15



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 and provides subject matter expertise on both clinical matters and equality and diversity.
- 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 our 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, user involvement forums 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 staff training needs arising from the requirements of the equality and diversity framework.
- 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

Merton CCG's Commissioning Intentions for 2014/15 outlines the healthcare commissioning that will take place in the next 12 months and its efforts to work across the healthcare economy to drive quality and improvements for patients. The commissioning priorities for the year ahead are informed by the JSNA 2013-14, local consultations and input from clinicians and member practices.

4.2 Key commissioning priorities for 2015/16 will be a continuation of those agreed in the last year. They include:

- Older and Vulnerable Adults
- Mental Health
- Children and Maternity Services
- Keeping Healthy and Well
- Early Detection and Management
- Urgent Care

4.2 Operating plan

Merton CCG's Operating Plan 2014-16 articulates its vision for the Merton healthcare system over the 24 month period - with the commissioning intentions refreshed annually during that period. It highlights key challenges faced by the CCG, such as managing increased demand for services from older population set to double by 2018 and financial challenges and its plans to meet them in partnership with a range of organisations, including the London Borough of Merton, the South East Commissioning Support Unit, the voluntary sector and key providers in the health and social care sectors.

A summary of the Operation Plan and Commissioning Intentions 2014-16 can be found in Appendix 1 (a)

4.3 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. The QIPP flowchart can be found Appendix 1(f).

The Long Term Conditions Pathway was the first scheme to carry out an equality analysis. 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 2014 include:

- Mental Health Placements
- Prescribing
- Urgent Care
- Diabetes
- MSK
- Health Coaching COPD
- Community DESP Surveillance

5. Partnerships

Merton CCG works collaboratively with a range of local agencies to strengthen its efforts around patient and public participation. Key partnerships it is involved in include:

5.1 Health and Wellbeing Board: The Merton Health and Wellbeing Board (HWB) is a partnership of elected representatives, local authority officers, CCG clinicians and executive managers, HealthWatch and voluntary sector representatives.

It provides strategic leadership in health and wellbeing, directs the commissioning of health and social care services and promotes collaborative working between the NHS, social care, public health and other local partners. It focuses on not just health care needs, but also the wider determinants of health.

The Merton HWB is responsible for developing the Health and Well-Being Strategy for the borough and the Joint Strategic Needs Assessment (JSNA), which provides the qualitative and quantitative evidence base for the strategy. The Merton Health and Wellbeing strategy can be accessed at:

http://www.mertonpartnership.org.uk/hwb_strategy_final_web_ready.pdf.

5.2 HealthWatch Merton: HealthWatch Merton has been working closely with Merton CCG to give children, young people and adults a powerful voice in shaping and improving the design and delivery of health services. HealthWatch Merton has supported the CCG in a range of engagement initiatives, such as Engage Merton, setting up the Patient Reference Group and the Better Healthcare Closer to Home project.

5.3 Patient Participation Groups: Merton CCG works closely with HealthWatch, Practice Managers, Volunteer Centre Merton, Merton Residents Healthcare Forum and Carers Support Merton to support Patient



Participation Groups (PPGs) at GP practices and promote patient and public participation in health.

Patient Participation Groups (PPGs) include patients interested in healthcare and willing to support the running of their local GP practice. They often include members of the practice staff, including the practice manager, GPs and nurses.

Following an audit of PPGs in Merton, key areas for development have been identified for PPGs. These include:

- Training and development for members.
- Training volunteers to become participation group advocates.
- Patient participation group networks.

5.4 Patient Reference Group: Merton CCG supports the concept of a Patient Reference Group to ensure that commissioning plans are informed by the views of patients, carers and all sections of the public. . The purpose of a PRG is to challenge and influence decisions taken by the CCG and ensure that decisions around healthcare commissioning meet local need.

5.5 Member engagement: Merton CCG's 25 GP practices are divided into three localities – East Merton, West Merton and Raynes Park. Each locality is represented by a nominated GP clinical lead who attends a Clinical Quality Reference Group for their relevant acute provider and the CCG's Executive Management Team. This is to ensure that decisions are informed by clinical view and challenge. Each of the localities has carried out their own engagement methods to improve healthcare services. Examples include:

- The East Merton locality group participating in the Merton Multi-Agency Safeguarding Hub to support children's safeguarding and supporting patients better closer to home through multi-disciplinary meetings to review care of individual patients.
- Raynes Park is piloting a GP federation to allow practices to stay independent and draw on the resources of the federation, especially in matters related to recruitment. Redevelopment of the Nelson Local Care Centre by involving GP members in its planning and redesign to ensure residents have an integrated care facility out of hospital is another step towards improving care closer to home.
- West Merton has introduced testing kits to help with timely diagnosis of Deep Vein Thrombosis, which saves lives and prevents Accident and Emergency admissions.



5.6 South West London Commissioning Collaborative: Merton CCG is part of the South West London Collaborative Commissioning, which includes six SW London CCGs and NHS England. The collaborative

was formed to develop a five-year strategy for the local NHS to address the rising demand for healthcare in South West London and the quality and financial gaps that exist in the present provision.

- 5.7 **The Better Health Care programme** aims to provide people integrated health and social care services so that people are supported to remain well for longer in their own homes, rather than requiring hospital, residential and nursing care support. The programme is seeking to initiate a step change in the way care is planned for, from reactively providing support when people fall ill, to proactively supporting people to stay healthy. It will involve Merton CCG and London Borough of Merton to work as co-commissioners with community and acute providers and ensure people receive effective services closer to home. Services will be person-centred and targeted at those identified at most risk of hospital or care home admission and those with multiple long term conditions.

6. Consultation and Engagement

To meet its statutory duties under the Health and Social Care Act, Merton CCG embarked on a range of patient and public engagement activities since January 2014. These include initiatives that have helped patients and carers to be more involved in decisions affecting their care/treatment and public consultations around service design and delivery.

Key engagement activities held in 2014:

- **Engage Merton:** Now held annually, this event is hosted by Merton CCG to gather views from the public and patient representatives on its healthcare priorities and new developments. The event in 2014 was attended by a cross-section of clinicians, carers, patient representatives, elected representatives from the London Borough of Merton and the voluntary and community sector. Participants represented a range of communities and interest groups and feedback received will inform future plans and improvements in key healthcare initiatives for the year ahead, such as the Mitcham Health Facility and community services re-procurement.
- **Expert Patient Programme (EPP):** A free, six-week self-management course for adults living with long-term health conditions or for carers of people living with long-term conditions, this programme was first piloted in 2013 by NHS Sutton and Merton PCT. Since then it has been commissioned again to run through 2014-15. In addition to helping patients and carers to improve their health and well-being, this course has also provided opportunities to reach out to Merton's diverse communities. Key highlights of 2014-15 include:
 - Completion of four courses between June and November 2014, with one specifically targeted at carers. A total of 42 participants were enrolled in these courses.
 - Four more courses are planned for the period November 2014 and March 2015, one of which will be delivered in Tamil, another



specifically for patients with COPD. The final two will be targeted at two community groups in Merton – St Marks Family Centre and Merton Goan Senior Citizens Association.

- The EPP programme includes free tutor training, supervision and accreditation sessions.
- Other activities held include: a reunion for 20 previous EPP participants on 16/07/14 at Vestry Hall, Mitcham, which included talks from LiveWell, dieticians and a chair-based exercise session and awareness-raising events and workshops throughout the year.
- **Lay representatives:** Merton CCG also involves patients, carers and the public in decision-making, by supporting lay representatives on the Governing Body and at various committees and working groups. A lay representative is a patient or member of the public who is actively involved in local health services. They may be representing a group of individuals or there on their own right - to share their personal perspectives on local health issues. Some of the committees and bodies that Merton CCG has lay representation on includes: Governing Body, Clinical Quality Committee, Patient Reference Steering Group, Finance Committee and Improving Access to Psychological Therapy Re-Tender Committee.
- **Wider engagement:** To improve and strengthen existing networks, Merton CCG also supports and attends a wide variety of groups and organisations in the borough to engage with and involve a wide section of patients, public, carers, partner and communities. These include: Ability Housing, Health Hub, Equality and Diversity Forum and Merton Compact.

Other consultations that Merton CCG has involved patients, carers and the public include:

- **Integrated Care:** As a follow up to support the integration of health and social care services held in 2013 called 'You at the Centre of your care Event', in addition to a simulation event that took place in Autumn 2013, patients, carers and healthcare professionals were invited to attend an event in September 2014 called 'Joining Up Health and Social Care.'
- **Improving Access to Psychological Therapies (IAPT):** To consider how access to IAPT services could be improved, a comprehensive stakeholder event took place in March 2014 to review the CCG's performance against the Equality Delivery System. Key feedback received included: developing more culturally sensitive patient assessments, increasing community-based interventions and improving communications between commissioners and providers. These findings fed into the following stakeholder event focussed on the re-tender of the IAPT services, resulting in the tender document being reshaped by the EDS Improvement Plan.
- **The Health Hub:** This is organised by the CCG at Merton's Carnival to raise awareness of health and well-being, promotion and preventative initiatives, groups, organisations and opportunities within the borough.



- Children and young people's mental health services.
- Better Healthcare Closer to Home Nelson and Mitcham Projects.
- End of Life Care: To support the refresh of the End of Life Care Strategy, an engagement event entitled 'Help Us To Improve End of Life Care in Merton' took place in Autumn 2014.
- Between November and December 2014, Merton CCG facilitated and participated in a series of consultation events to inform the changes to in-patient facilities at South West London and St George's Mental Health Care Trust. These included consultations were attended by people from a range of protected groups. Targeted consultations were also held with Carer groups, an LGBT forum and a mental health service users' forum.

More information can be found in the Duty to Involve Report and Merton Expert Patients Programme in the list of documents in Appendix 1.

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 for 2013-14. 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. The JSNA for 2013-14 provides a wealth of information on local health needs, health inequalities and commissioning implications to address them. It includes the latest information on protected groups in Merton and can be accessed on: <http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm>. [The information is produced to support evidence-based planning and effective commissioning of healthcare services.](#)

The JSNA is reviewed on an ongoing basis, with findings published annually. The core data set will be updated again in 2015. Efforts are underway to refine and analyse the information to give a detailed commentary of health needs of different protected groups, so as to identify which groups suffer poorer health outcomes compared to the rest.

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 21 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, African Educational Cultural Health Organisation 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 April and August 2014 have supported more than 132 local people.

This programme won a local Compact award and was shortlisted in the Advancing Equality category of the National Compact Awards.

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 25 out of 25 G.P practices participating. To ensure universal coverage, three pharmacies have also been commissioned to deliver the health checks.

For the financial year 2014/15, 5639 people were offered an NHS Health Check during Quarters 1 and 2. Of those offered, 2,679 people have received an NHS Health Check.

NHS Health Checks are the responsibility of Public Health Merton in the local Council. Contracts have been renewed with individual GP surgeries as part of this new arrangement with support from the Local Medical Committee. Further service developments are being considered.

8. 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 the East of the borough and include healthy schools and community health champions.
- Following the 2013 Annual Merton Partnership conference on health inequalities, the Annual Public Health Report focusses on steps to support a good life for all Merton residents. The refresh of the Health and Wellbeing strategy will adopt this approach to reduce health outcomes between the east and the west of Merton.
- A 2-year pilot befriending scheme to tackle loneliness and isolation in older adults.
- Mental Health Needs Assessment completed and signed off by Health and Wellbeing Board.
- 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 will be developed into a community-led action plan.

- An Early Years Pathway Manager has been recruited to strengthen the delivery of integrated working and increase evidence-based practice and pathways between GPs, Midwifery, Health Visiting and Children's Centres for the 0-5 age group. 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 Healthy Schools programme in Merton. This project will also fund practical initiatives supporting the broad spectrum of health. In its later phase, it aims to target specific groups in schools who may benefit from these initiatives.
- 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.
- 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.

9. Patient Advice and Liaison Service and Complaints Service

- 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 will be an important source of information 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 Whilst a clear pattern of complaints is not evident, issues raised around children's education and non-educational needs assessment has resulted a review of commissioning of care for children with complex health needs. Other complaints around access and eligibility for services such as InVitro Fertilisation (IVF), has led to a review of support to patients with fertility problems. In 2014, the CCG also received funds to commission one round of IVF.
- 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 Advocacy – independent advocacy is available to all patients. The ICAS (Independent Complaints and Advocacy Service) provider ensures that any other support e.g. interpreters, is also available to our patients.

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 objectives of the service is to ensure that people from ethnic and linguistic minorities, who use health services provided by the consortia will be provided with 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.
- 10.4 Tables 2 and 3 below highlight the languages for which requests for interpreters were made in 2013-14:



13/14 Face 2 Face		13/14 Language Line (by telephone)	
Language	Total	Language	Total
Albanian	2	Albanian	3
Arabic	11	Arabic	3
Bengali	2	Bengali	4
Bulgarian	7	Bulgarian	9
French	3	Dari	1
Italian	1	Farsi	1
Japanese	1	French	4
Korean	8	Hungarian	5
Kurdish (sorani)	6	Italian	1
Lithuanian	1	Korean	5
Mandarin	1	Mandarin	16
Polish	59	Polish	40
Portuguese	11	Portuguese	7
Pushtu	2	Punjabi	1
Romanian	5	Romanian	4
Russian	11	Russian	7
Singhalese	1	Slovak	1
Slovak	1	Somali	26
Somali	3	Spanish	9
Spanish	23	Tamil	6
Tamil	6	Turkish	2
Turkish	12	Urdu	5
Urdu	5	Grand Total	160
Vietnamese	2		
Grand Total	184		

Table 2: Requests for face-to-face interpretation; Table 3: Language Line requests

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. It is noteworthy that the local Mental HealthTrust have improved the timeliness and responsiveness of their investigations and action planning.
- We also monitor any incidents affecting women within the maternity services, and child and adult safeguarding incidents.



12. Safeguarding

- 12.1 Merton Clinical Commissioning Group 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 adopted a Safeguarding Children through Commissioning Policy in January 2014. Its aim is to set out the expected standards around safeguarding from commissioning managers and provider organisations, including roles and responsibilities for MCCG staff. An equality impact assessment on the policy has been undertaken and updates are given to the CCG’s Clinical Quality Committee.
- 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 – both as a host and associate commissioner.
- 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.

Adult safeguarding

- 12.6 Merton CCG is a member of the Merton Safeguarding Adults Board set up in March 2014. The board issues related to safeguarding adults with reference to: the Care Bill, serious case reviews, providers' assurance and Deprivation of Liberty Safeguards. It works 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.
- 12.7 The main forms of abuse noted in Merton have been around neglect, followed by physical and financial abuse. Key interventions following serious case reviews have resulted in the following actions: updating protocols on non-engaging clients, improved training on Mental Capacity Act for frontline staff, including GPs.

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 2014, Merton CCG began a procurement process for re-provision of its Improving Access to Psychological Therapies service. An Equality Analysis will be completed on the revised procurement specification.
- 13.4 The NHS standard contract is routinely used by the CCG. This follows a review of contracts last year which showed wide variation in the use of contract templates. The national contract includes provider requirements around 'equity of access, equality and no discrimination' and 'pastoral, spiritual and cultural care'. A process has been put in place to ensure that any reports produced by providers to meet these requirements are shared with the CCG, so that any issues can be identified and monitored through the contract monitoring process.



14. Equality and diversity progress

- 14.1 Equality and Diversity Group:** Merton CCG established an Equality and Diversity Steering Group (EDG) in 2013 to monitor, guide and support the equality and diversity work programme. The group has met five times since its inception and is actively involved in reviewing various aspects of the CCG's work programme, including: implementation of the EDS, developing a training module for the Governing Body and building stronger links with partner organisations, such as London Borough of Merton and peer clinical commissioning groups.
- 14.2 Members on the EDG represent the quality, commissioning, public health and patient and public engagement functions. The group is chaired by the Director of Quality, who is the executive lead on equality and diversity. The EDG provides quarterly updates to the Quality Committee and includes members from the CCG's Governing Body to ensure accountability. The 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, national policy and best practice; ensure these are reflected in all work streams of the CCG; and monitor the progress of the work programme across all functions.
- 14.4 Equality Objectives:** Merton CCG published its equality objectives for four years in 2013 and will review and refresh them annually.
- 14.5 The development process for the equality objectives was carried out in four stages: data collection, data analysis, engagement and action planning and review. Extensive data gathering was used to develop a series of 'equality themes' for the CCG, including the 2012 Annual Equality Report, the previous PCTs findings of the Equality Delivery System (EDS), the JSNA and London Borough of Merton Equality and Diversity Plan.
- 14.6 Internal and external engagement took place to prioritise the equality themes, which culminated in a patient and public event held in February 2013. The information gathered was used to develop the following objectives (*Fig 1*):

Fig 1: 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	1 Better Health Outcomes



improvement in 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

14.7 An action plan to support implementation of these objectives has been developed. The Equality Objectives Report and Action Plan can be found in Appendix 1.

14.8 Each year we will review actions that have been achieved and add new actions based upon our Equality Objectives in partnership with internal and external partners.

14.9 Equality Delivery System (EDS)

In 2014, Merton CCG undertook an extensive baseline assessment of its performance around equality and diversity against the refreshed Equality Delivery System. Following consultations with service users, providers, voluntary and community sector, staff and leadership teams between April and August 2014, Merton CCG was assessed overall as **‘DEVELOPING’**, for Goals 1, 2 and 3 and **‘ACHIEVING’** for Goal 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 grades for these goals, Merton CCG followed a robust and transparent methodology, which included an innovative peer review assessment for Goal 4 in a reciprocal arrangement with Sutton CCG.

15. Workforce information

Under the Equality Act, organisations employing 150 or more staff are required to report on their workforce profile annually. Merton CCG employs 42 people and has concluded an analysis of its staff by protected characteristic in August 2014. The data is not being published due to the small numbers reported. However, 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).

Overall, Merton CCG’s staff profile reflects the borough’s demographic profile in terms of ethnicity fairly closely, with 69% of the workforce



declaring themselves as British White (64% of Merton's population is British White). The CCG employs more female staff than male (82% female, 19% male – 50.7% of the borough's population is female) and representation of women at senior management (over 50%) exceeds the national average (35%, Eurostat 2012).

16. Summary of progress in Merton CCG in 2014

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:

- Development of our commissioning intentions and key themes which will benefit and support groups across the protected characteristics.
- Gathering robust baseline information to inform the EDS improvement plans for 2014-16 through systematic stakeholder engagement and evidence gathering for all 4 Goals.
- Undertaking a peer review assessment with Sutton CCG to grade Goal 4 of the EDS. This allowed Merton CCG to be scrutinised externally by an independent team that recommended improvements in the CCG's decision-making processes using a robust assessment methodology.
- All QIPP schemes now include an equality analysis.
- A series of patient engagement events have been held to inform the development of commissioning projects and service changes.
- Continuation of Expert Patients Programme in 2015 to encourage minority groups to participate in self-management.



Appendix 1: List of referenced documents

a) Merton CCG Operating Plan and Commissioning Priorities	 A - MCCG Plan on a Page V0 12.pdf
b) Merton CCG Equality Delivery System Report and Improvement Plan 2014-16	 Final Draft Merton eds2 report goals 1-4
c) Annual Engagement and Duty to Involve Report April 2013-March 2014	 Duty To Involve Report 2013-2014.pc
d) Merton Expert Patients Programme 2013-2014	 MCCG_EPP_Annual_Report_2013-2014_-.
e) Terms of Reference for Equality and Diversity Group	 Equality and Diversity Group - Terr
f) QIPP Approval flowchart	 B - QIPP_Scheme_Appro
g) Equality and Diversity strategy	 H - MCCG Equality & Diversity Strategy (fir
h) Equality Objectives report	 I - MCCG_Equality_Obje

