



# **Croydon Clinical Commissioning Group**

## **Public Sector Equality Duty**

### **Annual Report**

**January 2016 – January 2017**

Version 5

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## Welcome

We are delighted to present this report highlighting our progress on equalities in 2016.

2016 has been a challenging year for Croydon CCG and its partners, specifically due to the CCG being required to make financial savings of £18.4 million during the financial year and the announcement by NHS England that Croydon CCG is under financial special measures.

Croydon CCG has worked with the public, patients and partners and stakeholders to consider how the CCG can effectively focus its resources to greatest need to deliver better outcomes for the borough's diverse communities. The lack of future funding growth, growing demand for services and the reducing opportunity for efficiency means that Croydon CCG must live within the resource allocated to it and must work more rapidly work with its partners, across care settings, to transform the whole health and care system and make service provision prioritisation decisions.

In spite of these challenges, through our commissioning we are committed to improving health outcomes, reducing inequality and reducing health inequalities. This report brings together evidence, activities and recommendations that demonstrate how Croydon CCG is meeting the statutory duties under the Equality Act 2010.

Highlights of achievements in 2016 include:

- Croydon CCG was a finalist for the 2016 GP Innovation Award for its work with Prostate Cancer UK in transforming care for patients.
- We are delivering the Children's Asthma Service that is reducing A&E visits and improving the health and well-being of children and young people
- Together with Croydon Council we are making great strides in our Outcomes Based Commissioning (OBC) programme of work, transforming the way services for patients over 65 years old will be provided in Croydon by putting the things that matter most to them and their families at the heart of service provision.
- We are commissioning a new network of urgent care services, to improve the outcomes, safety and experience of local people, helping them to get the right treatment by the right person in the right place when it launches in April 2017.
- We successfully launched a new 24 hour Mental Health Crisis Line for the public, patients and carers
- Croydon CCG was also held up as a model of good practice for its work on female genital mutilation (FGM) in the borough.

As in 2015, this year's report focuses on how the CCG has been meeting the three aims of the **general duty** of the Equality Act 2010 with examples and case studies.

Due to our strong partnerships with Croydon Council, NHS providers, the voluntary and community sector and others and we will continue to work together to deliver the change and improvements that are required.

We are very grateful to our staff and GP membership for their hard work, support and commitment to getting it right for our diverse population and finding new ways to make savings and efficiencies.

Dr Tony Brzezicki  
Clinical Chair  
Croydon Clinical Commissioning Group

# 1 Introduction

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:

- Eliminating unlawful discrimination or any other conduct prohibited by or under the Act
- Advancing equality of opportunity between persons who share a protected characteristic and persons who do not share it.
- Fostering good relations between people who share a relevant protected characteristic and people who do not share it.

There are nine 'protected characteristics' covered by the Equality Act: Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race including nationality and ethnic origin, Religion or belief, Sex (male/female), Sexual orientation.

**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 are known as the Public Sector Equality Duties (PSED).

As a statutory public body, the NHS Croydon Clinical Commissioning Group must ensure it meets these legal obligations and intends to do so by publishing information demonstrating how the organisation has used the Equality Duty as part of the process of decision making.

## 1.1 Organisational context

Croydon Clinical Commissioning Groups (CCG) assumed statutory responsibilities from 1 April 2013.

GPs in Croydon have come together as the Croydon Clinical Commissioning Group. Croydon CCG is responsible for assessing the healthcare needs for the population of Croydon and co-coordinating and paying for services to meet those needs through hospital, community and mental health services. As a membership organisation, our GP member practices work in 6 GP networks, to address problems that are arising, and to see how local services can be improved and better co-ordinated. Croydon CCG's constitution commits the organisation to work towards meeting the public sector equality duties and reduce health inequalities.

We recognise that, as commissioners of services, we must account for not only our own organisational equality performance but also that of the providers of services that we commission.

The CCG purchases a range of services from the South East Commissioning Support Unit (including Equality and Diversity service), which supports the CCG to discharge its statutory responsibilities, including those within the Equality Act 2010.

NHS England provides strategic policy guidance and performance monitoring through its national Equality and Health Inequalities team.

## 1.2 CCG Leadership

Croydon CCG has identified a clinical equality lead that along with the executive team is actively supporting the development and delivery of equality work streams.

**All Governing Body members** have a collective and individual responsibility to ensure compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes for us, both as a commissioner and an employer.

A **Lay Member** has been appointed to the CCG's Governing Body to lead on patient and public involvement. The Lay Member has oversight responsibility for ensuring that the voice of the local population is heard in all aspects of the CCG's business, and that equal opportunities are created and protected for patient and public involvement and engagement.

The **Chief Officer** has responsibility for ensuring that the necessary resources are available to progress the equality and diversity agenda within the organisation and for ensuring that the requirements of this framework are consistently applied, co-ordinated and monitored. The Chief Officer is actively engaged in leading the CCG's responsibilities for PSED.

The **Director of Quality and Governance** has operational responsibility for:

- Developing and monitoring the implementation of robust working practices that ensure that equality and diversity requirements form an integral part of the commissioning cycle
- Working with the South East Commissioning Support Unit (SECSU) to ensure that equality and diversity considerations are embedded within their working practices
- Ensuring that the Governing Body, staff and member practices remain up to date with the latest thinking around diversity management and have access to appropriate resources, advice, and informal and formal training opportunities

All **line managers** have responsibility for:

- Ensuring that employees have equal access to relevant and appropriate promotion and training opportunities.
- Highlighting any staff training needs arising from the requirements of this framework and associated policies and procedures.
- Support their staff to work in culturally competent ways within a work environment free from discrimination

## 2. About Croydon

### Population and Population Growth

The borough is home to 380,700 people and this is expected to reach 465,600 in 2041.<sup>1</sup>

### Children

Approximately, 16,920 (22%) of children in Croydon live in low income families<sup>1</sup> Croydon has the highest number of looked after children in London (830 in 2016), 433 of these children and young people were unaccompanied minors refugee and asylum seekers. The number of UASC (unaccompanied asylum seeking children) looked after in Croydon fluctuates over time and is influenced by international events. In 2015 there were more UASC being looked after in Croydon than children indigenous to the borough.<sup>1</sup>

Croydon is unique to other London boroughs as the UK Border Agency headquarters are located within its boundaries which means proportionally a larger number of unaccompanied asylum seeking children UASC are housed within the borough.<sup>4</sup>

### Older Adults

In Croydon 17% of older people were income deprived. This is the 100th highest score out of the 326 district authorities in England, putting Croydon in the top third most deprived areas.<sup>1</sup>

### Deprivation

Croydon became relatively more deprived compared to other local authorities in England between 2010 and 2015.

Although there have been some changes in the individual rankings of LSOAs within the borough there remains geographic inequality in the distribution of deprivation in the borough with the North and South East of the borough remaining more deprived. The Index of Multiple Deprivation (IMD) 2010 data ranks Croydon as the 19th most deprived London borough out of 32 London boroughs, and 107th most deprived local authority in England - out of 326 local authorities.

### Disability

16.96% (38,500) Working age people in Croydon have a disability.<sup>3</sup>

### Mental Health

Approximately 1.04% of patients registered in Croydon in 2012/13 had been diagnosed with a mental health condition. This is higher than the national average of 0.84% but is in line with the average for London of 1.03%.<sup>1</sup>

### Ethnicity and Migration

Approximately, 44.91% of Croydon's population are recorded as non-White<sup>4</sup>. The most common languages spoken by people in Croydon other than English are Tamil, Urdu, Gujarati and Polish.

Around 20,000 people move into the borough each year from the rest of the UK. A similar number move from Croydon to other areas of the UK. As a result this has little impact on the net increase in population.

Figures from 2011 show that over half of the people moving into the borough were from neighbouring local authorities. Similarly just over 40% of people moving out of Croydon moved to neighbouring local authorities.

The number of international immigrants coming in to Croydon has been falling since 2006/07. However the international inflows still exceed the outflows

### **Life Expectancy**

Life expectancy is 9.4 years lower for men and 7.6 years lower for women in the most deprived areas of Croydon than the least deprived areas<sup>1</sup>

### **Mortality**

Mortality rates for cancer and cardiovascular disease in Croydon are equal to or better than the London and national average.<sup>1</sup>

### **Gender**

Approximately 51.50% of the population is female. Approximately 48.5% of the population is male.<sup>2</sup>

### **Lesbian, Gay, Bisexual**

Of the total Croydon population, 2.6% or 9,898 people are estimated to be lesbian, gay or bisexual. <sup>7</sup>Office of National Statistics 2015 (percentage in London)

### **Religion and Faith**

56.42% of Croydon's population identified itself as being Christian, followed by 19.9% who identified with no religion, 8.12% as Muslim, 5.98% as Hindu, 0.66% as Buddhist and 0.59% with other religions<sup>4</sup>

Source:<sup>1</sup> Croydon Borough Profile 2016, <sup>2</sup> [www.croydon.gov.uk](http://www.croydon.gov.uk), <sup>3</sup> Croydon Joint Strategic Needs Assessment <sup>4</sup> ONS 2011 Census

## **3. Croydon CCG's Commissioning Intentions 2017/18**

The CCG's intentions for 2017/18 reflect the challenging position of being placed in special measures in July 2016 for financial performance. The intentions align with the overall national and London frameworks, South West London Strategic Transformation Plan and Sub-Regional Plans.

The CCG will commission services that are clinically appropriate, affordable, deliver good outcomes and demonstrate value for money.

The Croydon CCG Commissioning Intentions cover the following broad headings:

- Planned Care and Long Term Conditions
- Urgent and Emergency Care
- Children and Young People
- Mental Health and Learning Disabilities
- Out of Hospital
- Outcome Based Commissioning for over 65s in Croydon
- Primary Care

The CCG has worked with colleagues across south London to set out all the changes expected and how services will be offered differently to meet local needs. This is all within a context of special measures.

The main points are:

- Financial challenge
- Asset based commissioning
- Prevention and self-care - embedding into Primary Care
- Commissioning appropriate services
- Programme of work to reduce hospital admissions
- Service reviews
- Primary care is increasingly important

### 3.1 Re-commissioning /Procurement Plan

As per CCG statutory requirements, the CCG will review pathways and re-commission, where required, the following services/pathways:

Anti-coagulation	Endocrinology	Musculoskeletal
Cardiology	ENT	Obesity
Dermatology	Fracture	Ophthalmology
Dietetics	Gynaecology	Orthotics
Digestive Systems	Mental Health IAPT	Respiratory

#### Contracting Approach

To achieve the service redesign ambitions, the CCG is giving formal notice under NHS planning guidance to radically change the contracting arrangements for services for older people in Croydon.

### 3.2 Outcomes Based Commissioning for Older People

The Croydon Alliance Agreement and Contract for Outcomes Based Commissioning (OBC) for over 65s has been developed to deliver Croydon CCG’s vision of “longer, healthier lives for all the people in Croydon” and meets the key national overarching aims – ‘Everyone Counts: Planning for Patients 2014/15 to 2018/19. NHS England’ and supports the Council’s key strategic priorities with regard to promoting and sustaining independence, well-being and good health outcomes for Croydon residents. The outcomes are aligned to “Ambitious for Croydon” promises:

- creating growth in the economy;
- helping residents be as independent as possible, and;
- creating a pleasant place in which people want to live.

Additionally, the programme aligns with the aims of the Better Care Fund which are that health and social care services must work together to meet individual needs, to improve outcomes for the public, provide better value of money and be more sustainable. The programme builds on a long history of joint work in Croydon, including recent developments in delivering whole person integrated care through the Transforming Adult Community Services work.

OBC integrates health and social care for the over 65s and has a comprehensive outcomes framework that is focussed on improving outcomes for people. Extensive consultation with local people on what outcomes they wanted took place, and they chose the following:

- Staying healthy and active for as long as possible;
- Having access to the best quality care available in order to live as I choose and as independent a life as possible;
- Being helped by a health and social care team that has had the training and has the specialist knowledge to understand how my health and social care needs affect me;
- Being supported as an individual, with services specific to me;
- Having improved clinical outcomes.

OBC draws on a number of recommendations from existing strategies that have been developed, including The Independence strategy 2015-18<sup>1</sup> and Croydon-wide End of Life Strategy 2015<sup>2</sup> and the emerging Out of Hospital Strategy 2016. It aligns with the wider health system changes outlined in the South West London Sustainable Transformation Plan (SWL STP).

The contract for delivery of integrated health and social care will go further than before and takes a pro-active and transformational position. The individual and their family will be at the centre of Croydon's health and care system, ranging from the promotion of good health and well-being, through early intervention and support and, when needed, the delivery of treatment and care services. Croydon's older people and their families should expect to experience seamless, joined- up care and health provision of consistent quality and high standard; services will be arranged around them and their needs, rather than their having to fit in with how health and social care professionals structure or organise services.

### **3.3 South West London Sustainability and Transformation Plan**

In December 2015, health and care systems were asked to come together to create their own ambitious local blueprint for implementing the Five year Forward View, covering up to March 2021, known as Sustainability and Transformation Plans (STPs).

The six CCGs in South-West London, Croydon, Kingston Merton, Richmond, Sutton and Wandsworth CCGs, established collaborative arrangements to meet their shared and interdependent commissioning responsibilities. However, the SWL STP (South West London Strategic Transformation Plan) effectively superseded the SWL Commissioning Collaborative and before that Better Services Better Value (BSBV). The STP covers a much wider footprint across health and social care with the aim of addressing existing and emerging challenges.

The south west London draft plan was submitted in September 2016. The plan proposes the six CCGs should:

- Set up locality teams across south west London to provide care to and improve health for defined populations of approximately 50,000 people. The teams will align with GP practice localities and have the skills, resources and capacity to deliver preventative health and support self-care.
- Use our workforce differently to give us enough capacity in community, social care and mental health services to bring care closer to home and reduce hospital admissions.
- Review our acute hospitals to ensure that we meet the changing demands of our populations, and to ensure that acute providers deliver high quality, efficient care. Our working hypothesis is that we will need four acute hospital sites in south west London, but we need to do further work on this

- Address both mental and physical needs in an integrated way, because we know this improves the wellbeing and life expectancy of people with severe mental illness and reduces the need for acute and primary care services for people with long term conditions.
- Introduce new technologies to deliver better patient care (e.g. virtual clinics and apps).
- Make best use of acute staff through clinical networking and redesigning clinical pathways.
- Review specialised services in south London. With NHS England, we have initiated a programme of work to identify the best configuration of the eight acute specialised providers in South London to be clinically and financially sustainable and deliver the best patient care.

The STP recognises that this is an ambitious strategy and in delivering it, the CCGs will have to make difficult decision about the configuration of health and care services – including what services are provided in south west London; where and how they are provided; and how organisations work together in a different way, focused on the needs of the local populations.

Any changes that need to be made will be based on improving standard and the quality of care people receive. The STP will engage widely and take account of equalities considerations. Any significant changes will be subject to public consultation  
The South West London Collaboration is the arrangement where commissioners, providers and Local Authorities and HWBs work together to plan and develop services across the sub-region

## 4. Meeting the Public Sector Equality Duties in 2016

The Equality Act 2010 requires the CCG to pay due regard to the three aims of the general duty of the Act. The three aims are to:

- Eliminate unlawful discrimination or any other conduct prohibited by or under the Act
- Advance equality of opportunity between persons who share a protected characteristic and persons who do not share it.
- Foster good relations between people who share a relevant protected characteristic and people who do not share it.

Below are examples of the CCG's activities during 2016:

### 4.1 Carrying out Equality Analysis to

- highlight positive and negative impacts on protected characteristics and other local disadvantage groups, giving an opportunity to mitigate any negative impacts
- aid decision making

Equality Analyses carried out in 2016:

- Cardiology
- Children's Asthma Service
- Complex patients

- Intermediate Dermatology Service
- Direct Access Diagnostics
- Learning Disability Transforming Care
- The discontinuation of the prescribing of Gluten Free food products
- Vitamin D maintenance dose discontinuation of prescribing initiative
- Baby milk and Infant formula prescribing

## **Eliminating Discrimination and Advancing Equality of Opportunity**

### **4.2 Children’s Asthma Service (read the full Case Study on page 23)**

There is a high prevalence of children receiving asthma treatment in the UK. The Children’s Asthma Service was commissioned by the NHS Croydon Clinical Commissioning Group (CCG) to reduce the number of children attending the emergency department (ED) and Urgent Care Centre (UCC) with asthma or wheeze.

As part of the EDS2 equality evaluation of services, the Children’s Asthma Service was assessed by the 2016 EDS2 Stakeholder Panel assessed it to be “Excelling” in its delivery and patient experience of the service.

### **4.3 Dermatology Service (read the full Case Study on page 24)**

The Dermatology (Skin) services have been commissioned with the same provider in Croydon since 2009.

The service is considered to be at a platinum level with short waiting times, is highly accessible and a one stop service

As part of the EDS2 equality evaluation of services, the Dermatology Service was assessed by the 2016 EDS2 Stakeholder Panel assessed it to be “Achieving” in its delivery and patient experience of the service.

### **4.4 CCG Safeguarding Assurance**

NHS England undertook a deep dive review of Safeguarding Children and Adults as part of the assurance process for CCGs in 2015/16. The overall outcome was that the

**CCG was assessed as Good across the deep dive components; governance/systems/processes, workforce, capacity levels and assurance.**

The findings from the safeguarding deep dives were collated by NHS England and a London overview report will be published identifying themes, good practice, areas for development and next steps.

NHS England identified Croydon’s CCG’s engagement in relation to female genital mutilation (FGM) as good practice and will share this in their London overview report.

### **4.5 Cancer in Croydon**

Cancer causes one in four deaths in the UK and kills around 945 Croydon residents each year. Despite this toll, cancer care is improving significantly and currently around half of those diagnosed with the disease survive for 10 years or more. Incidence of

cancer and cancer deaths are lower than England averages but Croydon does have challenges, in particular around breast and bowel screening.

There is evidence that cancer diagnosis is lower than in other parts of Europe/the world and this is being investigated.

Screening has increased and this is improving outcomes.

The New Addington letterbox survey, looking at lung cancer, enabled pharmacists to identify and refer patients to GPs. This proved very effective.

#### **4.6 Dementia**

As Croydon has a large number of care / nursing homes in the borough, and diagnosis rates tend to be low in these placements, the CCG have developed a project to improve dementia diagnosis rates in care homes through GPs. The outcomes of this project will be better coordinated care for people through accurate diagnosis and, subsequently, a reduction of patients in residential homes being assessed by the memory service, which will reduce waiting times and increase the capacity available for specialist assessment which supports earlier identification.

In addition, the commissioned Dementia Advisors service (October 2015) now provides post diagnosis support in Croydon, all GPs are notified of the service and it is integrated within the memory service. Evidence suggests the availability of these services support earlier referral and identification of dementia.

#### **4.7 Asylum Children**

A significant number of unaccompanied asylum seeking children (UASC) leaving the camp in Calais travelled through Croydon via the Home Office on their journey to being re-settled here in the UK. Home office staff were supported by Croydon CCG in ensuring that immediate health needs were assessed and treated.

Croydon has significant experience in working with the UASC population - the health community works in close partnership with local authority colleagues in order to provide care support and were able to readily respond to the needs of this highly vulnerable group of children and young people.

#### **4.8 London Issues - Healthy London Partnership / London Homeless Health Programme (LHHP)**

The Health Services for Homeless People Programme has been established to improve health services and access to those services for the homeless population in London.

This transformation programme seeks to address this inequity and fragmentation by implementing a multi-agency, pan-London lead commissioner model to:

- Improve homeless health services so that they meet the needs of homeless people
- Improve access to these services and address the fragmentation across services
- Improve data collection and sharing for clinical purposes

The Clinical SRO (senior responsible officer) is Dr Adrian McLachlan (Lambeth CCG) and Paula Swann has agreed to undertake the role of CCG Chief Officer SRO.

#### **4.9 Emotional Wellbeing and Mental Health/Child and Adolescent Mental Health Services Local Transformation Plan – Strategic Plan**

CAMHS provision in Croydon is complex. As in other boroughs, it is commissioned at a local and national level and has multiple funding streams including the CCG, Local Authority, schools and NHS England. Emotional wellbeing services in Croydon will benefit from a whole systems approach to improvement that is broader than a sole focus on access to specialist mental health services.

The Local Transformation Plan funding has started to facilitate a step change in how care is delivered. This constitutes a move away from a system defined in terms of the services and/or organisations provided (the 'Tiered' model) towards one built with pathways designed around the needs of children, young people and their families.

Croydon's approach to improving the mental health of children and young people is underpinned by four strategic principles:

- 1 **Co-production** – close partnership between services and CYP (children and young people) will be central to our approach and we will ensure that every service we deliver within this framework is co-designed. In the case of the on-line strategy part of it will be co delivered by young people
- 2 **Prevention** – part of the approach is focused on prevention of future problems rather than treating existing problems, for example Cues – Ed programme
- 3 **Evidence** – our activities will be based on the evidence of what works. We will also look at innovative areas of work, contributing to developing their evidence base going forward
- 4 **Integration** – provision will be integrated and responsive to the needs of children and young people, ensuring that high quality and accessible support is available at the right time, in the right place and provided in the right way, enhancing Croydon's approach to early intervention for example through the Single Part of Access development

Other key features of the transformation plan Transformation Plan are;

- A system based on CYP need and not service boundaries:
- removing barriers to service access
- changing the nature of assessment, practice and delivery to presentation rather than threshold
- To develop services based on CYP "Life course" needs and not just tiers of service provision.
- Movement to actually blend tiers so that CYP can be seen by a range of professionals in a range of settings

The comprehensive plan has addressed specific issues and was developed following discussions at the GP Open Meeting, Clinical Leadership Group Network meetings and the OSC.

The plan can be found on the CCG website

## **5 Fostering Good Relations**

### **5.1 Patient and Public Involvement (PPI) in the commissioning cycle**

Between October 2015 and March 2016, the CCG undertook a complete review of its PPI strategy, plans and working structures, both internally and externally.

The review was undertaken at a point at which the CCG had matured as an organisation. It recognised that as Croydon's communities and their needs change, we need to evolve our thinking around PPI to ensure that we more widely reach out to all of our diverse communities.

Croydon CCG adopts an open and flexible approach to PPI that seeks to normalise it within commissioning. This means that PPI becomes part of everyone's day-to-day business. The way in which commissioners will undertake PPI is dependent on the work they are doing at the time: one size will not fit all. Therefore, our methods are flexible and proactive.

We believe that this allows for a more co-operative approach, and gives us opportunities to work closely with our residents and partners in a variety of ways. For example, patient working groups (either based around specialty/disease group, community or service area), citizen's juries and patient and public representatives playing key roles in decision-making bodies.

To ensure that the CCG commissions services that reflect the feedback of local people, they have carried out an extensive engagement programme in 2016 that covers areas such as the redesign of Croydon's urgent care services, Outcomes Based Commissioning, re-procurement of a range of services; Dermatology, Intermediate Gynaecology Service and Ear, Nose and Throat Community Clinics.

### **Engaging with Seldom Heard Groups**

Seldom heard is a term used to describe groups who may experience barriers to accessing services or are under-represented in healthcare decision making. Groups who may be identified as seldom heard include rural communities, black and minority ethnic (BME) groups, gypsies and travellers, lesbian, gay, bisexual and transgender, asylum seekers and refugees and young carers.

However, in reality, teenagers, employees, people with mental health issues and many others may also be considered as seldom heard and engagement with these groups may not be straightforward.

Given the diversity of our communities Croydon has a wide number of populations who may be defined as seldom heard. However, Croydon also benefits from a vibrant and diverse community and voluntary sector that have excellent networks into the very heart of our communities.

Croydon CCG recognises that the only way to effectively engage with different groups is to find out who they trust and have good relationships with. This is most usually not statutory service providers but community and voluntary sector (CVS) groups. This year the CCG have concentrated on developing good relationships with CVS groups and have asked them to help us reach out to people. Croydon Voluntary Action and Healthwatch Croydon have been especially generous in responding to the CCGs requests.

For more examples of CCG engagement events during 2016 please go to Section 7 Involving Our Public and Patients in Work streams.

## **6 Partnerships**

As a commissioning organisation it is vital for Croydon CCG to work closely with other local commissioners, monitors, evaluators and enforcers. We have spent time developing local relationships to ensure that we do not duplicate work, that the needs of all patients are known and provided for and that there is a good “strategic fit” to our work.

### **6.1 Public Health**

From April 2013, the London Borough of Croydon became responsible for commissioning most public health services.

Croydon CCG works collaboratively with the public health commissioners in Croydon Council to deliver joint priorities as set out in the health and wellbeing strategy and ensure the best health outcomes for local people.

This includes working together to:

- Reduce the prevalence of smoking through primary prevention focused on schools and youth settings, enforcing tobacco control measures, and providing a range of services to help people quit
- Tackle overweight and obesity through promoting physical activity and a healthy diet across the life course and ensuring that appropriate weight management and treatment services for obesity are in place
- Improve sexual and reproductive health by provision of advice, prevention and promotion, testing and treatment (including promotion of opportunistic testing and treatment in healthcare settings), and provision of high quality termination of pregnancy services.
- Increase healthy life expectancy and reduced differences in life expectancy between communities
- Local organisations will work together to address the factors that drive health problems amongst the poorest and most disadvantaged.

- Everyone's health will be protected from outbreaks of disease, injuries and major emergencies and remain resilient to harm.
- Earlier diagnosis and intervention means that people will be less dependent on intensive services

The council is also responsible for commissioning adults' and children's social care services.

The 2016 Director of Public Health Report focuses on social isolation and loneliness and identifies risk factors for these issues across the life course (pregnancy and early years, children and young people, working age, and retirement and later life).

A wide range of preventable health problems and wider social problems are known to arise out of loneliness:

- Increased visits to GPs and use of medication.
- Greater incidence of falls and need for long-term residential or nursing.
- Use of accident and emergency services.
- Increased likelihood of youth offending, especially through membership of gangs and unemployment.
- Higher incidence of obesity, smoking, substance and alcohol abuse.
- More likely to develop mental health problems and depression and require hospital admissions; and
- Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience.

Early intervention to tackle loneliness and social isolation can considerably reduce the cost to the public purse of tackling these more complex health and social problems. One study estimated that chronic loneliness among older people cost commissioners £12,000 per person over 15 years (Report by Social Finance, Investing to tackle loneliness, a discussion paper, and 2015).

Projects such as the Hub, run by MIND in Croydon, which provide a friendly and supportive meeting place, shared activities and help with problems, can have a positive impact on mental health and social isolation and reduce the use of costly statutory services. MIND in Croydon estimated the average cost saving to statutory services per person attending the Hub per year is £3,971.

The final section of the report presents recommendations for how individuals and communities can play their part in addressing loneliness and social isolation across the various stages of the life course and uses a number of case studies to illustrate examples of initiatives in the borough.

## **6.2 Croydon Health Protection Forum**

The Croydon Health Protection Forum (HPF) was established in July 2015 with the purpose to have a strategic overview of health protection matters and with the aim to provide assurance to the Director of Public Health that arrangements in place to protect the health of residents, are robust and implemented appropriately to local health needs.

The Health Protection Forum meets quarterly bringing together various agencies including Croydon Council, Croydon Clinical Commissioning Group, Croydon University

Hospital, NHS England, Public Health England and other agencies relevant to the particular theme under discussion.

A focus of the Croydon HPF in 2016 has been National Screening Programmes:

- Antenatal and New-born Screening – six programmes
- Non-Cancer Screening programmes – Abdominal Aortic Aneurysm and Diabetic Eye Screening
- Cancer Screening – Bowel, Breast and Cervical

Having an overview of each programme and considering performance, has enabled the forum to prioritise and agree local actions including:

#### **Antenatal and New born Screening programmes**

- Raise awareness about early booking in maternity service among younger age groups
- Information is to be provided in other languages

#### **Diabetic retinopathy/diabetic eye screening (DES)**

- Maternity commissioner to work with CUH to ensure that pregnant women with pre-existing diabetes should be screened in each trimester.

#### **Cancer Screening**

- Integrating screening and/or screening awareness raising into other settings, such as schools, the voluntary sector, the Integrated Sexual Health Service and Live Well providers
- Developing a positive attitude to screening, including general communications and roadshows and engagement of young people through integrating screening awareness into other settings

### **6.3 Health and Wellbeing Board**

Croydon Health and Wellbeing Board (HWBB), is a partnership of local councillors, officers of the council, CCG clinicians and executive managers, public health consultants, Croydon HealthWatch and representatives from the voluntary sector.

The Joint Health and Wellbeing Strategy 2013 - 2018 sets out 3 strategic goals;

- increased healthy life expectancy and reduced differences in life expectancy between communities
- increased resilience and independence
- a positive experience of care

The Health and Wellbeing Board Strategy 2013-18 was refreshed in 2015

### **6.4 Community, Voluntary and Faith Sector Organisations (including Carers support)**

We believe that by embedding performance and quality improvement in our commissioning processes and communicating and engaging with the public and patients who use our commissioned services, Croydon Clinical Commissioning Group can facilitate an honest dialogue about health, health services and patient needs and views – critical to effective and responsive care. In the way that we work, Croydon Clinical

Commissioning Group embodies the principles of accountability, putting the patient first in everything we do as championed by the Francis Report Recommendations.

Croydon CCG has a programme of listening and acting on patients and public feedback. Themes from the workshops currently held are highlighted in Section 7 Involving Our Public and Patients in Work streams.

## **6.5 Croydon Healthwatch**

Croydon Healthwatch was officially launched on 28th November 2013. Croydon Healthwatch is the independent champion of local people working to improve health and social care services. Croydon Healthwatch:

- Find out about people's experiences of health and care in Croydon – then suggest ways of improving services so they are the best that they can be for local people.
- Uses local people's experiences and ideas for changes, to report on what services are doing well and if needed will make recommendations on how they can be improved.
- Provides Croydon residents with information and signposting on what is available in Croydon and make sure that people can easily find medical help or social care support if needed.
- Works with all of the health and social care services in Croydon so that local voices are part of decision making.

Croydon Healthwatch has the power to enter and view health and social care services across Croydon as well as produce reports and recommendations to influence the way services are designed and delivered.

Croydon Healthwatch has consistently represented the views of local people during the year working closely with the CCG, taking part in a range of important engagement including the CCG's urgent care review and anticoagulation re-procurement.

## **6.6 Safeguarding – Croydon Safeguarding Adults and Children**

The Safeguarding Team sits within Croydon CCG and works closely with partners across the health economy and the local authority. This includes the Croydon Safeguarding Children Board and the Croydon Safeguarding Adult Board.

The Croydon Safeguarding Boards make strategic decisions in response to national and local policy developments, suggestions and any problems or issues that arise. It ratifies terms of reference and work plans for its sub groups, endorses work carried out by them, and oversees the implementation of subsequent developments. Croydon CCG has Executive attendance represented at both boards.

## **6.7 Domestic Abuse and Sexual Violence Partnership Action Plan (DASV)**

The domestic abuse and sexual violence (DASV) strategy was launched in October 2013 and has continued to promote a multi-agency approach to reducing DASV in Croydon. The Partnership is currently working towards the 2015-2018 action plan There are twenty five objectives with three for the CCG to facilitate:-

- DASV screening pads for GP surgeries – this work continues and has resulted in an increase in referrals to specialist DASV services from Health.
- Build up GP Networks by embedding the GP safeguarding leads role as co-ordinators of DASV issues ensuring that information is cascaded within their practice.
- Increase the referral rates from health environments and children’s social care to DASV specialist services through increased awareness and training.

The CCG are fully engaged in this work. The Safeguarding Adults Nurse Practitioner is the lead champion for the CCG and is supported by the CCG Head of Safeguarding. There is also increased focus and oversight of the partnership through the DASV Committee which was established in October 2016 and is attended by the Head of Safeguarding.

The health action plan has been completed and updates are reported to the DASV champions group and overseen at the CSCB health sub group and the CSAB via the best practice and procedures group.

## 7. Involving Our Public and Patients in Work streams

In 2016 the CCG Patient and Public Involvement (PPI) Team worked closely with Commissioners to ensure that Croydon's population and communities were given an opportunity to have their voices heard. Here are some examples of the engagement activities carried out:

Theme	Purpose of PPI	Methods used
<b>Dermatology</b> (Re-procurement)	To gain patient insight into current experience of the service and to be informed by patients on how to increase choice.	<ul style="list-style-type: none"> <li>• Outreach to four clinic sites to talk to patients one-to-one.</li> <li>• Online survey.</li> <li>• Friends and Family Test data.</li> </ul>
<b>Commissioning Intentions</b> (Strategy and planning)	To gain guidance, comment and feedback on our commissioning intentions from partners, stakeholders, patients and members of the public.	<ul style="list-style-type: none"> <li>• Online survey.</li> <li>• Website information and invitation to feedback.</li> </ul>
<b>Intermediate Gynaecology Service</b> (Re-procurement)	To gather feedback about the service currently, and ideas and innovation for the future service delivery.	<ul style="list-style-type: none"> <li>• Outreach through LBC Public Health event.</li> <li>• Online survey.</li> </ul>
<b>Anticoagulation</b> (Re-procurement)	To inform current patients of the new service and transfer of service arrangements and to address any concerns patients and/or carers may have.	<ul style="list-style-type: none"> <li>• Letters to patients informing them of the changes.</li> <li>• Three open meetings for patients and carers.</li> </ul>
<b>Together for Health</b> (Self-care, self-management, shared decision making programme)	To work with patients and the public to co-design local shared decision-making and self-care projects and initiatives.	<ul style="list-style-type: none"> <li>• Patient representatives on the Steering Group</li> <li>• Outreach and project development through Croydon Voluntary Action.</li> </ul>
<b>Ear, Nose and Throat Community Clinics</b> (Re-procurement)	To gain patient insight into their current experience of the service and ask for suggestions for innovations in service delivery as part of the re-procurement process.	<ul style="list-style-type: none"> <li>• Outreach to two clinic sites to talk to patients one-to-one.</li> <li>• Online survey.</li> </ul>

<b>Urgent Care (Re-procurement)</b>	<p>Working directly with patients and the public to develop new models of urgent care; shaping the options presented for the re-design of services and developing patient led service standards.</p> <p>Patient and Healthwatch Croydon representatives were engaged in the bidder evaluation process to ensure that the patient and public voice was heard throughout the process.</p>	<ul style="list-style-type: none"> <li>• Online survey.</li> <li>• Face-to-face interviews.</li> <li>• Targeted one to one work with seldom heard groups (through CVA).</li> <li>• Small group work with target groups e.g. mental health service users, parents of young children, young people.</li> <li>• Participating in Healthwatch Croydon urgent care workshop.</li> <li>• Two patient working groups to help develop the final service specification.</li> </ul>
<b>Outcomes Based Commissioning</b>  <b>(Strategy and Planning)</b>	<p>Working directly with patients, carers and community and voluntary sector groups to:</p> <ul style="list-style-type: none"> <li>• develop key outcomes for the project, based on Croydon residents needs and wishes.</li> <li>• translating those outcomes into KPIs.</li> <li>• supporting the refinement of the new models of care.</li> <li>• guiding the implementation of the new models of care through the project development groups (PDGs).</li> </ul>	<ul style="list-style-type: none"> <li>• Patient, public and CVS workshops.</li> <li>• Public meetings.</li>   <li>• Small group work with target groups e.g. Carers, BAME groups.</li> <li>• Specialist patient and public working group (on-going).</li> </ul>
<b>Termination of Pregnancy (Re-procurement)</b>	<p>To gain patient insight into current experience of the service and to gain feedback on patient choice.</p>	<ul style="list-style-type: none"> <li>• Online survey</li> <li>• Friends and Family Test data.</li> <li>• Provider patient survey data.</li> </ul>

## **8 Complaints / Patient Advice and Liaison Service (PALS)**

The CCG purchased these services from the South East Commissioning Support Unit (SECSU). The PALS and the Complaints Service deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by Croydon CCG.

The Complaints and PALS policy sets out the process for accessing Complaints and PALS services to ensure flexibility, access and increase provision of patient information.

Information on PALS and Complaints is available on the CCG website

<http://www.croydonccg.nhs.uk/CONTACT/Pages/Comments,complimentsandcomplaints.aspx>

Advocacy - independent advocacy is available to all patients. The ICAS (Independent Complaints and Advocacy Service) provider will ensure that any other support e.g. interpreters is also available to our patients.

## **9 Interpreting service**

This service enables those with interpreting needs to access and increase knowledge of local health services, improving the health and wellbeing of marginalised communities and supporting community cohesion. The CCG re-procured interpreting services in early 2013 against a new improved service specification, with associated cost efficiencies.

## **10 Serious Incidents (SI)**

The CCG has support from South East Commissioning support unit (SECSU's) SI management service, which ensures that appropriate management systems are in place across CCG commissioned providers to:

- Meet nationally identified standards;
- Report all SIs in a timely fashion and without prejudice;
- Have systematic measures in place to robustly and effectively manage SIs;
- Ensure actions are taken to improve quality and safety and to minimise the risk of future reoccurrences;
- Share the learning.

The CCG reviews the performance of all commissioned providers on behalf of Croydon residents and intelligence gained from is used to influence contract monitoring, quality and safety standards for care pathway development and service specifications.

## 11 Equality Case Studies

### Case Study: Croydon Children's Asthma Service

**The Context** – the prevalence of children receiving asthma treatment in the UK and the fact that asthma and wheeze is the second highest diagnosis for emergency admissions in Croydon for children and young people. Hence the Children's Asthma Service was commissioned by the NHS Croydon Clinical Commissioning Group (CCG) to reduce the number of children attending the emergency department (ED) and Urgent Care Centre (UCC) with asthma or wheeze.

#### **Objectives**

- To follow the national guidance on the management of asthma from NICE and the British Thoracic Society (BTS).
- To support primary and secondary care to provide high quality care for children and young people (CYP) and their carers who have a diagnosis of asthma/wheeze.
- To deliver a 1:1 intervention to deliver education, support and to promote self-management skills.
- To reduce the need for CYP to access emergency care.
- To develop and deliver innovative approaches to self-management education.
- Disseminate best practice in the management of CYP with asthma/wheeze within primary care.

**Summary** of the aspirations of the service whilst highlighting its limitations and further work required to promote the service:

- The children's asthma service strives to provide equal access to all children living/accessing services in Croydon.
- Providing a single intervention limits the opportunity to encourage positives change.
- A single visit does not allow the provision of on-going support where a need is identified, in particular for vulnerable/hard to reach families.
- Further work to promote the service in deprived areas and "hard to reach" groups is required to encourage referrals to the service.
- Equality monitoring needs to be developed across the relevant protected characteristics.
- The service is innovative and dynamic in its approach to engaging with local communities and healthcare professionals using social media and mobile technology on a daily basis.

The service is positively received by parents and CYP.

The new Children's Asthma Team is a community-based, specialist team of paediatric nurses. The service is available to all children and young people up to 18 years old with asthma wheeze, who are registered with a Croydon GP.

The aim is to deliver a single home or school intervention to support a child or young person's self-management skills, understanding of their condition and their ability to recognise when symptoms change and what to do when this happens.

The team works closely with all members of the professional network working with a child or young person, and offers an intensive home or school visit for targeted support. At the visit a full assessment is carried out which includes identifying and reducing triggers for asthma. This includes discussion with parents and guardians about stopping smoking, and reducing exposure to cigarette smoke.

A child's prescribed medication is checked, following the British Thoracic Society's 2014 Guidelines for Asthma. Regular asthma reviews with a GP or Practice Nurse are promoted as part of the ongoing care and a follow-up phone call is carried out three months after the visit to reassess the child or young person's care. The aim is to reduce the number of school days missed and the need to go to A&E.

Education about good inhaler technique is very important. Early findings show that children are frequently using devices wrongly or do not have the right devices for their age. This makes the medication less effective. The specialist nurse will assess inhaler technique during home visits and also offers inhaler technique training to other health care professionals.

Each child or young person gets their own action plan with each step explained so they understand how to manage their condition. Patients remain under the care of their GP for on-going support, treatment and review for asthma and wheezing.

The specialist nurses are noting a marked improvement in a patient's confidence in controlling their asthma. This has been shown by the improved Asthma Control Test scores at the time of follow up. A parent has recently said "I feel like someone is finally listening for the first time in five years, thank you Asthma Team".

### **Case Study: Dermatology Service**

Patient feedback regarding the Dermatology (Skin) services is consistently good with feedback on:

- Reception Staff
- Convenience of time / date of appointment.
- Attitude of administration team.
- Doctor manner and attitude.
- Consultation met needs.
- Overall satisfaction with service.
- Friends and family recommend.
- Average satisfaction rate.

The service is considered to be at a platinum level with short waiting times, is highly accessible and a one stop service

The services that have been commissioned with the same provider in Croydon since 2009 are currently being re-procured, but patients would like the same quality of service

to be maintained.

Areas of good practice that should be continued with the new provider include:

- Patient information leaflets.
- Choice of appointment location (East Croydon, Selsdon or Thornton Heath), day and time.
- Choice of hospital if onward referral required.
- Interpreters if English is not the first language.
- All locations Disability Discrimination Act Compliant.
- SOS appointments available.
- Specialist Nurse Clinics.
- Option of gender specific clinician

### **Case Study: Diverse engagement for Croydon CCG Urgent Care Review: Right Care, Right Place, First Time**

**The Project:** Croydon CCG wanted to redesign Croydon's [urgent care services](#) to give local people better access to services with longer opening hours. This redesign took into account patient insight collected through public meetings and patient and public workshops held in 2014 and 2015.

On the basis of this engagement, alongside national guidelines and clinical need, [three options](#) were developed for the future delivery of urgent care services in Croydon.

**The challenges for the CCG Patient and Public Involvement (PPI) Team:** In some parts of the borough there are high levels of urgent care service use, with a wide variety of languages spoken, and different levels of understanding of how to access urgent care services.

All of the current urgent care services are housed in areas of high deprivation: Central Croydon, Thornton Heath and New Addington. Traditionally communities living in areas of high social and economic deprivation are less likely to engage through public meetings. So we knew we had to develop a more proactive approach to ensure that their voices would be heard during the engagement period. This would help assure the CCG that our urgent care services were designed to meet the needs of our very diverse communities.

To provide additional support to the CCG PPI team to reach seldom heard groups, we commissioned a local community and voluntary sector umbrella organisation, Croydon Voluntary Action (CVA), to carry out 100 informal interviews with specific population groups to ensure their voices were heard and reflected in the outcomes of the engagement.

**What we did:** The CCG PPI team captured local views via online and paper surveys and face to face interviews and discussions.

By using an opportunistic and creative engagement approach we were able to broaden our contacts and seek out a wider range of public opinion, targeted towards groups that were known to make higher use of existing urgent care services. As well as posters and leaflets in GP practices and public places, public meetings and drop-in clinics, the PPI team reached out to parent and toddler groups, user-led groups of mental health service

users, youth clubs for young people with learning disabilities, commuters at West Croydon station, shoppers in central Croydon, and residents attending Crystal Palace FC football match in Selhurst.

Between 27 November 2015 and 17 January 2016, Croydon CCG gave out 6,280 engagement documents. We spoke to over 1,000 people. Some of the conversations we had with groups of residents were in-depth and lasted for an hour or more, other conversations were shorter. Every contact we had, and continue to have, was of equal value.

#### **PPI within the procurement process: Panel Selection**

Two patient and public meetings were held to discuss the draft service specification with the aim of developing patient led service standards. The attendees included patients, members of the public, representatives from the community and voluntary sector and PPG members. In total, 33 people attended the meetings. Through the meetings a series of service standards were developed and were included in the urgent care draft service specification under the “Our commitment to you” section.

Of the 33 people who attended these meetings, six were invited to join the procurement panel, including Healthwatch Croydon representatives.

The patients who joined the procurement panel were broadly representative of the demographic profile of Croydon urgent care services users and/or were representative of communities sharing protected characteristics under the Equalities Act, 2010.

**Outcomes:** During the engagement process three key concerns were raised on many occasions. They were:

- None of the options included a proposal for a GP hub to be sited in north Croydon.
- A need for consistency of quality and care across the urgent care sites.
- Concerns around an all appointments based system.

As a result of these concerns, the following changes were made prior to completion of the procurement process:

- The Urgent Care Centre, based at Croydon University Hospital will have additional GP hub functionality (4 GP hubs in total).
- Patient designed service standards, titled ‘Our commitment to you’, were incorporated into the service specification. The service standards include a commitment that patients will receive the same levels and standards of care and quality of service regardless of which GP hub they access. This is important as these patient-led standards now form a part of the key performance indicators against which the provider will be monitored.
- A walk-in element will remain in all of our urgent care centres, due to concerns that for some patient groups, making and keeping an appointment may prove difficult. For example, patients who are homeless.

An additional and very important outcome is that the CCG now has a number of patient representatives who have taken part in a complex procurement process and are a skilled resource that can support the CCG in future procurements.

*This case study is an extract from the Patient and Public Engagement in Croydon 2015-16 report The full report is available here:*

<http://www.croydonccg.nhs.uk/news-publications/publications/AZpublicationspage/Patient%20and%20Public%20Engagement%20in%20Croydon%202015-16-%20final.pdf>

### **Case Study: Equalities and commissioning services for people with a learning disabilities**

The CCG have continued to commission specialist services for people with Learning Disabilities that support mainstream health services in primary and secondary acute care to ensure the delivery of good quality general health care for people with learning disabilities and reduce inequalities in health outcomes. Croydon CCG also commission a specialist MHLDT team to support individuals around their Mental Health needs.

The CCG commission a specialist Community Learning Disability health team and Acute Hospital Liaison Nurse commissioned with CHS and that includes Learning Disability nurses/Allied Health Professionals with the explicit role to liaise with, train and support the primary care and acute sector. There has been consideration of increasing the promotion in primary care in the delivery of comprehensive annual health checks for people with Learning Disabilities and Health Action plans.

#### **Transforming care for people with learning disabilities and complex needs**

Croydon CCG have had a comprehensive and focussed program related to delivery of Transforming Care agenda to review and Move on a cohort of 7 individuals with learning disability who have been in in patient units across the country. The LD commissioner undertook Care and Treatment reviews which included an external clinical input and experts by experience to review care and to conclude readiness for discharge and Move On destinations.

Croydon CCG invested in two Complex Case Reviewers to focus exclusively on supporting this cohort to carry out the recommendations of the Care and Treatment Reviews and follow up the work and Move On. A further appointment of a part time senior complex reviewer and a full time commissioning support officer and a temporary reviewer with continuing health care background has increased the ability to Move people on.

The reviews include:

- Ensuring that placements remain safe, clinically effective and suitable
- Checking that the care and fee level is appropriate to deliver the best outcomes for the individual
- Ensuring that people are living in the least restrictive environment based on their individual need i.e. doors are not locked or deprivation of liberty orders (DOLS) are in place where this is not appropriate.
- Improve quality of life outcomes
- The process is very person centred and takes the individual and family views into account

#### **The main outcomes have Demonstrable benefits :**

The team have supported a total of seven discharges from in patient placements

Destinations include :

- 1 – has discharged to prison
- to residential settings outside Croydon and near next of kin
- 1 to supported living in Croydon

With each discharge back to the community lessons are being learned & processes

adapted. As more panels and MDTs are convened fine-tuning has occurred and expectations made clearer. Consulting between providers and Croydon's clinical teams has helped develop guidelines & move plans along. Where clients and family are able to engage the plans are more person-centred and focused. The outcomes for those that have moved have been positive. Their quality of lives has improved immensely. They are engaged in more activities, have more choices & opportunities and, for those with families, regularly local contact is more possible. They are more accessible to clinicians and social care and therefore less 'out of sight & out of mind'. The key outcomes also relate to the improved quality of life for the individual and better quality of care in a least restrictive environment.

## **Two case studies:**

### **Case study 1**

Mr Y is fifty four years old. He had been an in-patient since 1971. He is diagnosed with a moderate learning disability and autism. He has been abused in all of the Hospitals he lived in. Mr Y had experienced very traumatic moves when he was previously discharged from hospitals. As a result he had refused to access any vehicle and had not left his current Hospital's grounds for over four years. The only off-ward activity he regularly engaged in was a visit to the Hospital café with his cousin. At his CTR it was confirmed that he was ready for discharge but had no plan in place. Mr Y's level of anxiety meant that it was difficult to engage him directly in planning but his cousin & MDT helped develop his Move On plan. His family wanted him to live near them. Only one provider felt they could manage his complex needs. They were developing a new service near Mr Y's family. Quality assurance checks were completed with the provider and a transition plan was developed whereby new staff were introduced to work alongside his current staff on his ward. Regular MDT meetings checked progress and a move date was selected after all were happy with how the transition was proceeding. The move date plans detailed a precise schedule for the move, communication interventions and included risk assessments & a crisis plan. Mr Y surprised everyone by happily walking off the ward, jumping into the vehicle & driving to his new home where he immediately made himself a cup of tea in his own kitchen then went to his garden to play on the swing. At Mr Y's six week review his progress has continued. He is now buying bread & milk from a local shop daily. He is going out to McDonalds with his family every week. There have been no incidents of challenging behaviour. His medication has been reduced. Restrictive practices have been removed from his care plan.

### **Case study 2**

Miss Z is a twenty six year old woman who has diagnoses of moderate learning disability and autism. Miss Z went into care in 2004 and experienced a number of failed placements. She was detained under the Mental Health act in 2012. Since then she has had two Hospital moves before transferring to a rehabilitation in-patient unit where she was assessed as fit for discharge. A person-centred 'Move On' plan was developed with Miss Z, her family & staff. Miss Z wanted to move back home to Croydon to be near her family. A suitable property was bid for with housing and three shortlisted specialist providers met with Miss Z and were interviewed by her family with commissioners. The preferred provider built a staff team who linked in with Miss Z & began supporting her on the ward & for activities back in Croydon. A Positive Behaviour Support Plan was developed by the provider with input from Croydon clinicians. The property was adapted and Miss Z moved in on 31/5/16. Since moving in Miss Z has been on holiday with her family. She is out & about every day and looking into local college courses. There have been no incidents of challenging behaviour. Staffing levels have been reduced.

## 12 Main Provider Organisations

Croydon CCG has in place mechanisms to meet its duties to ensure that key provider organisations comply with their equality duties, working in partnership with main provider organisations to include equality, diversity and human rights clauses within its contract. This also requires the CCG to monitor workforce and service delivery activity in relation to the Public Sector Equality Duty (PSED).

Croydon CCG holds contract review meetings and Clinical Quality Review Group (CQRG) meetings to ensure services are being delivered to agreed service quality and performance specifications, and that providers are seeking the views of patients and carers about service delivery, responding to complaints and redesigning the way services are delivered in response to patient feedback

CQRG meetings are chaired by CCG Clinical Leads, and provide a robust mechanism where commissioners and providers work together to identify opportunities for improvement that will ensure delivery of safe and effective services, and drive up quality, including through reviewing themes raised in patient complaints, surveys and through engagement events. The results and feedback from the national surveys and the Friends and Family Test are reviewed at the CQRGs, and providers are required to produce action plans to address issues of concern.

NHS Provider	Annual Equality Report published on website	Equality Objectives published on website	Equality Delivery System results published on website	Workforce Race Equality Standard results published on website
Croydon Health Services NHS Trust	April 2017	2012	April 2017	✓
South London and Maudsley NHS Foundation	✓	✓	✓	✓

### 12.1 Croydon Health Services NHS Trust

Croydon Health Services NHS Trust is one of the main providers of acute hospital and community services in Croydon. Croydon CCG is the lead commissioner for this organisation and ensures that it meets its legal duties in relation to equality, diversity and human rights by including clauses within its contract. This also requires the Trust to monitor workforce and service activity in relation to the Public Sector Equality Duty (PSED).

Croydon Health Services NHS Trust published its Equality objectives in 2012. The Trust has been implementing its Equality, Diversity and Inclusion Strategy and Delivery Plan 2016 – 2018 and report progress as follows:

- Implementation of EDS2 in 2016 included the assessment of services within the Directorates of Integrated Adults Care, Integrated Surgery Cancer & Clinical Support, Integrated Women, Children and Sexual Health. An initial assessment of services took place in November 2016. The grades and any actions for improvement will be agreed and available from April 2017. More services will be assessed throughout 2017 as part of EDS2 2017 process.
- The Trust's EDI (Equality, Diversity and Inclusion) Strategy 2016-2019 (including the Equality Objectives), Equal Opportunities Policy and the WRES 2016 data was signed off by the Trust Board in December 2016 and published on the Internet.
- Integration of the WRES into the Business Planning process together with identifying the actions that need to be taken in HR and across the Directorates was included in the business planning process for each Directorate to identify their plans to progress EDS2 and the WRES, this will now be an annual requirement.
- The Trust is in the process of setting up the Staff Working groups for BME, LGBT, Faith and disability staff and have been working with the health & well-being promotional week to attract staff. The first meeting is scheduled to take place in March 2017.
- The Trust's Annual Report 2016 will be published by April 2017, once the EDS2 grades and actions have been agreed the outcomes.
- The Trust has been working towards improving patient experience by develop working arrangements with its external partners. The CHS Equality Diversity & Inclusion & Forum (EDIF) is an external group of voluntary and community sector organisations that was formulated in September 2016. The EDIF currently has 16 members representing Age, Disability, Race and Sexual Orientation.

The first full meeting of the Forum is due to take place on 1st February 2017 and thereafter on a quarterly basis. Members of the EDI Forum will continue assisting in the assessment of EDS2, mystery shopping, scrutiny of policies and practices and to assist in service development across the Trust.

Annual Equality Reports for Croydon Health Services NHS Trust can be accessed by following the link: [https://www.croydonhealthservices.nhs.uk/copy\\_of\\_patients-visitors/Equality-and-Diversity.htm](https://www.croydonhealthservices.nhs.uk/copy_of_patients-visitors/Equality-and-Diversity.htm)

## **12.2 South London and Maudsley NHS Foundation Trust**

South London and Maudsley NHS Foundation (SLaM) Trust provides inpatient and Community mental health services for the residents of Croydon.

The Trust delivers specialist mental health and substance misuse inpatient services to Croydon's population. They provide services for adults, as well as specialist services for young people. These include daycare, inpatient care and community services.

SLaM developed Equality Objectives for 2013-16 and has been working to achieve these objectives to ensure equal access to its services for all the communities that it serves and building fairness and equality into its working environment.

SLaM has been using the Equality Delivery System as a framework to identify where they need to focus their attention to improve on equality since 2013. In 2015 SLaM developed a substantial Workforce Equality Objective that brings together a number of strands and work streams. An integral component to the objective is the implementation of the Workforce Race Equality Standard (WRES) that is now a national contract requirement and expectation of all NHS Provider Organisations. SLaM has published a WRES report for 2016 that compares results in 2015

The latest Annual Equality Reports South London and Maudsley NHS Foundation Trust can be accessed by following this link <http://www.slam.nhs.uk/about-us/equality>

### 12.3 Friends and Family Test

Patients have an opportunity to routinely give their feedback after receiving care or treatment through the Friends and Family Test (FFT). This test aims to assess the quality of patient experience from responses to the simple question “Would you recommend this service to your friends and family?” A snapshot of results for Croydon CCG Providers are as follows:

<b>NHS Provider</b>	<b>Month/Year</b>	<b>Percentage that would recommend service</b>
Croydon Health Services NHS Trust (In Patient)	September 2016	95% (of 840 responses)
Croydon Health Services NHS Trust (Community)	September 2016	98% (of 361 responses)
South London and Maudsley NHS Foundation Trust	September 2016	90% (of 1,325 responses)

Source: <https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>

Croydon CCG also commissions significant number of acute hospital services from St George’s NHS Foundation Trust and King’s College Hospital NHS Foundation Trust for the local population, as well as a range of other hospital services from other London NHS providers.

## 13 Workforce Race Equality Standard

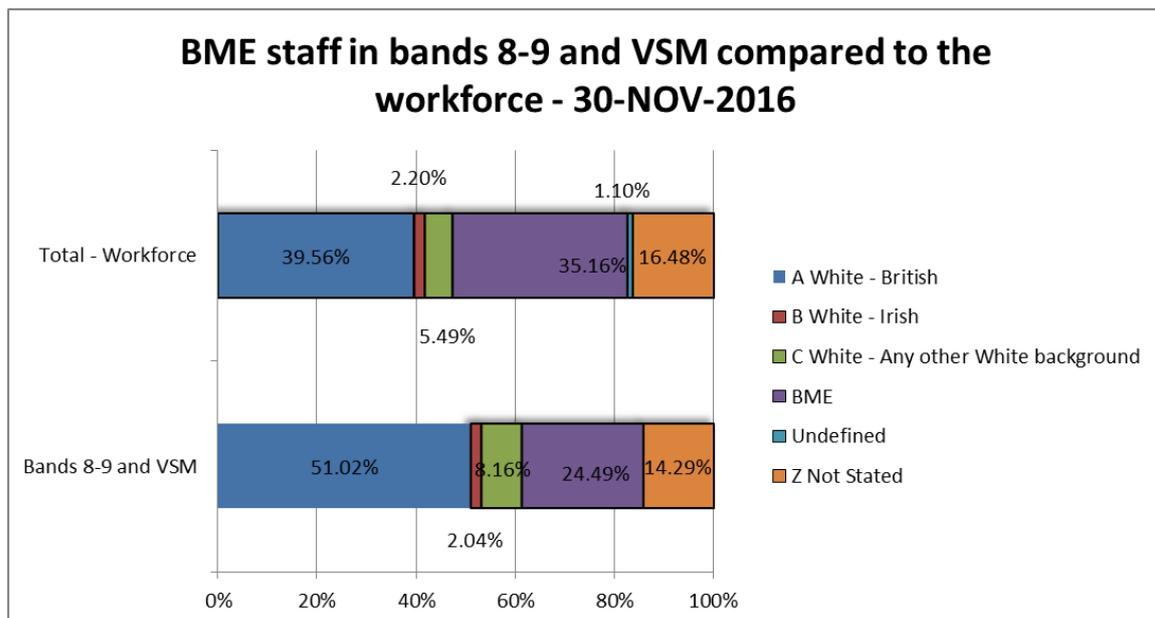
The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015. The WRES is based on new research on the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care.

The Standard highlights any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing those metrics through an action plan. The WRES definition of White and BME staff is as follows:

“White” staff includes White British, Irish and Any Other White. The “Black and Minority Ethnic” staff category includes all other staff except “unknown” and “not stated”. “Any Other White” contains minority groups including white European.

### 13.1 Workforce Race Equality Standard in Croydon CCG

Croydon CCG has gathered data against the nine WRES metrics for 2015. The data does not have to be published due to the small numbers reported and to protect staff identity under the Data Protection Act. However, the CCG has agreed to publish the metric regarding BME staff in bands 8-9 and VSM (Very Senior Management) compared to the workforce overall – please see chart below for details



#### Analysis

The percentage of BME staff in bands 8-9 and VSM is 24.49% which is almost ten per cent less than the CCG representation of BME employees in its workforce that is 35.16%.

The CCG has noted that these BME figures do not reflect the percentage of BME people in the Croydon population which is 44.91 %.

### **13.2 Workforce Race Equality Standard in Croydon CCG's Providers**

Since 2015-2016, all CCGs need to demonstrate that they are giving "due regard" to using the WRES indicators, and assurance that their Providers are implementing the WRES.

In 2017, the CCG's Clinical Quality Review Group will receive reports from Providers who are expected to:

- Carry out a comparison of baseline data from April 2015 with April 2016 including steps underway to address key shortcomings in data, or significant gaps between the treatment and experience of white and BME staff.
- Publish WRES data for March 31st 2017 on Trust web site and share with Board and staff

## **14 Croydon CCG Workforce Information**

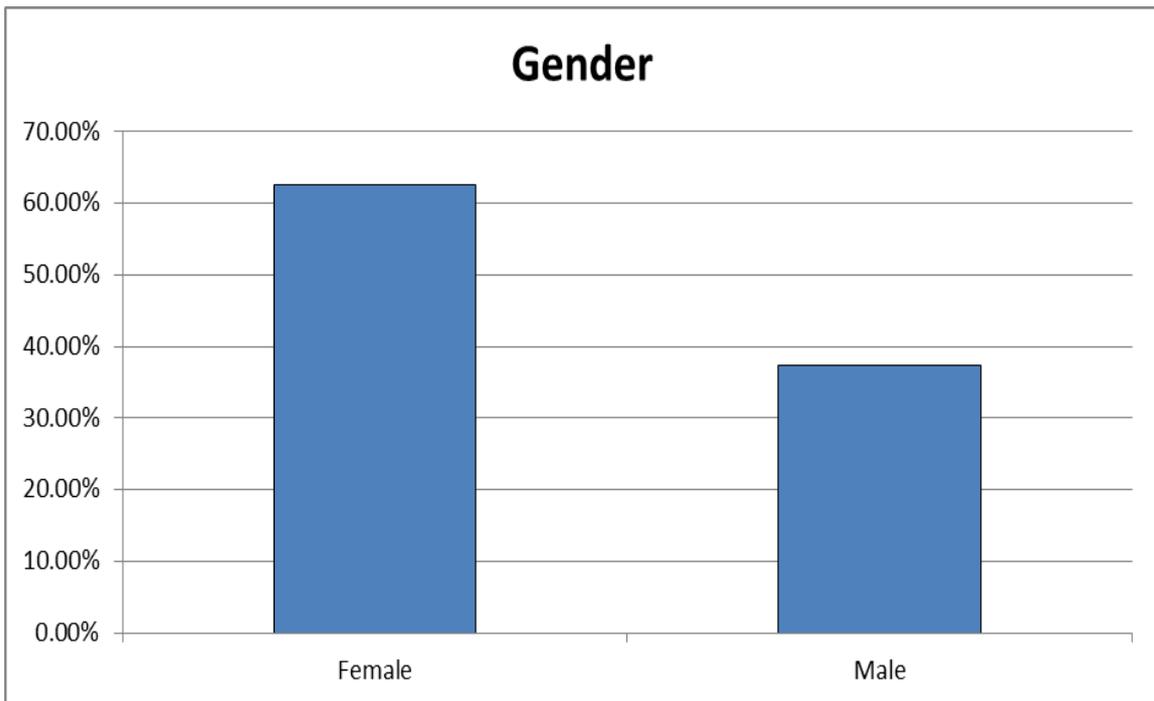
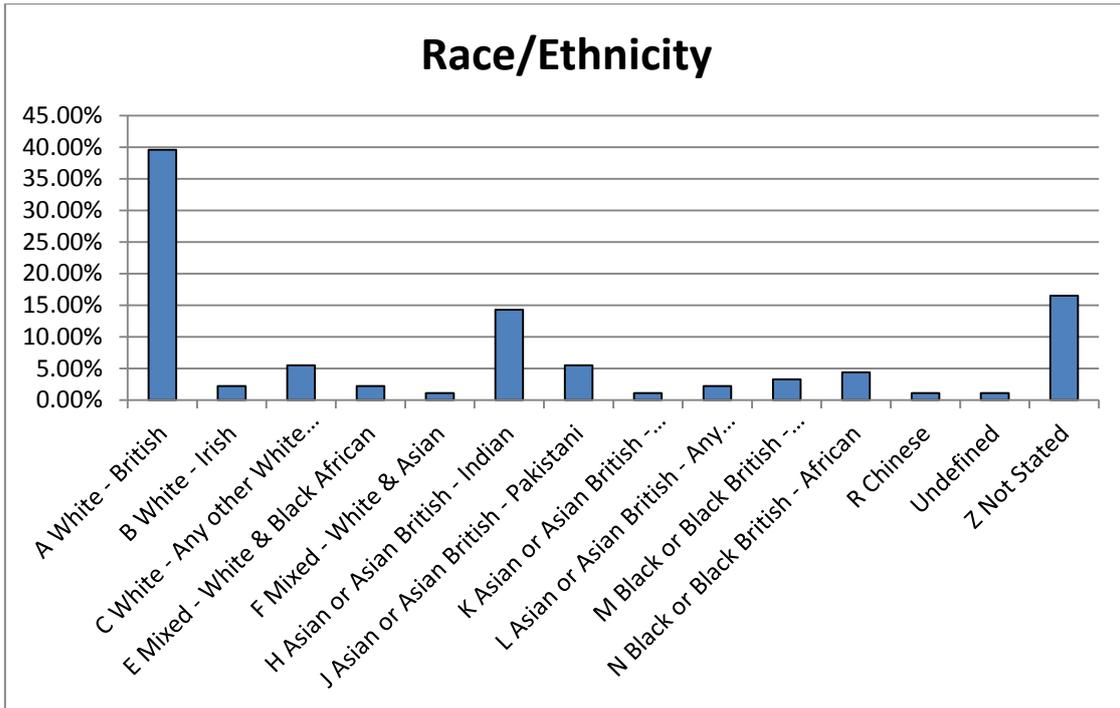
The Public Sector Equality Duty highlights that information on the make-up of the workforce must be published where public authorities have 150 or more employees; Croydon CCG has a total of 63 employees and also purchases additional commissioning support services from South East Commissioning Support Unit.

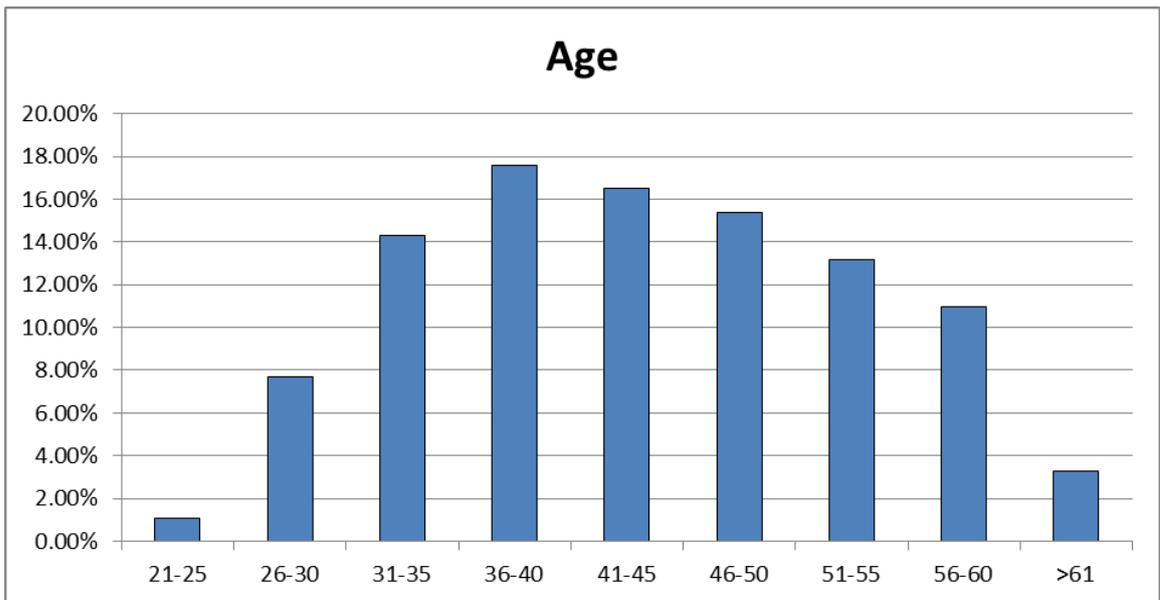
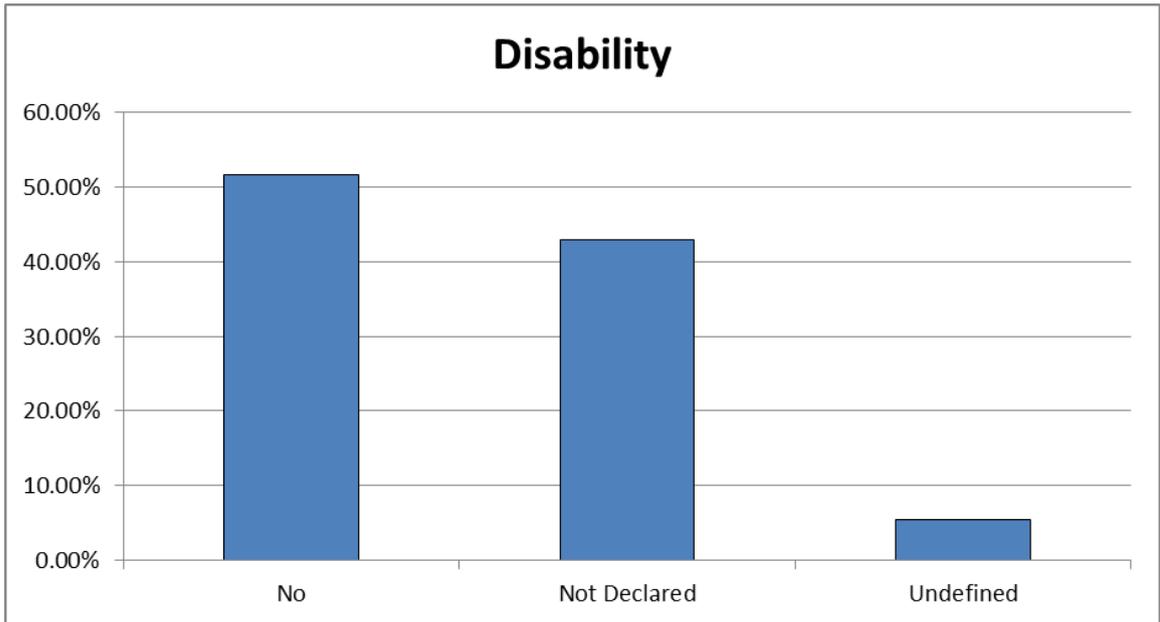
The workforce is the major factor in delivery of Croydon CCG business. A quarterly workforce monitoring report is submitted to the senior management team of the CCG including workforce information relating to numbers of staff in post, turnover and sickness absence and an equalities profile relating to six of the nine protected characteristics and highlights key differences and /or issues to the senior management team.

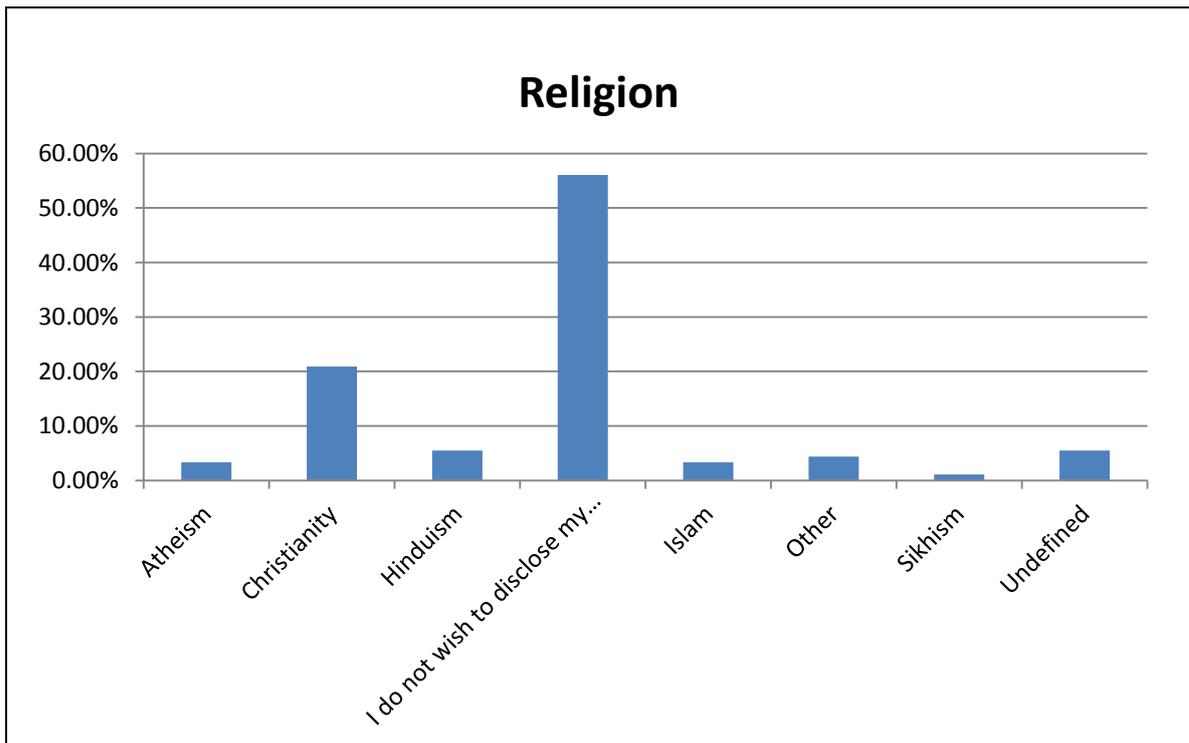
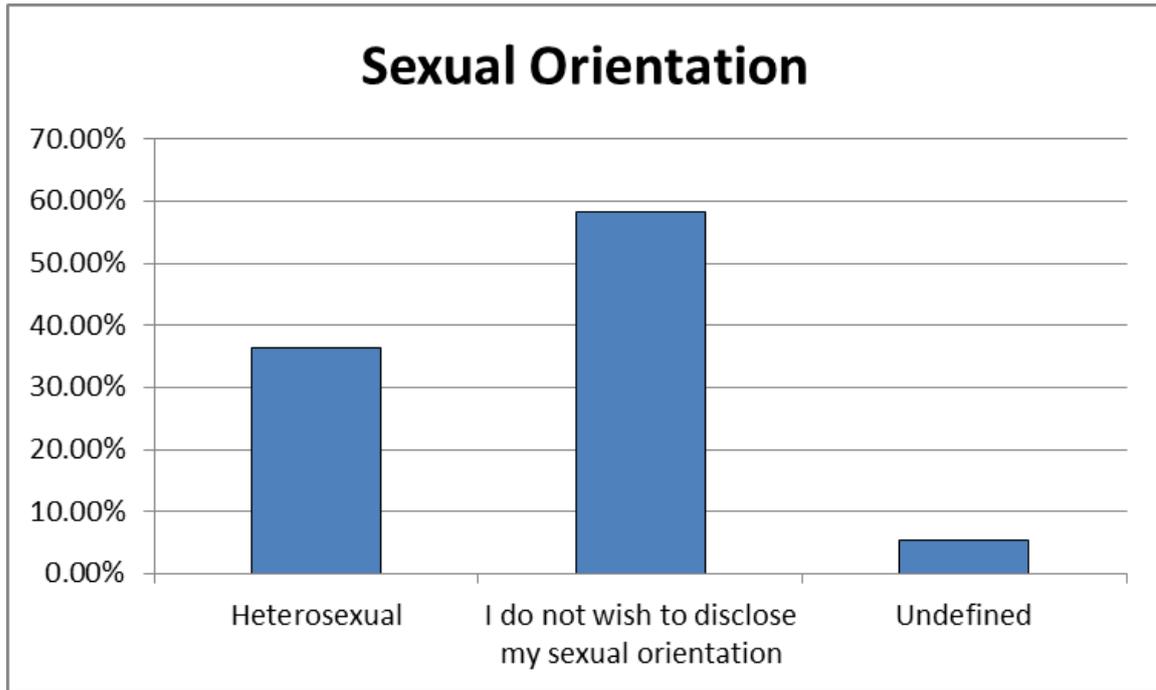
### **Croydon CCG Workforce Equalities profile**

Although Croydon CCG has no legal duty to publish our workforce data as the CCG employs less than 150 staff, the CCG has chosen to do so as part of our good practice. The following tables are a snapshot profile of the organisation (by percentage), relating to six of the nine protected characteristics as at 30<sup>th</sup> November 2016. Monitoring will continue to identify any priority areas to address.

The data below for Race/Ethnicity shows that the CCG has a representation of BME employees in its workforce (35.38%) compared to the demographics (according to the 2011 National Census), BME people make up of around 45% of Croydon's population. The CCG is working towards reflecting the communities that it serves at all levels of the workforce.







## 15 Croydon CCG Organisational Development (OD)

The CCG have continued to commission South East CSU to provide an organisational development (OD) programme aligned to the strategic objectives of the organisation.

The OD programme has moved on to the delivery and embedding phase to ensure the OD plan achieves its outcomes.

The key areas of focus have included:

- The vision, values and behaviours work have been agreed, rolled out and embedded in key practices throughout the organisation, aiming to build a culture of high performance and staff engagement. Following agreement by the Council of Members in March 2016 the vision, values and behaviours are now established in staff induction, the appraisal process and soon to be in recruitment.
- A bespoke online appraisal system has been developed and launched which has the following features:
  - 3 pre-set core objectives for all staff – Performance, Planning and Finance, allowing monitoring of core business priority areas
  - Behavioural assessment - based on CCG values & behaviours to assess how individuals are living the values of the organisation
  - 360 feedback – establishing what our colleagues and partners think of how we behave
  - A reporting system which can measure performance and behaviours from an individual to organisational level
- The NHS Healthcare Leadership model has been adopted as a framework for staff leadership development across the CCG which has comprised the following:
  - A bespoke organisation-wide leadership development programme was offered to all staff working across the CCG, called Leading Change, with over 70 staff attending. The course was aimed at improving self-awareness and leadership behaviours across all staffing groups, intended to enhance individual, team and ultimately organisational performance. The programme included self-assessments focussing on the Healthcare Leadership model, personal resilience and emotional intelligence. Identification of strengths and areas for development were used to inform individualised personal development plans for embedding in the workplace.
  - SMT and Assistant Director leadership development focussed sessions have been delivered aimed at enhancing emotional intelligence, building resilience and supporting staff in a pressurised environment.
  - 360 degree feedback assessments using the Healthcare Leadership Model for the SMT and Assistant Directors with individual facilitated sessions have been provided. Again these aim to improve personal insight, identify strengths and areas of future focus to accelerate leadership development in these key posts.

The plans for 2017 include:

- The roll out of value-based recruitment from February 2017 to help attract and recruit employees whose personal values and behaviours align with Croydon CCGs.
- Further senior leadership development and 360 feedback facilitated sessions.

## 16 Equality and Diversity Training for Croydon CCG Staff and Governing Body Members

In terms of training and development, we have agreed a training package with the SECSU to provide and monitor mandatory and statutory training including Equality and Diversity training. Further training may be commissioned following a training needs analysis.

During 2016, both CCG Staff and Governing Body members have attended a range of training sessions, workshops and inductions as detailed below:

Type of Training	Who Attended	Delivered by:
Equality and Diversity briefing for new staff as part of induction Throughout 2016.	Commissioners, Patient and Public Participation staff	Senior Associate, Equality & Diversity, South CSU
Accessible Information Standard briefing June 2016	Croydon CCG Staff Briefing attendees	Senior Associate, Equality & Diversity, South CSU
Dignity and Respect at Work training workshop July, December 2016	All CCG Staff	Blue Tulip Training

## 17 Croydon CCG's Equality Objectives progress in 2016

An overview of achievements is provided below:

<p><b>1. Equality Objective 1</b> Develop data collection and analysis systems to capture information across protected groups.</p> <p>1.1 To date there has been improved requests for and collection of data. Evidence can be taken from:</p> <ul style="list-style-type: none"> <li>• Contract specifications</li> <li>• Patient experience feedback from Providers</li> <li>• Staff / workforce data</li> </ul> <p>1.2 Equality Analyses that use local data are regularly completed to inform commissioning decisions. In 2016 the CCG has had to make some difficult commissioning decisions regarding changes to the way services are delivered. To ensure the CCG is aware of the impact of the changes, Equality Analysis (EA) has</p>
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been used to consider impacts on Croydon's diverse communities. For example, the Vitamin D maintenance dose discontinuation of prescribing initiative paid due regard to the equality impacts on local people. The result of EA consideration is that a full action plan will commence in 2017 to mitigate the impacts including an engagement programme to ensure awareness-raising activities meet the needs of all at-risk groups, including addressing any misconceptions specific groups may have about their risk and working with local practitioners, role models and peers to tailor national messages for local communities to ensure information about vitamin D is culturally appropriate.

- 1.3 Compliance with the Workforce Race Equality Standard has improved the collection and analysis of staff data for the CCG and its providers.
- 1.4 Improvement in data collection and analysis across the protected groups helps to improve the CCG's EDS2 performance.

## **2. Equality Objective 2**

**Develop engagement and staff raising awareness with more of the protected characteristics in Croydon to improve patient access, experience and outcomes and reduce health inequalities for diverse communities of the borough.**

- 2.1 Croydon CCG adopts an open and flexible approach to PPI that seeks to normalise it within commissioning. This means that PPI becomes part of everyone's day-to-day business. During 2016 the PPI Team has worked with Croydon commission teams to carry out many engagement events as noted in Section 7 of this report.
- 2.2 Throughout the year the CSU ED Lead has given ED Induction briefings to new staff as requested.
- 2.3 Dignity and Respect at Work training workshop for new Croydon CCG Staff (or those who did not attend previously) took place in July 2016 and December 2016.
- 2.4 In September/October the CSU ED Lead attended Medicines Management and Mental Health Commissioning Team meetings to discuss the equality impacts of future commissioning decisions and how to complete robust Equality Analyses.
- 2.5 Equality Analysis training workshops are planned for 2017 to be delivered by the CSU ED Lead

## **3. Equality Objective 3**

**Ensure the CCG's vision, values, behaviours and culture are developed through the OD process and that this results in staff being empowered, engaged and inclusive.**

- 3.1 Equality and Diversity is embedded in the vision, values and behaviours work that was agreed, rolled out and embedded in key practices throughout the organisation, aiming to build a culture of high performance and staff engagement.

## 18 Equality Delivery System (EDS)

In 2011, the Department of Health introduced a new tool for monitoring equality outcomes called the Equality Delivery System.

The EDS enables the CCG to:

- Analyse its performance against the EDS Goals and Outcomes
- Identify any gaps or areas that require improvement
- Identify any high risk areas as priorities for setting objectives

The EDS has four Goals:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

An NHS organisation might decide to focus on people (with particular protected characteristics) most at risk, and/or for whom considerable progress has been made. The key question of EDS2 is: how well do people from protected groups fare compared with people overall?

Croydon CCG chose to focus the EDS2 Goals 1 and 2 on their commissioning responsibilities for:

- **Children's Asthma Service**
- **Dermatology Service**

During 2016, engagement was carried out with local stakeholders and staff in order to verify the process.

The CCG invited external stakeholders to join an EDS2 External Stakeholder panel to give their opinion on the CCG's equality performance. The CCG EDS2 External Stakeholder panel event took place on 6 October 2016.

A staff survey that contains some of the same outcomes of EDS2 Goal 3 that focuses on whether the workforce is representative and supported has been carried out. The results will be analysed and reviewed against the EDS2 outcomes in January 2017.

The CCG has started the process of collecting data for EDS2 Goal 4 Inclusive Leadership and aiming to complete the process early in February 2017.

*Fig. 1 Croydon CCG Equality Delivery System (EDS) Grading for 2016*

EDS2 Goal	Grading achieved 2016
1 – Better Health Outcome	ACHIEVING
2 – Improved patient access and experience	ACHIEVING
3 – A representative and supported workforce	To be confirmed

<b>4 – Inclusive leadership</b>	<b>To be confirmed</b>

The grades and improvement plans for all four goals will be published on the CCG's website by March 31, 2017. They will be used to inform the CCG's operational and organisational development plans.

## 19 Useful information:

Name of document	Location
<b>Joint Strategic Needs Assessment 2011 census</b>	<a href="http://www.croydonobservatory.org/">http://www.croydonobservatory.org/</a>
<b>Croydon Health Profile 2016</b>	 Croydon Health Profile 2016.pdf
<b>Croydon Annual Public Health Report 2016</b>	<a href="https://www.croydon.gov.uk/sites/default/files/articles/downloads/Director_of_Public_Health_Report%202016.pdf">https://www.croydon.gov.uk/sites/default/files/articles/downloads/Director_of_Public_Health_Report%202016.pdf</a>