



Croydon Clinical Commissioning Group

PUBLIC SECTOR EQUALITY DUTY (PSED) AND EVIDENCE NARRATIVES JANUARY 2013

This report has been produced by the Equality and Diversity Lead for the NHS South London Commissioning Support Unit. If you would like more details on any of the contents or extra copies of this document, please contact the lead at the address below:

Valerie Richards
Equality and Diversity Lead
NHS South London Commissioning Support Unit
1 Lower Marsh
London SE1 7NT
t: 020 3049 4167
[e:valerierichards@nhs.net](mailto:valerierichards@nhs.net)

Preface

This report brings together information and evidence that demonstrate how NHS Croydon Borough Team, part of NHS South West London (NHS SWL) and shadow CCG has been meeting its statutory duties under the Equality Act 2010.

The contents covered describe how key business functions have taken into account equalities requirements as mandated under the Equality Act 2010, evidenced by relevant documentation and supporting information where required.

Equality duties are currently undertaken by NHS Croydon Borough Team and will be the responsibility of the Croydon Clinical Commissioning Group from April 2013. As part of the authorisation process Shadow Clinical Commissioning Groups have been responsible for demonstrating their compliance with equalities duties through implementation of the Department of Health's Equality Delivery System (EDS).

To support the authorisation process and in preparation for the handover in 2013 NHS Croydon Borough Team has been working with the Croydon Shadow Clinical Commissioning Group to ensure that requirements under the legislation, via implementation of the EDS, are implemented and embedded.

Acknowledgement: Thanks to all NHS Croydon Borough Team and Clinical Commissioning colleagues who contributed to this report.

Equalities Delivery System (EDS) Implementation Plan:

Croydon Borough Team (CBT) has embraced the EDS framework as part of its commissioning cycle planning and development and/or redesign of services for the Croydon community. CBT acknowledges that the EDS framework represents an opportunity to raise equality in service commissioning and performance for our community - patients, carers and staff. The EDS enhances our partnership working with local stakeholders and interest groups in analysing service commissioning, provision and performance as well as identifying equality objectives to ensure compliance with our statutory equality obligations.

This is demonstrated in our work to reduce inequalities through our Joint Strategic Needs Assessment (JSNA); the Health and Wellbeing board; our Strategic Plan; Commissioning Intentions with the Clinical Commissioning Groups (CCGs) and through other multi-agency strategic level committees.

Our commitment

Work on the EDS has the commitment of our senior management team, staff, CCG, stakeholders and local interest groups. NHS South West London (SWL) Senior Management Team and Borough Managing Director fully endorse the implementation and inclusion of EDS within mainstream business. Commitment to equality is part of the responsibilities of our CCG board and is included within their Terms of Reference (TOR) and Job Description. The EDS is core to the CCG authorisation process.

The work on EDS supports the analysis required by the Public Sector Equality Duty:

- promotes localism
- supports the delivery of the NHS Outcomes Framework, the NHS Constitution and the Human Resources Transition Framework;
- supports our compliance with Care Quality Commission's "Essential Standards of Quality and Safety";
- offers local and national reporting and accountability mechanisms.

Governance

For 2011/12 responsibility for ensuring that we deliver fairness for patients and staff ultimately rests with our LINKs/Healthwatch and Chief Executive of NHS SWL cluster. The Director of Nursing is the Executive Director lead for advancing equality for NHS SWL supported by an Equality Lead. The Borough Managing Director is responsible for ensuring EDS is included within CBT business as well as CCG responsibilities, supported by an Equality Lead.

Equality issues are reported strategically to the NHS South West London (SWL) Integrated Governance Committee; Senior Management Team and Joint Board. This is chaired by the Executive lead and members are included from the 5 PCTs across SWL and voluntary sector representation.

Focus on goals and outcomes

At the heart of the EDS is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, communities, NHS staff and Boards. Against these outcomes, NHS performance is analysed, graded. As a result of this analysis and grading, and as required by law:

- information is generated by organisations that will go a long way in demonstrating compliance with the public sector Equality Duty; and

- organisations will be able to set equality objectives, and take action to deliver on these objectives, as part of mainstream business planning processes

The EDS framework requires NHS organisations to report on how they deliver four strategic goals set out below:

1. **Better health outcomes for all** - the NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results
2. **Improved patient access and experience** - the NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience
3. **Empowered, engaged and well-supported staff** - the NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs
4. **Inclusive leadership at all levels** - NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions

Local planning and implementation

Significant work has been underway with our internal staff, external colleagues, CCG and our local Local Improvement Networks (LINks)/Healthwatch partners working as stakeholders, in implementing the EDS locally. We are working with local interests on EDS goals to review our performance against EDS Goals 1 and 2 which focus on improved patient health outcomes, access and experience.

The South West London cluster is taking forward work to review performance on EDS Goals 3 and 4, which are more inward-focussed on workforce matters and inclusive leadership.

Engagement and involvement with partners

CBT values the involvement of our LINks/Healthwatch as key to implementation of EDS and supporting the representation of the views of our diverse patients and service users in ensuring equality goals are embedded within our strategy planning and commissioning intentions and those outcomes are monitored and measured. Therefore, the implementation of the EDS is in alliance with our LINks/Healthwatch partners, our CCG, local authority and acute colleagues as well as other local interest groups. We have worked together to identify equality objectives as part of the Equality Act's (2010) public sector equality duties (see Appendix 2)

We are planning to hold an EDS engagement event with local stakeholders to take place in February 2013. The event will engage stakeholders on the findings of this review and progress against equality objectives in order to agree EDS gradings.

Working with Staff and Staff Side

Going forward the CCG will need to work in partnership with local trade unions to implement the EDS framework and will analyse performance in EDS Goals 3 and 4 with staff side in order to meet the statutory duty.

We plan to have identified and published equality objectives by 6 April 2012, in line with the requirements of the Equality Act 2010.

Joint Strategic Needs Assessment

Joint Strategic Needs Assessments (JSNAs) analyse the health needs of local populations to inform and guide commissioning decisions around health and well-being within local authority areas. The JSNA is intended as a key document which should underpin local health and well-being strategies.

The main goal of a JSNA is to bring partners together to jointly assess and describe the health needs of a local population in order to inform improvements in the physical and mental health and well-being of communities and reduce health inequalities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007 which was reinforced in the Health and Social Care Act of 2012

The Croydon JSNA is an ongoing process to identify current and future health and wellbeing needs in the light of existing services, and informs future service planning, taking into account evidence of effectiveness.

Public Health Croydon has been leading the JSNA process in partnership with key stakeholders from the London Borough of Croydon and voluntary and community sector. The approach taken in recent years has been to identify and describe the 'big picture' of health and wellbeing needs and inequalities of the people of Croydon in a preliminary Overview Chapter, and combine this with a more in-depth focus on a smaller number of issues relating to health and wellbeing, for which detailed needs assessments are published.

Past JSNAs and the current progress with the 2011/2012 JSNA for Croydon can be found by following this link <http://www.croydonobservatory.org/jsna/>

Commissioning Strategy Plan (CSP) and Quality Innovation Productivity and Prevention (QIPP) Programme

The Commissioning Strategy Plan 2008/2009 – 2012/2013 is a key strategic document describing how clinical commissioners and PCT colleagues in Croydon are working together to transform and improve health services through a wide range of initiatives in commissioning areas. We work closely with Local Authority colleagues and other stakeholders to align our strategies and improve health outcomes for the residents and patients of Croydon through partnership work.

The information used to develop the CSP comes directly from the JSNA, including population demographics, key commissioning implications and substantial patient and public engagement.

The Commissioning Strategy Plan 2008/2009 – 2012/2013 can be found by clicking this link

<http://www.croydonobservatory.org/docs/strategies/1166217/1166631/nhscommstrat>

This plan has now been updated in the CCGs Integrated Strategic Operating Plan which covers the period 2012 – 2014.

Partnerships

The Croydon Borough Team works in partnership with the London Borough of Croydon to ensure that we promote community engagement, community cohesion and improve health and wellbeing in the delivery of services. A key partnership for health-related activity will be with the Health and Wellbeing Board that will carry new statutory powers.

Healthy Weight, Healthy Lives

The Healthy Weight, Healthy Lives project is a key example from the Healthy Croydon Partnership (now the Croydon Shadow Health and Wellbeing Board) demonstrating how clinical commissioners are working with a range of partners to address the wider determinants of health and reduce health inequalities.

Healthy weight, healthy lives sets out Croydon's strategic framework for tackling the rising prevalence of overweight and obesity in the borough. The framework sets out how Croydon promotes children's healthy growth and healthy weight, promotes healthier food choices for all, builds physical activity into their lives, creates incentives for better health, and offers personalised support for obese and overweight individuals.

Croydon Council, NHS Croydon, the voluntary sector and businesses all have a role to play and if they achieve their aspirations they believe that the result will be better health and well-being for all.

To view Healthy Weight, Healthy Lives – A strategic framework for delivery 2009-2014, please click this link

<http://www.croydonobservatory.org/docs/strategies/1166217/1166631/hwhlstrat>

Procurement and Commissioning

The Community and Acute Commissioning Teams are working closely to develop an Integrated Contract with our local providers.

A full review of all current provider contracts is taking place in line with the annual NHS Contracts review process and the need to transfer contracts from one legal entity to another (PCT to CCG). This will allow us to show transparent decision making processes and to ensure we have considered the Equality Delivery System in the commissioning and procurement of all services and improve the equality performance of this organisation. The EDS will become part of the new organisation's strategic annual commissioning cycle and will be considered as part of all future Commissioning Intentions.

Mental Health

A range of mental health services is commissioned by Croydon Clinical Commissioning Group. Most of the protected groups are referenced in the relevant service contracts and service specifications, including eligibility criteria. Some services are designed specifically for protected groups such as the Foxley Lane Women's Service, the Community Peri-natal Team, the BME Community Development Service, the Gender Re-assignment Service and a number of services for older people. All services are expected to operate under agreed equal opportunities policies and contract performance management includes monitoring of policy implementation, with regular monitoring of access to services by some protected groups. A number of diverse interests are represented in mental health partnership work, such as the inclusion of a faith group's representative in the Croydon Mental Health Partnership Group. The focus on mental health in the 2012/13 Croydon JSNA should give us a much more detailed picture of the diverse mental health needs of the local population.

Learning Disability

The commissioning of health services for people with Learning Disabilities is acknowledged as an important factor for the Clinical Commissioning Group.

Supporting mainstream health service to ensure the delivery of good quality general health care to people with learning disabilities is embedded into practice.

This has been achieved as a result of resourcing specialist staff (Learning Disability nurses/Allied Health Professionals) with the explicit role to liaise with, train and support the primary care and acute sector to better meet the healthcare needs of people with learning disabilities. We also have in place specialist professionals who have close liaison with GP practices.

This is particularly important in supporting the delivery of comprehensive health checks for people with learning disabilities.

Employing an individual to interface with acute hospitals, the appointment of an 'acute liaison nurse' has resulted in improvements in the quality and delivery of services.

There is an effective and identifiable *strategic* presence within the Clinical Commissioning Group to inform and support the commissioning and delivery of accessible, high quality health care for people with learning disability. Croydon has in place a Joint Commissioner for Learning Disability services who ensures that there is leadership in promoting health facilitation and health action planning for people with learning disabilities.

We have in place a range approaches to ensure the emotional and physical wellbeing of people with a Learning Disability is focused on within commissioned services;

- Specialist learning disability staff that both support mainstream practice and directly serve those with the most complex needs
- Specialist learning disability health services that promote safe, person-centred support and evidence based practice.
- Integrated planning and the development of care pathways that promote individualised services that are closer to home.
- Support to people and families when needed through swift access to the services of specialist professionals including medical, nursing and allied health professionals.
- Investment in training and development not just for specialist professionals but also for families and for front line support staff to enable them to better support people where they live.
- Ensuring that the 'voice' of people and families is heard and there is evidence of appropriate representation, including independent advocacy.

There has been considerable activity to enhance health care support for those with a learning disability within primary and secondary care settings.

A number of individuals with a learning disability have active roles in enhancing the patient experience and care pathway within the Accident and Emergency department; Outpatient Clinics and inpatient beds.

Alongside this, work is underway to improve patient experience within General Practice and therapy provision.

The Public Health unit have commissioned the production of Easy Read documentation around the JSNA specific to those with a Learning Disability.

The overall patient experience was graded across a number of health domains within the annual Self Assessment process with the RAG rating being primarily Green, few Amber and no red bandings.

Consultation with patient and carer groups evidenced positive views of health support.

Equality impact assessments (EIAs)

Equality impact assessment forms part of our commissioning cycle and is considered during the redesign of a service or policy to ensure that the needs of our community groups are being met, for example, as a result of an impact assessment on our Language Interpreting Service, we were able to identify the need for the procurement of British Sign Language for our deaf community, to improve access to services.

Also, as part of our public health development, the Effective Commissioning Initiative (ECI) was implemented across South West London (SWL) to ensure a consistent, evidence-based approach to the provision of procedures and devices. ECI provides a set of patient criteria to inform the commissioning of these interventions. A comprehensive equality impact assessment has been carried out to ensure equity in the decision making regarding appropriate intervention for patients.

Equality impact assessments form part of our Quality, Innovation, Productivity and Prevention (QIPP) programme with completed impact assessments on services such as the Smoking cessation service; provision of urgent care centre and NHS 111 service; development of sexual health services in community pharmacies; Intermediate gynaecology service; cancer screening; GP Led health centre; learning disability service; Adult diabetes service; GP support for Care Homes; Early Access to Maternity services and Children's service.

As part of a baseline quality assurance assessment of the QIPP Schemes, project leads also carried out equality impact assessments on the schemes. Impact assessment were completed for **24** new QIPP schemes in line with our EDS objectives. All EIAs were reviewed and signed off by senior managers. Some of the EIAs were also reviewed by representatives of our local HealthWatch/Local Involvement Network (LINKs). All EIAs are kept on file and will be submitted to SWL cluster when requested for publication.

Outcome of the equality impact assessments:

- This was a baseline assessment, therefore generally all QIPP schemes will be monitored and followed up in line with the requirements of the equality delivery system (EDS)

- Service leads recognise the importance of using the EDS as an enabler in monitoring the impact of service provision to users. The implementation process for EDS has taken this into account
- Reporting of outcome of EDS monitoring on a quarterly basis is important to ensure we capture any service gaps and patient experience issues. This will be done through the Contracts Quality Review (CQR) Groups. The EDS has been included on the rolling agenda of our CQR meetings
- Our EDS action plan takes into account a process for yearly review of completed equality impact assessments or as and when a service is redesigned or changed, to ensure that the service continues to meet the requirements of the users and to note any gaps

The EIA exercise included refresher training and guidance sessions to service leads on the equality duty of the organisation and the importance of EIA in mainstream commissioning and planning. Further training on EIA and the EDS was provided by SWL cluster during May this year.

We work closely with our local authority colleagues in the development of our joint strategic needs assessment for the Croydon population, which is based on the needs of our diverse population. This hinges on good practice of impact assessment.

Contract Monitoring

As part of the commissioning process, our organisation will ensure all services we commission have the key characteristics of equality built into the profile of performance indicators. We need to ensure we can appropriately monitor the performance of our providers and ensure continual improvement, where necessary, in the delivery of the services we procure and that all elements of the EDS are embedded in the provision of services and become part of business as usual. In an area as diverse as Croydon with a rapidly changing demographic, it is essential we consider health inequalities at all stages of the commissioning and procurement process.

Complaints and PALS

NHS Croydon has a duty to maintain the management of its complaints and PALS services ensuring that it is fit for purpose and can discharge its statutory duties in relation to the handling of complaints regardless of the service user's *age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation*.

Croydon Borough Team (CBT) has a joint Complaints Policy which takes into account health and social care. We have developed more flexible and responsive complaints handling systems that focus on the specific needs of the complainant, seek to reach speedy local resolution, and facilitate co-ordinated handling of cross-boundary complaints; we adhere to the single local resolution model; and the new single system for independent review by the Parliamentary and Health Service Ombudsman for healthcare.

Complaints management forms part of our strategic plan and is embedded within our commissioning contracts monitoring processes as well as across independent contractors service provision. We have systems in place to ensure complaints are monitored, managed and reported - this includes sharing the lessons learned from

trends and themes to ensure continuous improvement and development of our service provision to the Croydon population.

Our PALS and Complaints service uses the DATIX database recording system to record all contacts to the service. Evidence of the broad base of service access is drawn from DATIX, complaints/PALS log sheet, Serious Incident log sheet and the complaints policy. The complaints service can be accessed in multiple ways such as face to face with no appointment required or home visits; telephone, email, and postal service safe haven fax and website access. The service uses the Language Interpreting Services (over-the-telephone; face-to-face and British Sign Language) to ensure service users have equal access to the health care.

The result of the wide range of access methods is a broad base of clients from very varied walks of life. We have evidence of a wide age range of individuals contacting the service from both genders. Evidence of the footprint of the service suggests access is maintained taking into consideration the nine characteristics (as above).

Examples include:

age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

| |
|---|
| A walk in customer came in feeling that due to his age (81) his GP was not willing to refer him for the treatment he needed. |
| Email received requesting access to British Sign Language help for a hearing impaired member of the public requiring counselling. |
| Carers of a totally bed bound patient in receipt of 24hr care wrote on his behalf to express dissatisfaction with his medical team. |
| Woman called from the USA who was just about to catch a plane back to the UK and wanted to be met at the airport by an ambulance. |
| Young woman (27) told she was normal following test only to be later told that she was infertile and the tests were inaccurate and as a result she did not harvest her eggs |
| Woman called to ask about the morning after pill and where she could get it. |
| Pregnant woman called asking if choice applies to maternity services. |
| Complaint brought against a pharmacist that when investigated had racism at its root due to caste system in India.(low caste=pharmacist, high caste= complainant) |
| Service user wanted information on where to get a paternity test from. |
| Effective Commissioning Initiatives (ECI) funding for Alternative Therapies case involving breast augmentation and resolving an issue with leaking implants. |
| Service user, in the process of having gender-reassignment and there has been an issue with the GP prescriptions having the incorrect gender on them. |
| In the process of having gender re-assignment but treatment was withdrawn following unsatisfactory assessments but the assessments were done during a period of personal bereavement and job loss and it was felt they were not reliable. |

Complainants are asked for their views on the service they have received by way of a questionnaire and the results are analysed. Quarter 2 of 2012 which is the most recent questionnaires revealed 77% of complainants were very satisfied with the contact they had with the service, whereas 10% were dissatisfied with the service. People really like the home visit service and the drop in service but were less happy with some responses due to their desired outcomes not being fully met.