



**Annual Equality Report  
& Public Sector Duty (PSED)  
2017-2018**

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## SUMMARY

The Greenwich Clinical Commissioning Group (CCG) 2017/18 Annual Report outlines how the CCG continues to comply with the Equality Act (2010) – the Act, specifically with the key measure in the Act – the Public Sector Equality Duty (PSED).

This report sets out how the CCG has been demonstrating ‘due regard’ to the PSEDs three aims and provides evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information.

Due regard means that the CCG has given advanced consideration to issues of equality and discrimination before making any policy decision that may be affected by them.

It also reports on our progress towards achieving excellence in Equality and Diversity and contains:

- An overview of the processes we use to ensure that equality and diversity is embedded throughout our organisation, making it central to our planning, governance, decision making, policy making and part of everyone’s role.
- A breakdown of our staff and our local population - information which enables us to make the right decisions for the people we serve and the people who work for us.
- Our proposed EDS2 grades for 2017/18 and an assessment of the EDS2 gaps we have identified which will underpin our Equality and Diversity Action Plan for 2018/19.
- Workforce Race Equality Scheme monitoring information and action plans
- Equality and Diversity Strategy Action update
- Annual Equality and Diversity Engagement update for 2017/18

Publication of this 2017/18 Annual Report is part of a wider framework which delivers on our commitment to achieve best practice in Equality and Diversity. Publishing equality information in this way also helps the CCG to meet its PSED, and it helps communicate our commitment to engagement and transparency to all our stakeholders. Publishing this information is a requirement specified in the Equality Act (2010),(Statutory Duties) Regulations 2011, section 2: Publishing of Information.

## INTRODUCTION

We recognise and value the diversity of the local community and believe that Equality and Diversity is central to the commissioning of modern, high quality health services focused on the patient.

The CCG understands the diverse needs of its population and is committed to reducing health inequalities and improving the quality of health outcomes of its local communities. We also recognise that equality is not about treating everybody the same. Instead, it is about ensuring that access to opportunities are available to all by taking account of people’s differing needs and capabilities. We appreciate diversity and seek to recognise and value differences through inclusion.

The commitment towards our accountability to the local population, staff and other key stakeholders is demonstrated through our GCCG Equality and Diversity Strategy 2017- 2021). This sets out how we intend to ensure compliance with the Equality Act 2010 and promote excellence in equality performance.

The purpose of this Annual Report is to publish information to show how we are meeting the Public Sector Equality Duties (PSED).

## **PUBLIC SECTOR EQUALITY DUTIES**

The public sector equality duties are of both general and specific duties. The broad aim of the general equality duty is to ensure consideration and the advancement of equality into the everyday business of all bodies subject to the duty. The general equality duty is intended to accelerate progress towards equality for all, placing a responsibility on bodies to consider how they can work to tackle systemic discrimination and disadvantage affecting people with particular protected characteristics.

- Race
- Disability
- Sex
- Age
- Religion or belief
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage & Civil Partnership

The first aim of the general equality duty is to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act because of any of these protected characteristics. The second aim of the duty requires the CCG to have due regard to the need to minimise or remove disadvantages, to take steps to meet the different needs of people with different protected characteristics and to encourage participation in activities by those whose participation is disproportionately low.

The PSED requires us to consider equality implications in all we do, and to be proactive in meeting our legal obligations. Its remit is very broad, including decision-making, policy development, budget setting, procurement, commissioning, and employment functions.

## **MEETING THE PUBLIC SECTOR EQUALITY DUTIES IN 2017/18**

The challenges to make NHS services inclusive and 'fit for purpose' for Greenwich's diverse population cannot be underestimated within the current financial constraints on health and social care expenditure. Our focus for 2017/18 was to consolidate our equality, human rights and health inequalities work. Protecting human rights and promoting inclusion are integral to our core business and are reflected throughout everything that we do. The Equality Act 2010 provides a legal framework to

strengthen and advance equality and human rights. The Act consists of general and specific duties. The general duty requires public bodies to show due regard to:

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

We must comply with this general duty when 'exercising a function', when formulating policy and to any decisions made in applying policy in individual cases. Compliance with the duty should result in:

- Better-informed decision-making and policy development.
- Clearer understanding of the needs of service users, resulting in better quality services which meet varied needs.
- More effective targeting of policy, resources and the use of regulatory powers.
- Better results and greater confidence in, and satisfaction with, public services.
- A more effective use of talent in the workforce.
- A reduction in instances of discrimination.

## **EQUALITY, DIVERSITY AND HUMAN RIGHTS OBLIGATIONS**

Control measures are in place to ensure that the CCG complies with the required public sector equality duty set out in the Equality Act 2010. Through these the CCG aims to:

- Improve access and involvement to all services for all public, patients, carers and seldom heard groups.
- Develop and implement twenty first century integrated, patient-focused health and care.
- Reduce health inequalities through a targeted approach.
- Achieve better outcomes for all.
- Understand what constitutes a good patient experience.
- Continue to develop an inclusive working culture and ensure the CCG values are incorporated in to all the work we do.
- Empower, engage and support our staff.
- Achieve an inclusive leadership at all levels.

All Greenwich CCG's policies and procedures include an equality statement and all decisions made by the CCG undergo an equalities impact check list and / or full equality analysis, where appropriate. The learning from 2017/18 will be taken forward to strengthen the equality impact and analysis to achieve more timely and informed decisions in commissioning health services.

## **DRIVERS**

Whilst this report has been informed by evidence gathering and engagement activities during 2017/18, it is also driven by a number of external and internal strategic policy imperatives that have an impact on our work as a CCG, namely:

- NHS Constitution

- NHS Outcomes Framework
- Joint Strategic Needs Assessment (JSNA) in Greenwich - our specific local health needs and priorities
- Greenwich Health and Wellbeing Strategy 2015-2018
- GCG Operational Plan 2017-2018
- Better Care Fund
- Greenwich, Sustainability and Transformation Plan

## **PARTNERSHIP WORKING**

We are working with our partners across South East London to develop plans for future services. The Sustainability and Transformation Plan (STP) aligns with Greenwich CCG's equality objectives, and we play an active role along with other South East London CCGs, in the Our Healthier South East London (OHSEL) Equalities Steering Group. The Equalities Steering Group ensures that the latest intelligence and insight on health inequalities is shared across all CCGs and addressed by the programme. It identifies risks to the STP and its associated programmes whilst maintaining an overview of health inequalities and related public health insights. In 2018/19 the focus of this group will be more on the risks to the programme if equalities issues are not identified and resolved.

NHS Greenwich CCG works in partnership with provider organisations to include equality, diversity and human rights clauses within our contracts. Clinical Quality Review Groups (CQRGs) are established with providers which allow scrutiny of this work. A Healthwatch representative is on the NHS Greenwich CCG Quality Committee.

We determine assurance of our providers meeting their Public Sector Equalities Duty through monitoring NHS Equality Delivery Systems (EDS2) and the NHS Workforce Race Equality Standard (WRES). As part of our performance monitoring we work closely with trusts to improve their demographic data collection, to enable them to assess equalities and to measure success in addressing inequalities.

Equality is central to the CCG, both internally and externally, to ensure that all staff are considered in engagement. A staff health and wellbeing group has been established within the CCG to inform policies and procedures, appraisal and performance, organisational development, and health and wellbeing. We are committed to ensuring that staff are recruited and retained from diverse backgrounds, provided with a positive and valuing work environment and given training and support to achieve their maximum career development potential.

## **WORKFORCE**

The CCG is a small yet dynamic organisation with 86 staff working of which 9 are interim staff and 11 are Governing Body Members. We have robust policies and procedures in place which ensure that all of our staff are treated fairly and with dignity and respect. We are committed to promoting equality of opportunity for all our current and potential employees. We are aware of our legal equality duties as a public sector employer and service commissioner and have equality and diversity training in place for all staff.

## WORKFORCE RACE EQUALITY STANDARD (WRES)

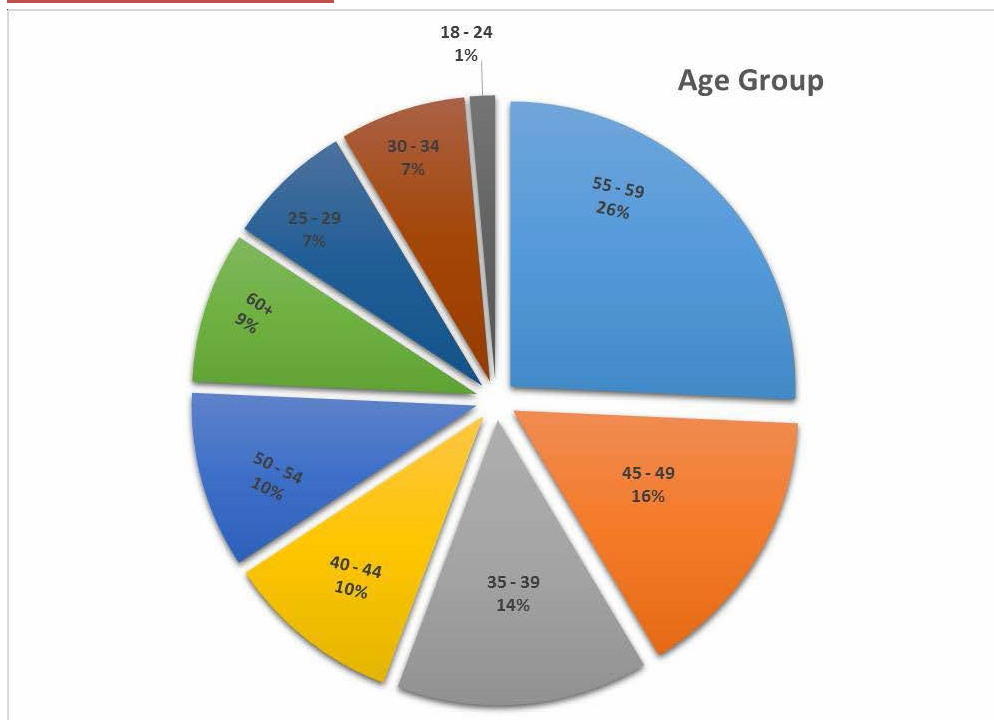
The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015. The WRES is based on new research on the scale and persistence of such disadvantage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

The aim of the Standard is to highlight any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing the metrics through an action plan. There are nine metrics, three of the metrics are specifically on workforce data and five of the metrics are based on data from the national staff survey indicators and the final metric focuses whether Boards are reflective of the communities they serve.

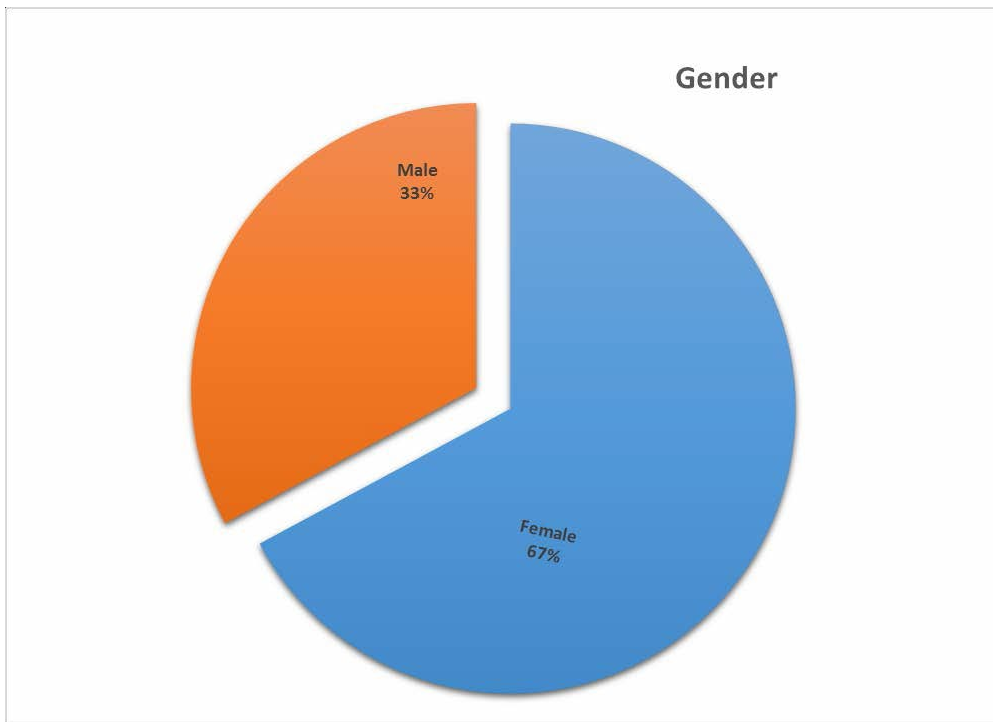
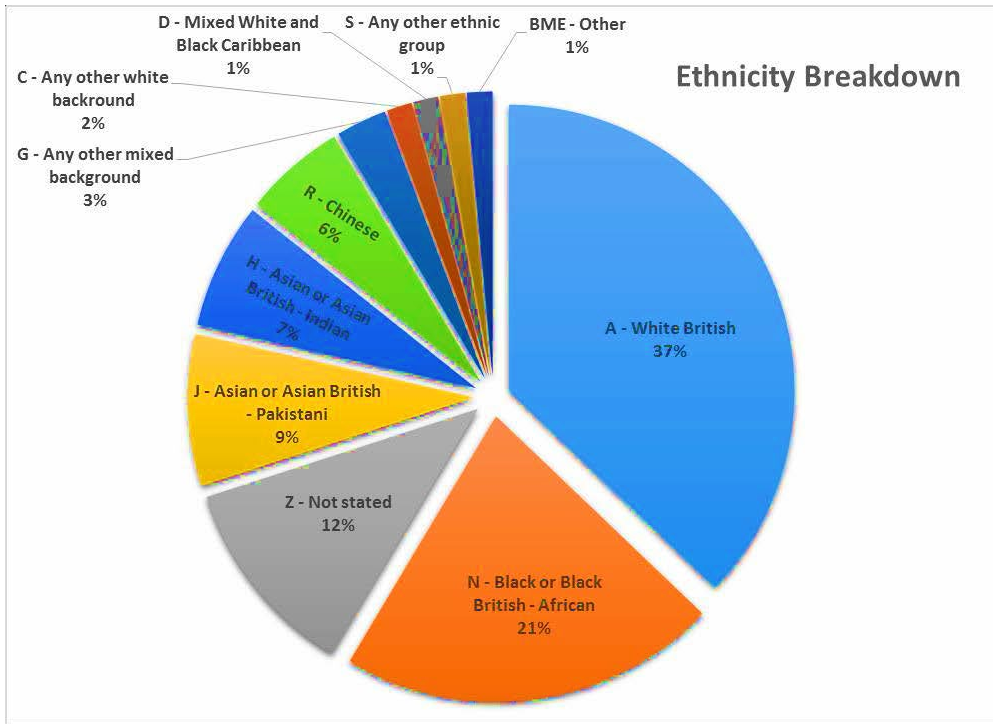
The Governing Body will ensure through overview and reporting processes that Greenwich CCG is giving 'due regard' to using the WRES indicators to help improve workplace experiences, and representation at all levels within our workforce, for Black and Minority Ethnic (BME) staff; and assurance, through the provision of evidence, that our providers are implementing the NHS Workforce Race Equality Standard.

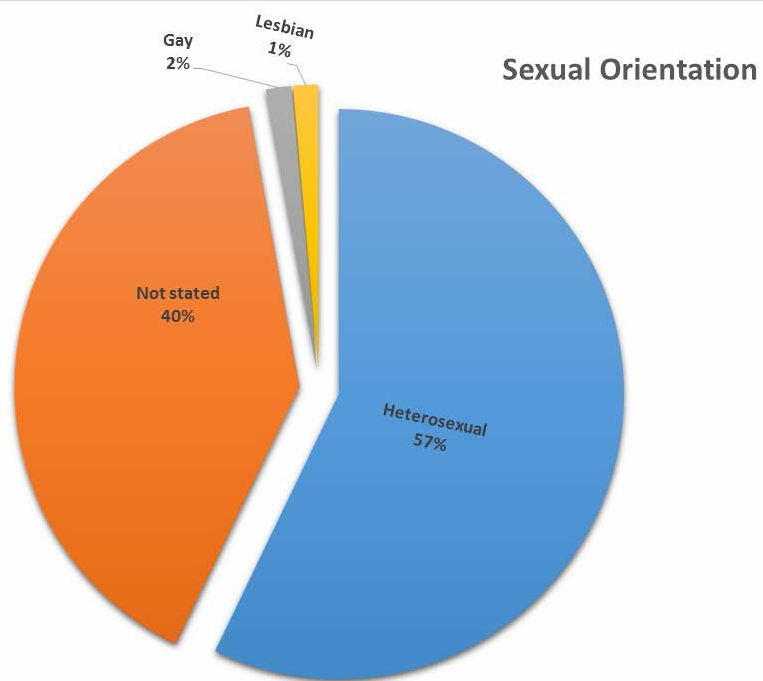
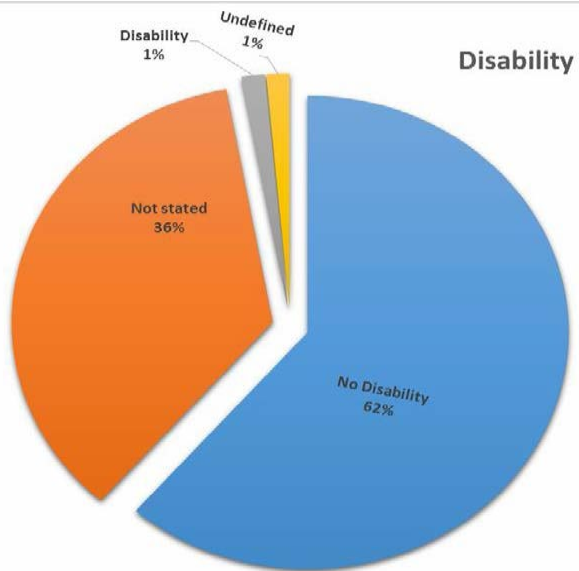
The CCG has collated and analysed its data against the indicators and the results. However, it is recognised that the small size of the CCG means that a literal application and interpretation of the indicators needs to be approached with caution.

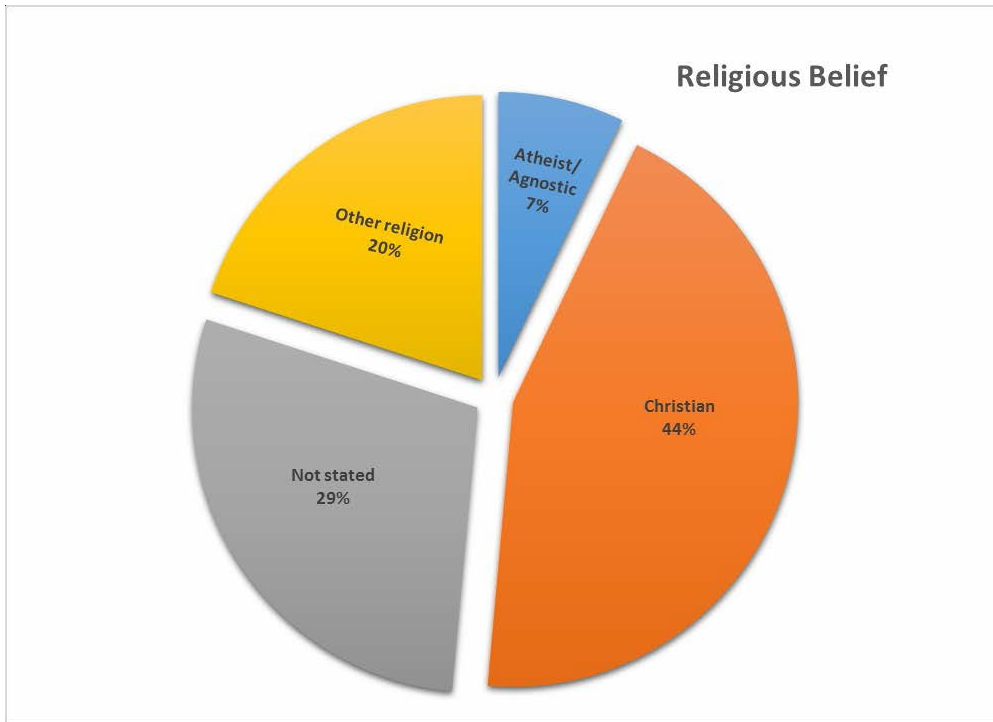
## WORKFORCE PROFILE











In 2017/18, we continued working towards the provision of accessible healthcare and the development of a well-supported workforce that is representative of the population we serve.

In addition, our commitment to embedding equality and diversity considerations into all aspects of our work, including policy development, commissioning processes and employment practices continues from the previous years.

We will also continue to maintain an environment where dignity, tolerance and mutual respect, free from prejudice and discrimination, is experienced by all and where patients and staff feel able to challenge discrimination and unacceptable behaviour.

The CCG collects and analyses workforce statistics by groups of staff with protected characteristics enabling us to complete our Workforce Race Equality Standards annual return and produce a detailed Workforce Race Equality Standards Action Plan.

The collection of data on the workforce by ethnicity covers both workforce data and staff survey data to enable data analyses on staff employed and regular reports on workforce to Greenwich Executive Group.

### **WRES ACTION PLAN**

Action	Action Owner	Date to be Completed	Comments
<b>Unconscious Bias Training for CCG employees for staff</b>	<b>Compliance Manager</b>	<b>Sept 2018</b>	<b>6 free places have been offered by LGT for CCG staff</b>

Action	Action Owner	Date to be Completed	Comments
specifically involved in the recruitment of new staff and those responsible for line management.			to join the Trust's in house training.
Provide an Advisory, Conciliation, and Arbitration Service (ACAS) guide which offers practical advice to managers and employers on Bullying and harassment at work to help them prevent it and to be able to deal with it should it occur.	Compliance Manager/HR	Sept 2018	
Source and provide training: Behaviours at work – understanding the unacceptable.	Compliance Manager/HR	Mar 2019	

## OUR COMMUNITIES

The CCG is responsible for a population of around 283,500 with the population set to rise by and estimated 15,000 over the next 3 years.

It is essential that we know our local population in Greenwich well as this allows us to make informed commissioning decisions. We map out local populations to understand health needs in specific communities or areas. Our overarching operational plan has been derived from key strategies. These include a joint health and wellbeing strategy, which identifies three key imperatives:

- A focus on prevention as the most cost effective approach to health and wellbeing.
- The need for new approaches to tackling health inequalities.
- Greater integration in the commissioning and delivery of local services.

The Joint Health and Wellbeing Strategy together with the Greenwich Joint Strategic Needs Assessment (JSNA), forms our integrated plan setting out our priorities and associated commissioning intentions.

The CCG systematically considers the impact of our work on reducing health inequalities. Equality impact assessments have been developed to support the delivery of our programmes, and make sure that our public engagement approach considers equalities information.

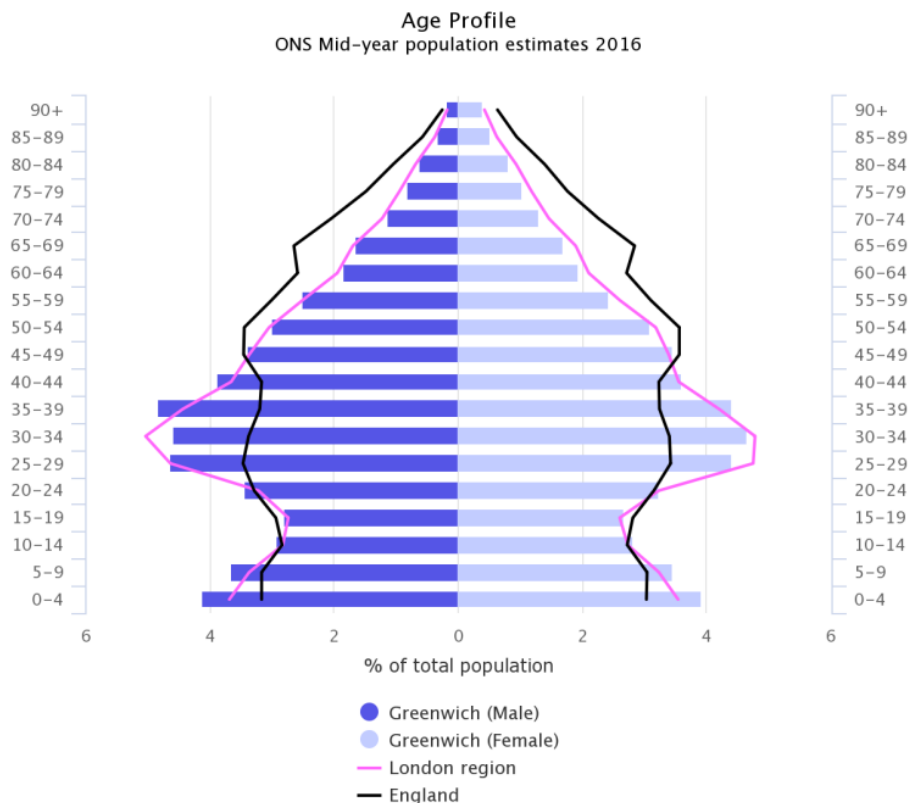
## DEMOGRAPHICS

Within the area served by GCCG there are 35 GP practices providing primary medical care to approximately 283,000 patients. From these practices, the GPs and practice teams form the basis of the CCGs membership and through locality meetings play a key role in making clinically-led commissioning a reality.

The average life expectancy at birth in Greenwich was 79.3 years for males and 82.4 years for females. In the most deprived areas there can be a gap of up to 5.5 years for men and 4.7 years for women.

## AGE

The growing older population remains the most pressing commissioning challenge for the CCG with a predicted 30% increase in the over 65 age group by 2026. Health inequalities have been highlighted nationally around age in Cancer (diagnostic tests and treatment); heart disease and stroke and mental health.



## ETHNICITY

Ethnic Group		Royal Greenwich
White	British	52.3%
	Irish	1.7%
	Gypsy or Irish Travellers	0.2%
	Other White	8.3%
	<b>Total</b>	<b>62.5%</b>
Mixed/Multiple	White and Black Caribbean	1.6%
	White and Black African	1.1%
	White and Asian	0.9%
	Other Mixed	1.3%
	<b>Total</b>	<b>4.8%</b>
Asian	Indian	3.1%
	Pakistani	1.0%
	Bangladeshi	0.6%
	Chinese	2.0%
	Other Asian	5.0%
<b>Total</b>	<b>11.7%</b>	
Black	African	13.8%
	Caribbean	3.2%
	Other Black	2.1%
	<b>Total</b>	<b>19.1%</b>
Other Ethnic Group	Other Ethnic Group; Arab	0.4%
	Other Ethnic Group	1.4%
	<b>Total</b>	<b>1.9%</b>

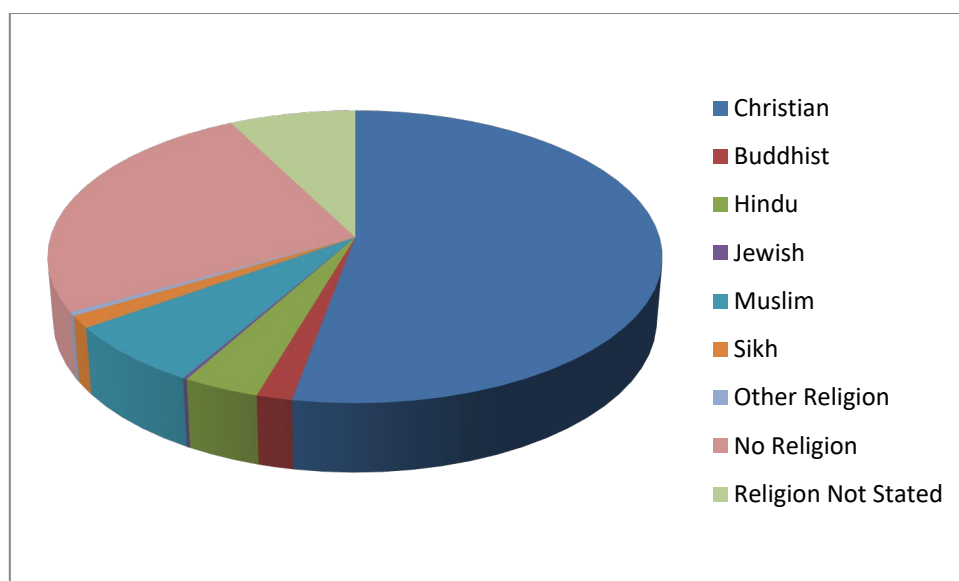
The following table outlines the boroughs wards with highest BME population and associated rank.

Ward	White British	BME	Rank
Thamesmead Moorings	33.3%	66.7%	1
Woolwich Common	34.4%	65.6%	2
Glyndon	35.8%	64.2%	3
Plumstead	36.8%	63.2%	4
Woolwich Riverside	39.3%	60.7%	5
Abbey Wood	46.8%	53.2%	6
Greenwich West	50.9%	49.1%	7
Charlton	52.4%	47.6%	8
Peninsula	53.5%	46.5%	9
Kidbrooke with Hornfair	55.8%	44.2%	10
Shooters Hill	58.2%	41.8%	11
Middle Park and Sutcliffe	65.0%	35.0%	12
Eltham West	65.8%	34.2%	13
Blackheath Westcombe	69.6%	30.4%	14
Coldharbour and New Eltham	74.0%	26.0%	15
Eltham South	75.0%	25.0%	16
Eltham North	80.8%	19.2%	17
Royal Greenwich	52.3%	47.7%	
LONDON	44.9%	55.1%	

## RELIGION

The results of the 2011 Census show the following Religion characteristics of Greenwich residents:

- 52.9% are Christians, making Christianity the most common religion in Greenwich.
- Over half (53%) of Christians are White British, whilst 20.3% were of Black African origin.
- Thamesmead Moorings has the largest proportion of Christians across all 17 wards in the borough, accounting for 63% of residents
- Greenwich has the 4th largest number of Buddhists across all 33 London Boroughs
- Plumstead, Glyndon, Woolwich Common and Woolwich Riverside have the highest rates of Buddhists
- The residents of Indian origin, 43.9% are Hindus, 30.6% are Sikhs
- 93.8% of all Hindus within Greenwich are Asian/Asian British
- 11.5% of Plumstead residents and 7.5% of Glyndon residents are Hindus
- Greenwich has the 7th largest number of Sikhs across all 33 London boroughs
- Plumstead ward also has the largest number of Sikhs accounting for 3.9% of its residents. Shooters Hill has the second largest rate of 2.9%
- 6.8% of Greenwich residents are Muslims. Of this, 29.3% were of Black African origin.
- Woolwich Common (12.4%), Woolwich Riverside (11.1%) and Glyndon (10.9%) have the highest rates of Muslim population.
- Of the 19.1% of the Black population in Greenwich, three quarters (75%) are Christians, and 13.2% are Muslims.
- Over one-quarter (25.5%) of residents stated No Religion, whilst 7.6% of residents did not state a religion.



## SEXUAL ORIENTATION

There is no local information on population size or health needs. Nationally estimates in 2015 found that between 5-7% of the population identifies as lesbian, gay or bisexual. Negative experiences are a recurring finding within sexual minority groups, with known health inequalities exist around:

- cancer screening (especially breast and cervical)
- rates of breast cancer in women
- mental health (e.g higher suicide ideation and self-harm)
- higher rates of body image disorders within gay men, although the rates of obesity are lower
- substance misuse (especially alcohol use in lesbian women and stimulant use in gay men)
- smoking

## GENDER

There is no evidence to suggest that the local population is different to the national profile for gender health inequalities.

## DISABILITY

Barriers to services and poor outcomes are often disability-specific. Nationally there is concern about the physical health of those with mental health problems (especially smoking rates and obesity rates) and those with learning disability. Both groups suffer markedly lower life expectancy. There is limited knowledge about the disability profile of the population served and this is one area for potential development.

## EQUALITY IMPACT ASSESSMENTS

Since 2016/17, programme managers have used a common template for equality impact assessments (EIAs) as part of project management documentation, so that they could consider the implications and impact of their programmes on the nine protected characteristics. To ensure that we do not intentionally or unintentionally disadvantage people from any of the protected characteristics by the way that the CCG commissions health services, plans new ones, or through its employment practices, an equality impact assessment (EIA) should be carried out at the planning stage. In addition, this process also includes completion of a Quality Impact Assessment (QIA).



## SUPPORTING QIPP THROUGH EQUALITY IMPACT ASSESSMENT CHECKLISTS

Schemes reviewed and EIA Checklist reviewed during 2017-18

### **Acute**

Integrated Contracts Delivery Team (ICDT) support  
TAP SOP  
Paediatric Ambulatory Care  
Cardiology  
Frequent Attenders at ED  
Respiratory Care Pathways  
Pathology – TQuest (GBL)  
Care Homes  
Extension to TAPs  
Improving Quality Referrals  
Frailty  
Neurology- Headaches  
Diabetes - Transformational QIPPs  
Ophthalmology  
Gastro-enterology  
Pathology  
Virtual Clinics  
Gynaecology – shift from acute to community

### **CHC and Community**

Care Track Review - Adults  
Community District Nursing Service re-design  
Community Adult COPD service re-design  
Early Stroke Discharge (ESD) and Community Neuro-rehab (CNR) re-design  
Overnight On-Call GP

### **Mental Health**

Mental Health out of area placements

### **Children**

Children's Respite Service (Bluebell)  
Music Therapy (*Full EIA Completed*)

Medicines Management phase 3

## EQUALITY OBJECTIVES

### **Equality Act**

**Principle 1: Eliminating unlawful discrimination, harassment and victimisation  
and any other conduct which is unlawful under the**

### **Equality Act 2010**

Objective	Expected outcome	Measureable Actions	RAG	EDS2
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			rating against Objective	Goals
1.1 Equality and inclusion will be considered at all levels within the organisation to ensure that there is a clear and concise link between strategic thinking, function and service improvement.	Equality and inclusion consideration are in all our decisions taken at all levels to reduce inequalities for all service users, the population and staff	<ul style="list-style-type: none"> <li>• Carry out Equality Impact Assessment checklists on all the services within NHS Greenwich CCG's QIPP programme.</li> <li>• 6 month Implementation review on all newly commissioned services</li> <li>• Quality Alerts</li> <li>• Provider CQC patient surveys</li> <li>• Friends and FamilyTests</li> <li>• Complaints</li> <li>• Contract Monitoring and KPIs</li> <li>• CCG Quality Assurance Visits</li> <li>• JSNA</li> </ul>		1,2
1.2 Ensure appropriate personnel in the organisation are trained in conducting Equality Analysis	Staff are competent in undertaking of all future EQIA and Equality Analysis embedded throughout the CCG, thereby providing clinical commissioners with excellent quality commissioning support.	<ul style="list-style-type: none"> <li>• Equality and Diversity Training forms part of the NHS GCCG statutory and mandatory training and is being monitored for compliance by NHS GCCG's Compliance Manager</li> <li>• Equality analysis and Human Right Training uptake</li> </ul>		3

### Equality Act Principle 2:

**Advance equality of opportunity between people who share a protected characteristic and those who do not.**

Objective	Expected outcome	Measurable Action	RAG rating against Objective	EDS 2 Goals
2.0 Achieve Better health	Access to better coordinated care for	<ul style="list-style-type: none"> <li>• JSNA</li> <li>• Carry out Equality</li> </ul>		1,2,3

<p>outcomes with services commissioned , procured, designed and delivered to meet the health needs of the local community that reduce health inequalities</p>	<p>all across</p> <ul style="list-style-type: none"> <li>• Community Based Care</li> <li>• Planned Care</li> <li>• Urgent and emergency care</li> <li>• Maternity</li> <li>• Children and young people</li> <li>• Cancer Services</li> <li>• Obesity</li> <li>• Diabetes</li> <li>• Dementia</li> <li>• Mental Health and Learning Disability</li> </ul>	<p>Impact Assessment checklists on all the services within NHS Greenwich CCG's QIPP programme.</p> <ul style="list-style-type: none"> <li>• 6 month Implementation review on all newly commissioned services</li> <li>• Quality Alerts</li> <li>• Provider CQC patient surveys</li> <li>• NHS patient surveys</li> <li>• GP patients</li> <li>• Friends &amp; Family Tests</li> <li>• Complaints</li> <li>• Contract Monitoring and KPIs</li> <li>• CCG Quality Assurance Visits</li> <li>• Quality accounts</li> <li>• Healthwatch Reports</li> <li>• SI reports</li> </ul>		
<p>2.1 Improve patient access and experience</p>	<p>Patients, carers and communities can readily access hospital community health or primary care services and not denied access on unreasonable grounds.</p> <p>Improved data collection across all 9 protected characteristics</p> <p>The CCG will demonstrate how feedback from patients and carers</p>	<ul style="list-style-type: none"> <li>• Carry out Equality Impact Assessment checklists on all the services within NHS Greenwich CCG's QIPP programme.</li> <li>• 6 month Implementation review on all newly commissioned services</li> <li>• Quality Alerts</li> <li>• Provider CQC patient surveys</li> <li>• Friends and Family reports</li> <li>• Complaints</li> <li>• Contract</li> </ul>		

	is reflected in service delivery of providers	<p>Monitoring and KPIs</p> <ul style="list-style-type: none"> <li>• CCG Quality Assurance Visits</li> <li>• A&amp;E and other waiting times surveys</li> </ul>		
2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	<p>Staff are culturally competent to recognise and discuss equalities issues with patients that may have an impact on the care they receive and accept</p> <p>Accessible information for patients for whom English is not their first language, who have visual impairment, and who have a learning disability</p> <p>Improved recording of protected characteristics particularly those where recording is lowest e.g. sexuality</p> <p>Positive experiences by protected groups is on par to those reported by patients as a whole</p>	<ul style="list-style-type: none"> <li>• Real time feedback/engagement</li> <li>• Provider CQC patient survey</li> <li>• NHS National Patient Survey</li> <li>• Quality Alerts</li> <li>• Complaints</li> <li>• CCG Quality Assurance Visits</li> <li>• Friends and Family Reports</li> </ul>		

**Equality Act Principle 3:  
Foster good relations between people who share a protected characteristic and those who do not.**

Objective	Expected outcome	Measurable Actions	RAG rating against Objective	ED S2 Goals
3.1 Work with stakeholder organisations to develop and improve services	Active and engaged patient groups representing patients from national services in service changes and improvements	Engagement Actions Plan Patient Reference Group attendance Development of Patient Participation Groups		1,2,4
3.2 Improving Communications with people with learning disability and groups who's voices are seldom heard.	Improved awareness of NHS services leading to better access and health outcomes. More effective communication with patients irrespective of their backgrounds	Engagement Actions Plan Real Time Feedback Providers CQC patient surveys		1,2,4

### **EDS2 & ACTION PLAN**

The Equality Delivery System (EDS2) is an equalities reporting framework for the NHS. It has four goals and 18 outcomes. From April 2015, EDS2 became mandatory for NHS organisations including CCGs. The 2015/16 CCG Assurance Framework states:

“A CCG will need to demonstrate: robust implementation of EDS2 to help meet the Public Sector Equality Duty and improve their performance for people with characteristics protected by the Equality Act 2010; and assurance, through the provision of evidence, that their Providers are doing the same.”

The CCG undertook a comprehensive EDS2 self-assessment across the four goals and 18 outcomes in relation to the nine protected groups by law (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

The EDS2 provides the framework for the CCG to assess our equality performance and uses the results to identify equality objectives and areas for improvement going forward

The CCG’s analysis of its performance is as follows:

- Goal one (better health outcome), the CCG is amber (developing)
- Goal two (improved patient access and experience), the CCG is amber (developing)
- Goal three ( a representative and supported workforce), the CCG is green (achieving)
- Goal four (inclusive leadership), the CCG is green (achieving)

The CCG has made good progress over the year to help ensure that there are systems in place to identify and respond to local needs in our commissioning process. However, it is clear that there is more work to be done, especially in ensuring our providers routinely collect and report on protected characteristic data.

There is the need to ensure that EIA’s are embedded in the new Project Management Office (PMO) processes and robust scrutiny of EIA’s throughout the clinical and QIPP projects.

There was a lack of consistent collection and analysis of protected characteristic group data across the whole health system specifically:

- A lack of robust systematic process for ensuring that our main providers routinely collect the protected characteristic group data, report on it and act accordingly.
- A lack of demographic data collected by GP practices, making it very challenging to inform whether protected characteristic groups fare better than others.
- A lack of rigour for ensuring Equality Impact Assessments (EIAs) were a formal part of the routine commissioning and procurement processes.
- Extensive engagement needs to be carried out with key disadvantaged groups in Greenwich using innovative methods, enabling the CCG to hear from protected characteristic groups.

Lack of data from providers on patient outcomes/feedback prevents us from fully evidencing whether the health needs assessments and services provided are fully responsive to the needs of protected characteristic groups.

### **GREENWICH CCG’S EDS2 ACTION PLAN**

Item	Objective	Action	Lead	Time Scale	Review
1	Map and review the use of data across the CCG, in terms of	To develop the quality of data and information collected	Business intelligence team	April 2018 – March 2019	

	demographic data relating to access outcomes and experience	from providers and by the CCG, and used to improve existing and future commissioned services		
2	Implementation of equality guidance in the commissioning process	<p>To ensure that Equalities is firmly embedded within CCG PMO/business planning processes</p> <p>To review business case template to ensure that there is a comprehensive Equality Impact Assessments checklist that includes all due considerations to yes/No impacts</p> <p>Develop an approach to Monitor impact of new services and communication on people with protected characteristics.</p>	PMO Team	September 2018
3	Review quality assurance visit programme to include review of mechanism to monitor protected characteristics and implementation of the Accessible Information Specification.	Review & Amend Quality Assurance Visit Template	Carol Berry/Diane Goodenough	August 2018

4	Deliver face to face equality & diversity training and equality impact assessment training for the senior management team, commissioning and quality teams	Source and commission training sessions	Yvonne Leese/Carol Berry	July 2018
5		Refresh the EIA template	Carol Berry/PMO	September 2018
	Develop a clear understanding and knowledge of the diverse range of communities and individuals in Greenwich, and capture and evaluate what they tell us about local health services	To ensure that robust process are in place to hear from protected characteristic individuals and communities, in order to continually inform our commissioning processes	Communication & Engagement team	April 2018- March 2019
6	Establish a Greenwich CCG Equalities Steering Group	To establish and maintain effective systems to manage and oversee the implementation of a strategic vision for equality, diversity and human rights across all healthcare commissioning and contracting decisions in Greenwich CCG.	Yvonne Leese/Fiona Marsden/Carol Berry	October 2018
7	Include Equalities into Contract Performance Monitoring	To monitor all commissioned providers on their provision of services, ensuring that	Commissioning Team	October 2018



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equality and diversity is embedded into contracts and delivery, and information on the needs and experiences of protected characteristics communities is being actively sought and acted upon.

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## **COMMISSIONING FOR EQUALITY AND INCLUSION**

As part of the contractual process all NHS providers undertake the annual equality performance review using the NHS Equality Delivery System (EDS). Non-achievement against the schedule results in CCG issuing a contract performance notice to the relevant provider. All our key NHS providers have undertaken the EDS2 assessment and have set equality objectives in accordance with their requirements.

We are working closely with our providers to improve equality performance and access and outcomes for protected groups through robust contract monitoring, via the quality contract schedule. All our commissioned NHS Providers have to undertake a number of actions which are part of the monitored Quality contract schedule. This includes: Equality Diversity and Human rights governance structure, engagement with stakeholder groups, staff surveys, Workforce Race Equality Scheme report, EDS2, Equality Impact Analysis on any changes which are being undertaken, annual report and data collection. With smaller providers the plan is to identify and spot check a percentage of these organisations each year and implement SMART action plans. We will also require our main providers to comply with their own requirements in respect of WRES, the NHS England Standard and will seek timely assurance of publication and compliance of the same.

## **OUR MAIN PROVIDER ORGANISATIONS**

NHS Greenwich CCG works in partnership with main provider organisations to include equality, diversity and human rights clauses within its contracts. As part of our performance monitoring we work closely with trusts to improve their demographic data collection, to enable them to assess equalities and to measure success in addressing inequalities.

Clinical Quality Review Groups (CQRGs) of both main providers allows for scrutiny of this work. A Healthwatch representative is the NHS Greenwich CCG Quality Committee. The CCG Integrated Governance Team regularly review patient experience and staff engagement data from our main provider and safer staffing levels are published on the respective Trust's websites.

Lewisham & Greenwich Trust website:

<http://www.lewishamandgreenwich.nhs.uk/equality>

Oxleas NHS Foundation Trust website:

<http://www.oxleas.nhs.uk>equality-and-diversity>

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### **ACCESSIBILITY INFORMATION STANDARD**

The CCG has a duty to ensure that all providers comply with this standard, which was introduced on 1 August 2016, and is supporting local NHS services / GP practices to meet the standard. The Accessible Information Standard aims to make sure that:

- People who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services;
- The Standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in accessible formats; and
- The Standard also tells organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication.

<b>NHS Provider</b>	<b>Annual Equality Report published on website</b>	<b>Equality Objectives published on website</b>	<b>Equality Delivery System results published on website</b>	<b>Workforce Race Equality Standard (WRES) published on website.</b>	<b>Accessibility Information Standards</b>
<b>Lewisham &amp; Greenwich Trust</b>	√	√	√	√	√
<b>Oxleas NHS FT</b>	√	√	√	√	√

### **PATIENT ENGAGEMENT FOR 2017-18**

The list below gives a flavour of some of our engagement activity during 2017/18:

- Commissioning intentions workshops in September 2017 to hear feedback and plan services across all commissioning areas, with a follow up workshop focusing on learning disabilities and mental health.

- Three clinical commissioning strategy workshops in March 2018 badged ‘the Greenwich Big Conversation’, bringing together 144 service users, carers, community and voluntary sector partners, service providers and commissioners to discuss and deliberate future models of healthcare.
- Greenwich News launched in 2017 to update stakeholders on key CCG initiatives and projects
- Outreach work with our Nepalese community (seldom heard group), using local materials and a translator. Roughly 5,500 Nepali people live in the borough. From our engagement work, the CCG found that the Nepalese community were not aware of the GP Access Hubs, which offer residents access to GP appointments in the evenings and on weekends.
- 12 outreach events running from 12 December 2017 to 25 January 2018 to promote the GP Access Hubs, self-care and alternatives to A&E. We successfully engaged with 620 local people.
- School outreach work with families, signposting local mental health support services, and raising awareness and promoting wellbeing to primary age pupils and their parents and carers. Follow up on issues identified from outreach work, between mental health commissioning team and the local child and adolescent mental health service provider, who are working together to address some of the issues raised by parents.
- Demonstrating the impact of patient feedback / information received from engagement activity with regular “you said, we did” reports.
- Public consultation on Treatment Access Policy followed after an EIA highlighted that one or more of the protected groups would be potentially negatively impacted on. Following feedback from the consultation, the CCG agreed that elective surgical procedures should not be withheld for patients who need them based on their BMI or smoking cessation.

### **STAKEHOLDER 360-DEGREE SURVEY**

A key component of our planning and engagement work is the annual 360-degree stakeholder survey, commissioned by NHS England and delivered by Ipsos MORI. The CCG received a much improved response rate for 2017-18 of 91% across all 35 GP practices, our provider services and stakeholders.

**Carol Berry**  
**Compliance Manager**  
**November 2018**