

Public Sector Equality Duty Annual Report 2016

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Patients at the heart

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1.0 Foreword/Preface

Preface

We are delighted to present this fourth Public Sector Equality Duty annual report for NHS East Surrey Clinical Commissioning Group (ESCCG)

Whilst we have continued to face major financial challenges, we have also made some significant progress over the past year in a number of key areas. For example; the opening of our Safe Haven in Redhill has proved to be particularly successful, helping many people in our community struggling with Mental Health issues, at times when other services may not be available. The users of this service were instrumental in directing us and by listening to what people really need, we are proud to have a facility that is well used and highly regarded by all.

We recognise that we are here to serve the population of East Surrey and meet the diverse needs of those people who become users of NHS services. We aim to make the best use of public funds and to plan, commission and monitor services that respond to patients' needs and offer the best possible experience. To this end, we will continue to listen to, understand and act on what really matters to patients and the people in our communities.

Our Equality Strategy 2014-18 was developed to support delivery of our legislative responsibilities as a public body, an employer and a commissioner of NHS services. The strategy builds on the previous actions and objectives that were contained in the Single Equality Scheme and is designed to meet the requirements of the Human Rights Act and the NHS Equality Delivery System (EDS).

This strategy recognises that the establishment of a supportive and open culture, which ensures equality and values diversity and human rights, is essential to our work and contributes to high quality, appropriate and relevant commissioning decisions.

By keeping the needs of patients at the heart of all that we do we are committed to reducing the incidence of disease that can shorten life or increase disability in later life.

This report brings together information and evidence that demonstrates how ESCCG is meeting statutory duties under the Equality Act 2010. We recognise, however, that there is always more we can do to help reduce health inequalities and to involve more diverse opinions in the planning and commissioning of services.

Patients will always remain at the centre of our decision making, and by working in partnership with our communities we can deliver high quality, accessible services that continue to tackle inequalities and respond to personal needs.

Dr Elango Vijaykumar

Clinical Chair East Surrey Clinical Commissioning Group



2.0 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.

Whilst not specifically mentioned as people who share a "protected characteristic", ESCCG has chosen to include Carers as a group of people who warrant particular consideration.

Examples are provided in the report to illustrate how the CCG has been working during 2016 to comply with the general duty of The Equality Act 2010.

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 East Surrey 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.

ESCCG's Equality Strategy 2014-2018 sets out the Equality Objectives for the CCG. ESCCG's 2016 progress against their Equality Objectives progress can be found on page 24 of the report. These objectives will be refreshed by 31 March 2017.

The Equality Delivery System (EDS) is a national toolkit which most NHS organisations use to self-assess their working environment, the decisions that they make and the services commissioned and provided for their local communities, while meeting the requirements of the Equality Act 2010

The EDS has enabled ESCCG 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

EDS2 (refreshed from original EDS in November 2013) retains much of the original design, but it encourages local adaption with a focus on local issues and problems. **EDS2** asks NHS organisations to choose to look (in greater detail) at just one or two aspects of their work, rather than looking across the entirety of all they do. The CCG successfully completed the EDS2 process for Goals 1 and 2 during 2015 and chose to focus the EDS2 (in regard of their commissioning responsibilities - goals 1 and 2) on:

- **End of Life Care** and
- **Neurological Rehabilitation in the community**

ESCCG invited an external stakeholder grading panel to examine evidence, question and challenge the CCG and ultimately decide/score their performance. The results of the panel are detailed in the report and the process can be followed in Appendix 1.

The Workforce Race Equality Standard (WRES) is another benchmarking tool introduced by NHS England to gauge the current state of race equality within NHS organisations through a range of metrics related to the workforce and boards. It is designed to drive the progress being made over the years to eliminate wider aspects of discrimination in the treatment of BME staff and the results are published in this report.



3.0 Organisational Context

ESCCG is responsible for utilizing the assessments of healthcare needs for the population of East Surrey (prepared by Surrey County Council's Public Health) and co-ordinating and paying for services to meet those needs through hospital, community, ambulance and mental health services. ESCCG purchases a range of services from Commissioning Support Units (including Equality and Diversity service), which supports ESCCG to discharge its statutory responsibilities, including those within the Equality Act 2010.

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.

ESCCG is fortunate enough to have a **Lay Member** who has been appointed to ESCCG's Governing Body to lead on patient and public involvement. This Lay Member has oversight responsibility for ensuring that opportunities are created and protected for patient and public involvement and engagement and that these opportunities are open and available to all. Another lay member acts as an ambassador for equality, challenging ESCCG to be ever mindful of the differing needs of individuals in our community.

All Governing Body members share the responsibility in ensuring that the voice of the local population is heard in all aspects of ESCCG's business.

The **Chief Operating 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 Patient Experience Lead 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 Commissioning Support Unit 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



4.0 Our communities

It is essential for ESCCG to have a clear understanding of the needs of the whole East Surrey population and the wider determinants of health in order to commission the right services for our communities. ESCCG uses the assessments of healthcare needs for the population of East Surrey, prepared by Surrey County Council's Public Health (The **Joint Strategic Needs Assessment**) to plan, develop and co-ordinate services to meet those needs.

Surrey County Council's most recent report on the population and health of the people of East Surrey identifies a number of key factors affecting the health of the region, including;

- Cardiovascular disease, which accounts for 80% of excess winter deaths. Excess winter deaths can be prevented through identification of those who might be at high risk and suffering from fuel poverty.
- The boroughs and districts in East Surrey have a prevalence of increasing risk with citizens' alcohol consumption above the England average. Just under half of the adult population of East Surrey is estimated to drink sufficient excess alcohol to damage their health. About a fifth of local residents have increasing risk drinking.
- Smoking prevalence in East Surrey CCG is highly variable between wards, with smoking prevalence ranging from 7.6% (significantly below the national average) to 20.7% (above the national average)
- Just under two thirds of all adults in East Surrey are overweight or obese. Approximately 1 in 5 children in reception year, and over a quarter of children in year 6, are overweight or obese.
- East Surrey CCG has a relatively high rate of serious mental illness (i.e. psychoses) when compared to its statistical neighbours

When planning services the varying need of different communities and health inequalities are also taken into account. These variations may be geographical, economic, social, disease specific or may be aligned to the specific needs of any of the groups of people with protected characteristics.

For example;

Social Isolation

A variety of factors contributes to social isolation such as bereavement, unemployment or retirement, physical disabilities or sensory loss and can affect people of any age. However, these factors tend to converge in older age. ESCCG uses census data specific to those over 65 to identify where people over 65 who are socially isolated are likely to live to help identify where interventions to address social isolation should be targeted. There is good evidence that loneliness and social isolation are related to increased risk of ill-health and death, comparable in size to other more established physical risk factors such as smoking. In particular, loneliness appears to be linked with increased risk of overall mortality, cognitive decline, depression and high blood pressure, as well as increased use of health services.



Deprivation

Although Surrey is the fifth least deprived county in England, it does have pockets of significant deprivation with an associated increase in health needs and lower healthy life expectancy.

The five most deprived areas within East Surrey CCG are in the wards of:

- Merstham
- Horley West
- Redhill West (x2)
- Horley Central

There are ten food banks identified within the ESCCG area.

Ethnicity

The majority of the population in East Surrey CCG (87.3%) reported their ethnic group as White British. A small but substantial number (5.42%) describe themselves as other white, likely to be either Eastern European or possibly Gypsy Roma Traveller. There are around 386 Gypsy Roma Travellers reported in East Surrey, although this number may be higher. Gypsies and Travellers have a life expectancy that is 10-15 years lower than the national average. Although there is little research into the causes of death we do know that there are high suicide rates amongst Gypsy Traveller young men, infant mortality nationally is 20 times higher than in the rest of the population and the incidence of long-term illness is significantly higher than for the general population. There is one official traveller site in East Surrey CCG.

Almost 2.24% of the population describe themselves as other Asian and are likely to be Nepalese, while 1.39% of the local population describes themselves as Indian, followed by 1.31% Black African Caribbean and 0.62% Pakistani.

People with a Learning Disability

Addressing the physical health needs of people with learning disabilities is essential in order to reduce premature mortality. In East Surrey CCG, 2,617 adults (16 -64) are known to have a learning disability, which will increase to 2,776 by 2025. The number of adults aged 65 and over with learning disabilities is predicted to increase by 26% over this period, from 670 to 843. Almost 35% of those with moderate or severe learning disabilities under 65 live with their parents. As they and their parents age, there is a risk that parents may no longer be able to support their children, requiring substantial additional input by health and social care services. Numbers presented here are believed to be an underestimation of local numbers, especially in the older age groups.

The Future

The East Surrey CCG population is expected to grow by 11% in the next 10 years, from its current population of approximately 178,000 to approximately 198,000. We have a higher proportion of children and young people aged 0-14 years, and a higher proportion of older people aged 65 years and over, than is seen nationally. Both of these age groups are more likely to use health services than those of a working age.

Older people aged over 75 years are the most intensive users of healthcare services and the treatment costs associated with this group are higher than for other groups, mainly due to chronic disease. Those with long term



conditions, including those with multiple morbidities, are the biggest users of the health service. They use an estimated 55% of GP, 68% of outpatient, and 58% of A&E appointments, as well as 72% of inpatient bed days.

The number of people 65+ years is projected to grow by 21% in the next decade, and the cohort of 85+ years is projected to grow by 40%. This provides the local context for the drive to transform health and social care services.

5.0 ESCCG's Commissioning Intentions 2016/17

Our number one priority in 2016 has been starting the process to transform local health services, so that patients spend less time in hospital, with more targeted care and support in the community. This will ensure that patients are cared for more appropriately while also making local healthcare services financially sustainable in the longer term.

East Surrey CCG has embarked on an ambitious transformation journey, aiming to further raise the quality of services and patient satisfaction, while reducing the costs of healthcare. To support our ambitions, the Governing Body has reviewed and refreshed our mission statement, strategic objectives and priorities, to focus the CCG and our partner organisations on the things that really matter to us:

Our mission statement - To transform services in order to improve clinical care and outcomes.

Our strategic objectives

- To deliver high quality, patient-centred services
- To deliver our statutory responsibilities
- To create a mature and vibrant organisation
- To create a financially sustainable health and social care economy in our geographical system
- To increase our focus on prevention and self-care
- To continue to involve our patients in decision-making of transformation of services
- To shift care into the community
- To become an exemplar in the care of frail people

A significant development is the national drive towards creating the 44 sustainability and transformation plans (STPS). East Surrey is working with Sussex partners to do this and we look forward to building relationships with our health and social care colleagues across Sussex in order to make this a reality.

More locally, we will be undertaking place-based planning for the local population surrounding Surrey and Sussex Healthcare NHS Trust, working most closely with Crawley and Horsham and Mid Sussex CCGs as joint commissioners.



During 2016 ESCCG set out to healthcare providers and other stakeholders, NHS East Surrey Clinical Commissioning Group's (ESCCG) commissioning intentions, following the principles of The Five Year Forward View⁴ (2014). The five Year Forward View highlights the need to bridge the care and quality gap stating that 'unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then patients' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist.'

Implicit within the commissioning intentions is the expectation that quality is core to all our commissioned services to ensure the best health outcomes possible for all of our diverse communities.

ESCCG has continued to worked collaboratively with key stakeholders in order to serve all of the people within our designated area; to help them stay healthy and to invest in and innovate the best possible health care, in order that our population can live longer, healthier and more independent lives.

ESCCG has worked closely with stakeholders to develop plans including:

- Other local CCGs
- Surrey Clinical Commissioning Group collaborative (six CCGs across Surrey)
- County, borough, district councils and the Health & Wellbeing Boards
- Patient and community groups
- Provider organisations (including community, voluntary and faith sector organisations)
- East Surrey CCG Patient Reference Group

Quality and patient safety is paramount to our commissioning intentions. As a GP-led organisation ESCCG bring a relentless focus on quality when commissioning new and existing services. The "core values" of the NHS Constitution¹ as well as our duty of candor² quality and equality³ standards are accompanied by a governance system designed to ensure both compliance with them and the publication of accurate information regarding compliance.

The Francis⁵, Berwick⁶ and Winterbourne View⁷ are key reports addressing fundamental elements for commissioning safe, effective high quality services that ensure safeguarding needs are met for vulnerable populations as well as the core requirement for embedding learning to deliver continuous quality improvement.

These key report findings have driven East Surrey CCG's ambition and passion to ensure that the services we commission are safe, effective, well-led, compassionate, equitable and deliver high quality care and deliver a good patient experience.

¹ The NHS Constitution July 2015 <http://s.coop/nhsc>

² Care Quality Commission (2015) Duty of Candor: Information for all providers <http://s.coop/cqcg>

³ Equality Act 2010 <http://s.coop/1wt4p>

⁴ Five Year Forward View October 2014 <http://s.coop/1wsuu>

⁵ Francis Report, 24 February 2010 <http://s.coop/franc>

⁶ Berwick Report, August 2013 <http://s.coop/1t3vf>

⁷ DH Winterbourne View Review: Concordat: Programme of Action December 2012 <http://s.coop/1wt4m>



6.0 Meeting the Public Sector Equality Duties (PSED) in 2016

The Equality Act 2010 requires ESCCG to pay due regard to the three aims of the Act, this section below gives examples of ESCCGs progress in meeting the aims during 2015.

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.

To meet the three aims of the Equality Act and work towards meeting the Equality Objectives (as set down in the ESCCG Equality Strategy) during 2016 ESCCG made progress in the following areas:

Embedding Quality, Equality and Privacy Impact Assessments(QEPIAs)

For all new work and projects a Quality, Equality and Privacy Impact Assessment is required to be undertaken as part of the Business Case proposal. This assessment highlights and identifies engagement and involvement opportunities, which in turn will help to shape and drive the project. Intelligence already received and recorded can also contribute to the assessment. The QEPIAs are undertaken at the start of new work and at any significant milestones.

Reviewing our own contracting, tendering and performance monitoring processes as a way of reducing health inequalities

Ensuring the contracts and tendering process include specific requirements around equalities provides assurance that commissioners and providers are taking account of their responsibilities. It also enables the organisation to monitor how different communities access services and establish mechanisms to address any inequalities. By coupling this with effective performance measures, we are better able to monitor health outcomes for the population.

Anecdotally we believe that access to information and some services is still inequitable. However, one of our biggest challenges is to try and improve the monitoring of protected groups. Without data it is difficult to demonstrate if patient satisfaction/experience differs from group to group. The results of the Equality Delivery System baseline assessment and feedback from patient groups have shown that we still have much work to do with our provider organisations.



Developing CQUINs (Commissioning for Quality and Innovation frameworks).

The CQUIN payment framework supports improvements in the quality of services and the creation of new, improved patterns of care by enabling commissioners to reward excellence. The rewards are linked to a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Local CQUINs were aligned, where possible, between hospital and community providers with the common aim for reducing unnecessary admissions, reducing length of stay and improving communication and care planning.

Achieving national recognition for Carers Commissioning

The Surrey Clinical Commissioning Group Collaborative⁸ was shortlisted for this year's prestigious Health Services Journal Value Awards 2016 for Surrey Carers Prescription Service. The Carers Prescription provides professionals with a quick and easy solution to support Carers. The Carers Prescription is a secure, one – stop mechanism that passes the “prescription” on to a team who then make arrangements for the referral to be processed quickly and efficiently and passed to appropriate services and organisations across Surrey that help to support and care for Carers.

Promoting the NHS Accessible Information Standard (NHSAIS)

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services. I am not familiar with police and would appreciate some steer from yourself as to whether you believe that it equates to NHSAIS or not.

Commissioners of NHS and publicly-funded adult social care must also meet this standard, in that they must make sure that contracts, frameworks and performance-management arrangements with provider bodies enable and promote the Standard's requirements. ESCCG has been raising awareness with partners and has sought assurance from providers (through contract and performance management and soft intelligence) regarding their compliance to NHSAIS.

⁸ NHS Guildford and Waverley Clinical Commissioning Group, NHS Surrey Downs Clinical Commissioning Group, NHS East Surrey Clinical Commissioning Group as well as non-associated partners NHS North West Surrey Clinical Commissioning Group, NHS Surrey Heath Clinical Commissioning Group, NHS North East Hampshire and Farnham Clinical Commissioning Group.



Becoming an official “Dementia Friendly” organisation.

Alzheimer’s Society’s Dementia Friends initiative was launched in March 2013 to give as many people across England an understanding of dementia and some of the actions we can all take to help those living with the condition.

ESCCG has a Dementia Champion and Clinical Lead who is training staff and working towards as many ESCCG staff being trained so that ESCCG can register and legitimately call ourselves part of a dementia friendly community. Everyone has a role to play in helping to make the lives of those living with dementia and their families just a little bit easier. It will benefit our patients if more people planning services understand about the challenges that dementia can bring.

Improving services for people with mental health issues and learning disabilities

Working with our member practices and the Lead Commissioner for Mental Health and Learning Disabilities, Guildford and Waverley CCG, Surrey County Council and service providers, we identified a range of priorities which were progressed in 2016;

- ✓ **Child and Adolescent Mental Health Services (CAMHS)**

During 2015/16 the re-procurement of Surrey CAMHS services was completed and with investment the new service specification that commenced on 1 April 2016

- ✓ **Opening of the Redhill Safe Haven**

At the Safe Haven, mental health professionals listen, talk and help people through difficult times. People experiencing mental health difficulties can feel that they have nowhere to go and no one to turn to. Carers and family members can feel isolated too. The Safe Haven offers a place where people can talk as much or as little as they want or where they can just sit and have a coffee with people who understand what they may be feeling.

Transforming stroke services

The Surrey Collaborative are working together to transform the stroke pathway across Surrey. The programme of work has identified what ‘good’ looks like for stroke care across the whole pathway. Following on from this, stroke services will be commissioned that deliver a high quality pathway for all. This will involve reconfiguring acute care so specialist services for hyper-acute care are delivered by three hospitals in Surrey.

Undertaking a staff survey for the second year

ESCCG took part in the National NHS Staff Survey, carried out at the end of 2016 and were pleased with the final response rate 80% Analysis of the results are not expected until February 2017 and will be reported in the Equality End of Year Summary Report by 31st March 2017

Holding Staff Focus Groups

Following results from the 2015 staff survey, ESCCG has set up a staff focus group. Although this group have only met 4 times they have already provoked changes in internal communications and initiated staff training and development sessions.



7.0 Our Partnerships

We believe in the NHS and want to help secure its future by shaping services locally that are responsive to the needs of our community and affordable. We want to work with stakeholders to deliver services in the most appropriate clinical environment. We want our local hospital to become a centre of excellence. We believe this will result in measurable improvements in healthcare for all of our patients and ensure we make best use of public money.

ESCCG works collaboratively with key stakeholders in order to serve all of the people within our designated area; to help them stay healthy and to invest in and innovate the best possible health care, in order that our population can live longer, healthier and more independent lives.

ESCCG worked closely with stakeholders to develop and test our Commissioning Intentions for 2016/17 and including:

- other local CCGs
- Surrey Clinical Commissioning Group collaborative (six CCGs across Surrey)
- county, borough, district councils and the Health & Wellbeing Boards
- patient and community groups
- provider organisations (including community, voluntary and faith sector organisations)
- East Surrey CCG Patient Reference Group
- Adult Social Care

Clinical Commissioning Groups (CCGs) need to have strong relationships with a range of health and care partners in order to be successful commissioners within the local system. These relationships provide CCGs with on-going information, advice and knowledge to help them make the best possible commissioning decisions. These relationships will be ever more important as we start to implement **Sustainability and Transformation Plans (STP)** – the new approach to help ensure that health and care services are built around the needs of local populations. To do this, the health and care organisations within these geographic, STP “footprints” are working together to drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term. The footprints are locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, along with how they best fit with other footprints.

With regard to our major acute provider Surrey and Sussex Healthcare NHS Trust (SASH) ESCCG Governing Body and SASH Board meet formally to share and discuss respective strategic plans. ESCCG has also worked closely with the other CCGs who commission from SASH, Primary Care and community providers to make sure that strategic fit with our commissioning intentions is achieved.

Our commissioning intentions will continue to involve our local communities. Feedback from public meetings has consistently demonstrated a willingness on behalf of our communities to “Look more broadly at the voluntary sector and the preventative services available to prevent escalation to the NHS” and “use the voluntary sector more”



There are a number of **voluntary, community and faith sector (VCFS) organisations** being utilised as part of patient care pathways. For example, Richmond Fellowship Community Connections are working with Surrey and Borders Partnership NHS Foundation Trust to provide support to people at the Safe Haven. It is the intention of ESCCG to continue to collaborate with VCFS organisations (who have the expert knowledge and experience to support our patients) and ensure that they have equality of opportunities to contribute to patient pathways.

We continue to work closely with local Borough and District Councils, Surrey County Council and community, voluntary and faith sector organisations, who help us to reach many of the “seldom heard” communities. This partnership working makes engagement more cost efficient and prevents “consultation fatigue”.

In 2016, East Surrey CCG continued to build on **prevention** plans, developed to improve health and wellbeing within the local population. ESCCG recognised the value of a multi-agency approach to prevention, and the prevention plan was aligned to each pathway of care with the aim of improving health and reducing inequalities within our communities. Particular attention was paid to geographic areas that show pockets of deprivation, where life expectancy is significantly lower than for Surrey as a whole or has fallen over the last 10 years, and where the prevalence of risk factors such as smoking remains higher than the local and national average.

Particular groups required a targeted approach, because they are vulnerable, marginalised, or have specific health needs. These included older people, Carers and people with mental health issues. Working with partner agencies and provider organisations, a targeted approach to prevention will be further embedded to support delivery of the NHS Five Year Forward View and lead to improved health and wellbeing.

Prevention is a central part of many of the Health and Wellbeing Board’s strategic priorities. ESCCG is committed to address these priorities which have been key drivers in shaping the prevention element of our commissioning intentions.



8.0 Our Main Provider Organisations

East Surrey 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 ESCCG to monitor workforce and service delivery activity in relation to the Public Sector Equality Duty (PSED). This is set out in the contract agreement, using the NHS standard contract.

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
Surrey and Sussex Healthcare NHS Trust				✓
Surrey Borders Mental Health NHS Foundation Trust	✓	✓	✓ 2015	✓
First Community Health	✓	✓		✓

8.1 Surrey and Sussex Healthcare NHS Trust

East Surrey CCG is one of the main commissioners and as such has a responsibility for monitoring the quality of 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).

Surrey and Sussex Healthcare NHS Trust (SASH) has been implementing the Equality Delivery System in 2015 to evaluate their equality performance. The outcome and recommendations from the EDS are to be published in 2015. Equality and diversity progress in SASH Trust can be found at their website

http://www.surreyandsussex.nhs.uk/equality-and-diversity/?doing_wp_cron=1450273509.4888279438018798828125

8.2 Surrey Borders Mental Health NHS Foundation Trust (SABP)

Surrey Borders Mental Health NHS FT provide specialist mental health, drug and alcohol and learning disability services for people of all ages in East Surrey. These include outpatient and inpatient care and community services.

Surrey Borders Mental Health NHS FT has been building fairness and equality into the way that everyone works whilst delivering their Equality Objectives during 2012-2016.



The latest Annual Equality Reports for Surrey Borders Mental Health NHS FT can be accessed by following this link. <http://www.sabp.nhs.uk/aboutus/equality>

8.3 First Community Health and Care

First Community Health and Care deliver front-line NHS services. First Community is part of the NHS family and provides community healthcare services in East Surrey. They are a not-for-profit organisation and, as such, any surplus made is used to reinvest into community services.

FCHC provide nursing and therapy teams, specialist care teams, children and family advice and support as well as a Rehabilitation Ward, Rapid Assessment Clinic and Minor Injury Unit at Caterham Dene Hospital.

The latest Annual Equality Reports for First Community Health and Care can be accessed by following this link.

<http://www.firstcommunityhealthcare.co.uk/about-us/who-are-we>

8.4 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 East Surrey CCG Providers are as follows:

NHS Provider	Month/Year	Percentage that would recommend service
Surrey and Sussex Healthcare NHS Trust (In Patient)	September 2016	94% (of 860 responses)
First Community Health and Care CIC (Community)	September 2016	96% (of 81 responses)
Surrey Borders Mental Health NHS Foundation Trust	September 2016	90% (of 353 responses)

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



9.0 CCG Workforce Information

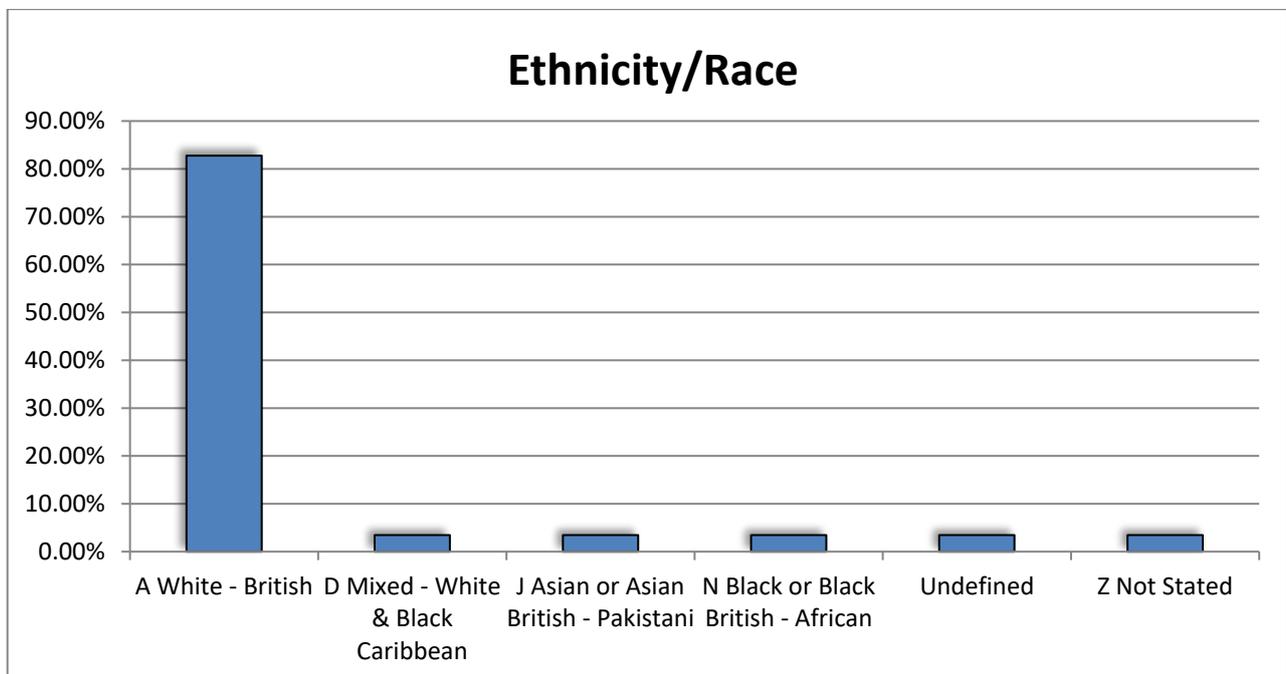
The Public Sector Equality Duty highlights that information on the make-up of the workforce must be published where public authorities have 150 or more employees; East Surrey CCG has a total of 43 employees and also purchases additional commissioning support services from South East Commissioning Support Unit.

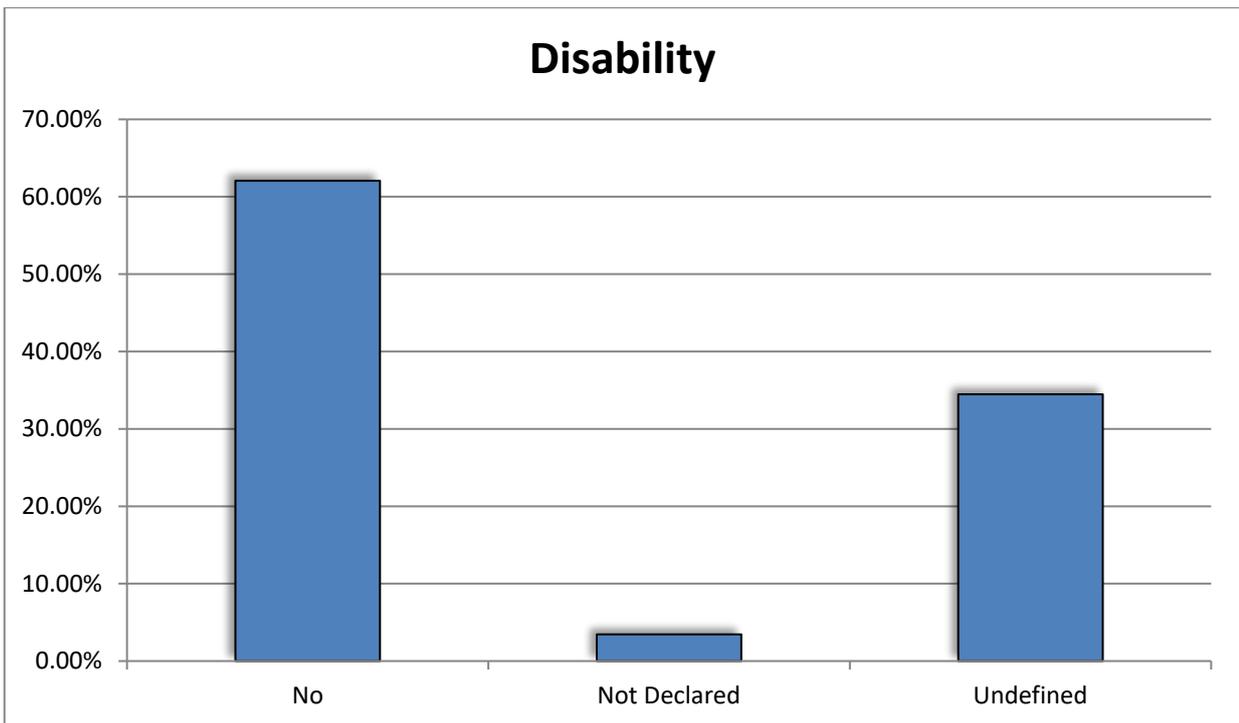
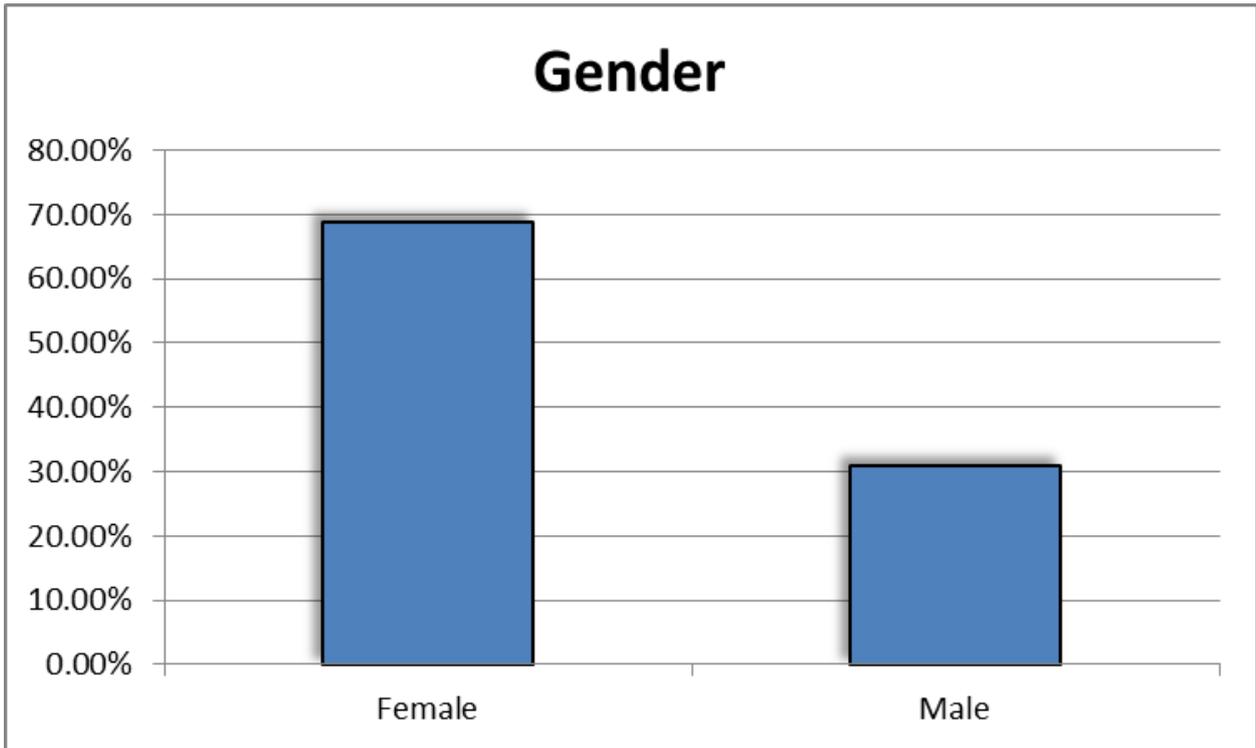
The workforce is the major factor in delivery of East Surrey CCG business. A quarterly workforce report is submitted to the senior management team of ESCCG including workforce information relating to numbers of staff in post, turnover and sickness absence and an equalities profile relating to six of the nine protected characteristics.

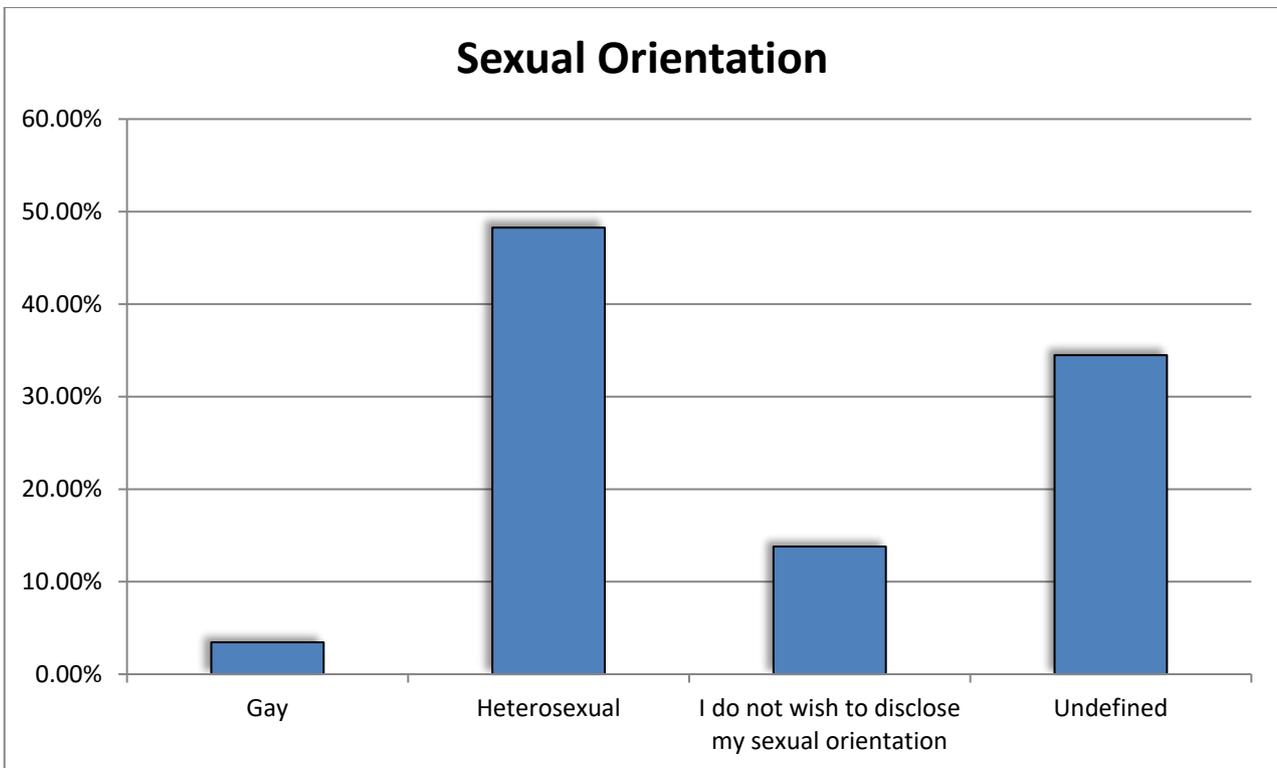
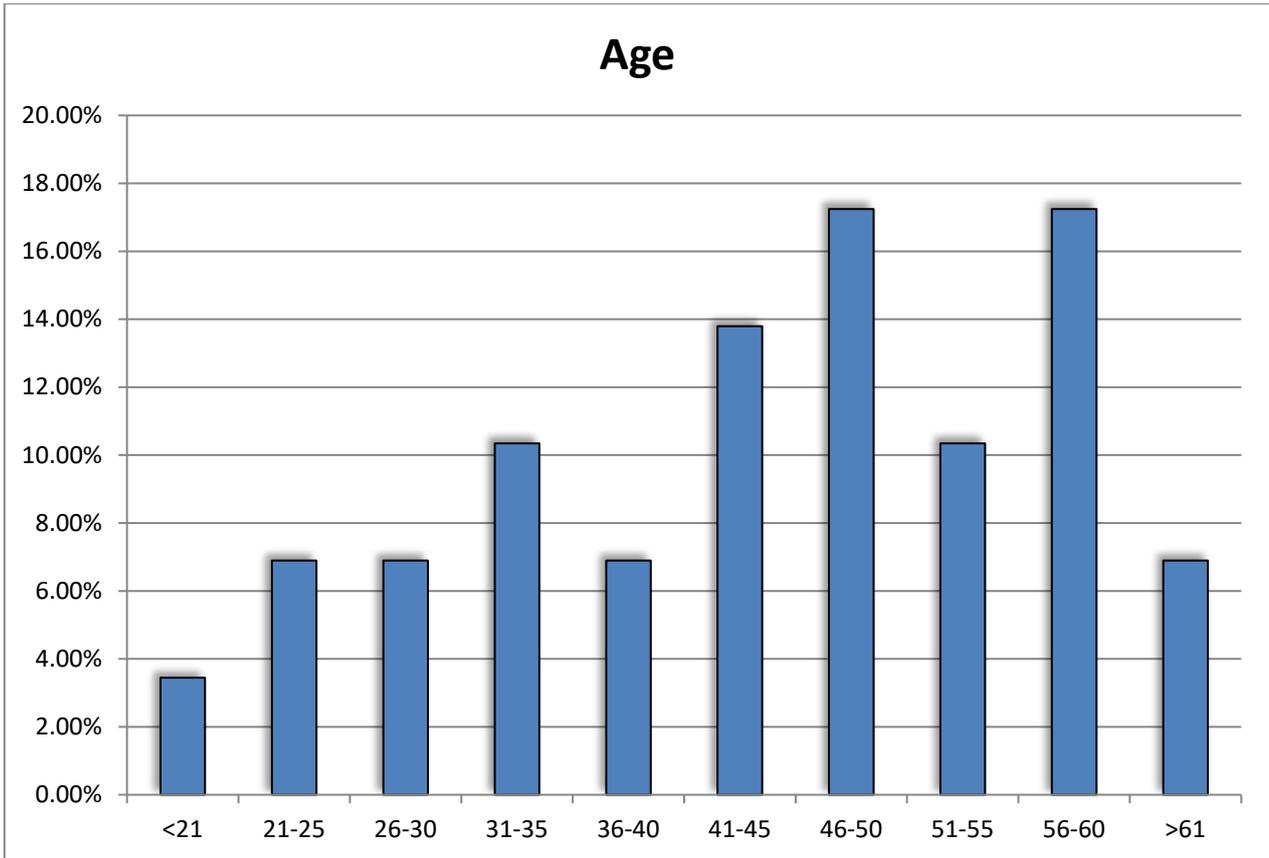
East Surrey CCG Workforce Equalities profile

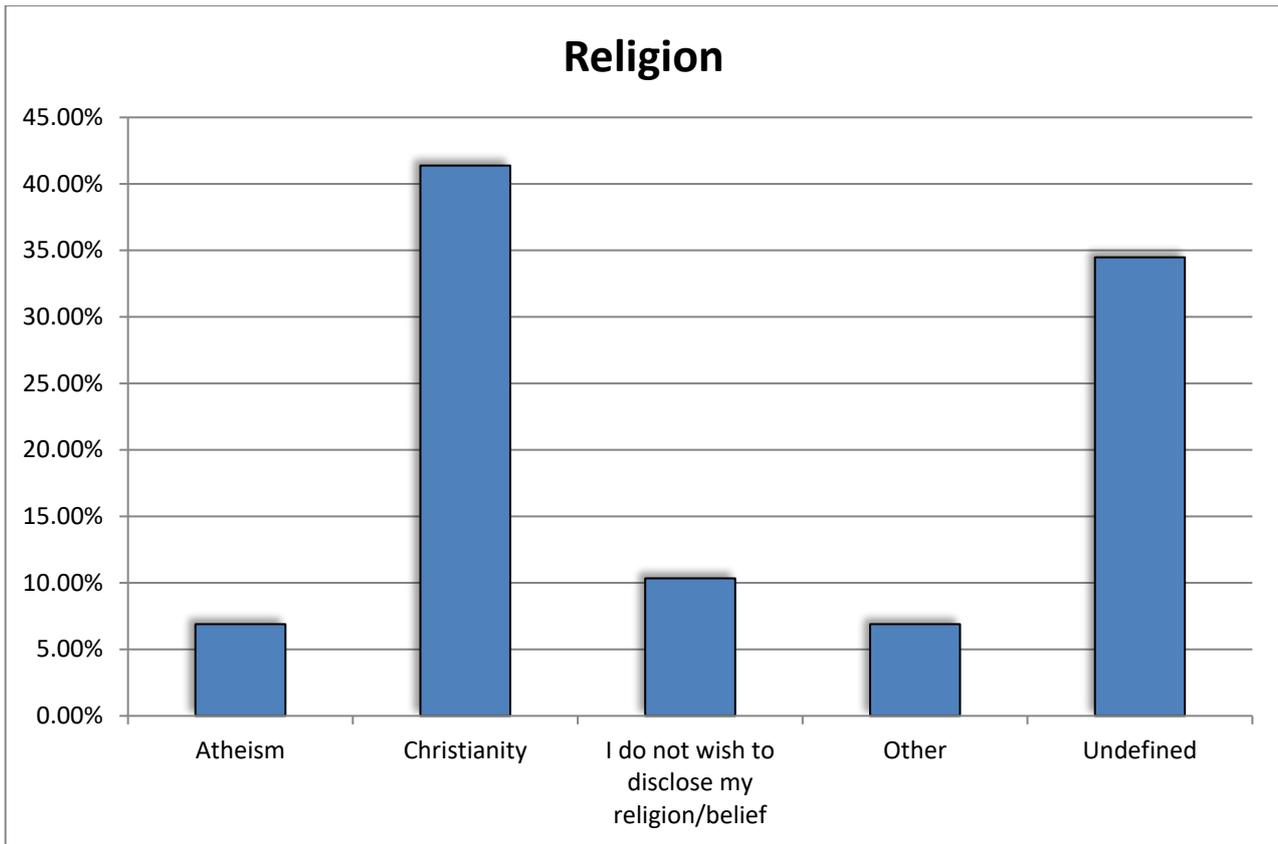
Although we have no legal duty to publish our workforce data as we employ less than 150 staff we have chosen to do so as part of our good practice. The following tables are a snapshot profile of the organisation (by percentage), relating to six of the nine protected characteristics as at 30th November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

The data below for Race/Ethnicity shows ESCCG has a representation of BME employees in its workforce (10%) compared to the demographics (according to the 2011 National Census) BME people make up of around 5% of East Surrey's population. ESCCG is working towards reflecting the communities that its serves at all levels of the workforce.









10.0 Workforce Race Equality Standard

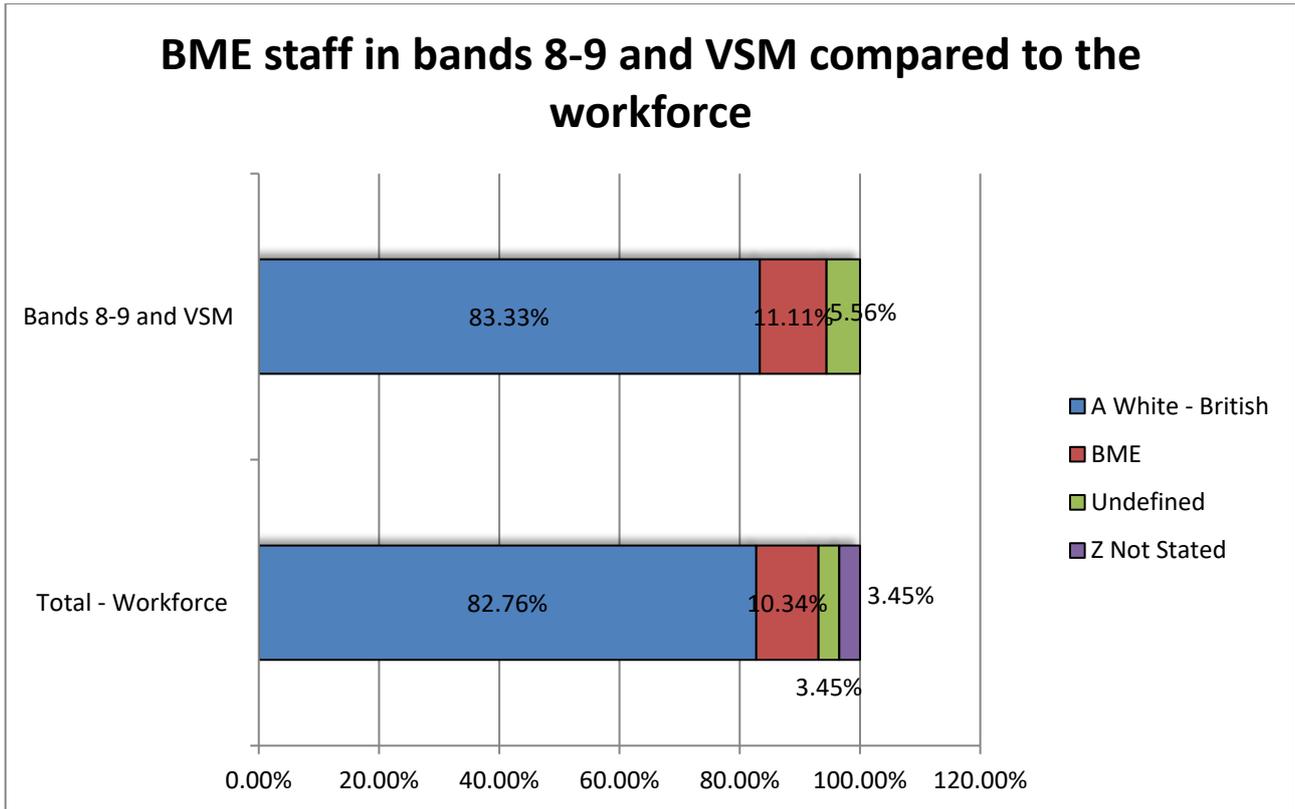
The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015. The WRES is based on new research on the scale and persistence of such disadvantage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

East Surrey CCG has gathered data against the nine WRES metrics for 2016. 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, ESCCG 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 11% that is close to ESCCG representation of BME employees in its workforce that is 10%.

The remainder of the WRES data for CCG staff is being compiled and will be published by 31 March 2016.

Workforce Race Equality Standard in East Surrey 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.



11.0 Equality Delivery System (EDS)

The EDS enables ESCCG 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

EDS2 (refreshed from original EDS in November 2013) retains much of the original design, but it encourages local adaption with a focus on local issues and problems. **EDS2** asks NHS organisations to choose to look (in greater detail) at just one or a few aspects of their work, rather than looking across the entirety of all they do. East Surrey CCG commenced **EDS2** from April 2015.

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?

ESCCG chose to focus the EDS2 in regard of their commissioning responsibilities for:

- **End of Life Care** and
- **Neurological Rehabilitation in the community**

In September 2016, engagement was carried out with local stakeholders and staff in order to verify the process. Overall East Surrey CCG is assessed as **DEVELOPING/ACHIEVING** for EDS2 Goals 1 and 2. This means the EDS2 Stakeholder Panel agreed that ESCCG’s services for End of Life Care and Neurological Rehabilitation in the Community had been planned to ensure that people from most protected groups fare as well as people overall. Please refer the table below:

Fig. 2 East Surrey CCG Equality Delivery System (EDS) grading for 2016

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

For Goals 3 and 4, a staff survey has been carried and evidence is being gathered from the Governing Body to grade ESCCG. The grades and improvement plans for all four goals will be published on ESCCG’s website by



March 31, 2016. They will be used to inform ESCCG's operational and organisational development plans.

12.0 Equality Objectives

ESCCG Equality Objectives Progress Update December 2016

Linked to EDS Goal	Equality Objective	Progress during Year Three 2016
1 – Better Health Outcomes for all	To develop the quality and provision of data and information to improve existing and future commissioned services	<ul style="list-style-type: none"> • ESCCG Annual Equality Report published 31 January 2016 • 2016 JSNA for local council areas • Equality Data collection part of contracts with commissioned services • Better use Business Intelligence data to help with making decisions
2 – Improved patient access and experience	To monitor all commissioned Providers on their provision of commissioned services by ensuring that equality is core to our commissioning and engagement activities	<ul style="list-style-type: none"> • Ensured Providers aware of and compliant with NHS Accessible Information Standard (NHSAIS). • Workforce Race Equality Standard implementation – July 2016 • Embedded Quality, Equality and Privacy Impact Assessments (QEPIAs). For all new work and projects a Quality, Equality and Privacy Impact Assessment is now required to be undertaken as part of the Business Case proposal. • Reviewed our own contracting, tendering and performance monitoring processes as a way of reducing health inequalities. Ensuring the contracts and tendering process include specific requirements around equalities provides assurance that commissioners and providers are taking account of their responsibilities • Developed local CQUINS
3 – An empowered, engaged and well supported workforce	To provide a safe and healthy working environment and support individual's personal development needs	<ul style="list-style-type: none"> • Undertook Staff Survey • Completed Staff Survey Action Plan • Held Staff Focus Groups • Staff are now able to access on-line MAST training (Mandatory and Statutory Training) including E&D • Equality & Diversity Monitoring is reported as part of the quarterly Workforce Report.
4 – Inclusive leadership at all levels	To develop and support our strategic leaders and workforce to become culturally competent and to advance equality outcomes	<ul style="list-style-type: none"> • Governing Body E&D Champion in place • Unfortunately E&D training session for GB could not take place due to competing priorities, but will be considered for 2017

These objectives will be refreshed by 31 March 2017.



13.0 Safeguarding Children & Adults

The safety and welfare of children and adults is of paramount importance to East Surrey Clinical Commissioning Group (ESCCG). We work closely with other CCGs within Surrey and Sussex to ensure that all of the services we commission provide high quality, safe effective care.

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.

The NHS Outcomes Framework 2015 to 2016 sets out the outcomes and corresponding indicators that will be used to hold NHS England to account for improvements in health outcomes, in particular for:

- Ensuring people have a positive experience of care. (Domain 4 of the NHS Outcomes Framework)
- Treating and caring for people in a safe environment and protecting them from avoidable harm. (Domain 5 of the NHS Outcomes Framework)

The following measures employed by ESCCG ensure that safeguarding and promoting the welfare of children and vulnerable adults is given priority and is discharged effectively across the whole local health community through commissioning arrangements:-

- Executive level CCG membership of the Surrey Safeguarding Children and Adult Boards which ensure that safeguarding is at the forefront of service planning
- Senior Clinical membership of local Safeguarding Groups
- Close collaboration with the Local Authority to assess and ensure the provision of co-ordinated integrated services to meet the needs of the local population, including specialist services for vulnerable groups
- Ensuring that safeguarding children and adult strategies and associated policies are in place, including safe recruitment of staff, a whistle-blowing policy and safeguarding training and supervision policies
- Ensuring that providers of services are held to account by regular review of safeguarding arrangements through quality scrutiny processes
- Designated nurse and doctors in post to offer professional expertise and advice around safeguarding matters.

Progress in 2016

- Revised information on ESCCG's website at the request of our member practices in light of new Multi-Agency Safeguarding Hub (MASH).
- Appointed new Quality and Safety Manager (Safeguarding)
- 14/18 ESCCG Practices have either received IRIS (Domestic Abuse "Identification and Referral to Improve Safety") or signed up for training in the New Year.
- IRIS shortlisted as a **Patient Safety Awards finalist** within the **Improving Safety in Primary Care category**.
- Following the findings and recommendations of a recent Domestic Homicide Review, ESCCG intend to use £8k from NHSE to commission an audit of the new Children and Adolescent Mental Health Services



- (CAMHS).
- Training for Safeguarding, Mental Capacity Act and Deprivation of Liberty was identified, secured and attended by practice and provider staff.

14.0 Serious Incidents (SIs)

South, Central and West Commissioning Support Unit (SCW CSU) provide Serious Incident (SI) Management on behalf of East Surrey CCG

SCW Commissioning Support unit manages SI cases:

- Occurring within/notified by providers which East Surrey CCG are the host commissioner, namely First Community Health and Care CIC.
- Occurring within/notified by Surrey and Sussex Healthcare NHS Trust. However, as East Surrey CCG are not the host commissioner, SCW CSU do not have access to low level details of individual cases. This information is available from Crawley CCG directly.
- Status of SI cases occurring within/notified by Surrey and Borders Partnership and South East Coast Ambulance Trust. Again, East Surrey CCG are not the host commissioner so low level details of individual cases is not directly accessible. This information is available from NHS Guildford and Waverley CCG and NHS North East Surrey CCG respectively.

The CSU investigate any trends that demonstrate variances in experiences/incidents of patients with protected characteristics and report to CCGs for further action.

15.0 Complaints and PALS (Patient Advice and Liaison Service)

From the 1st April 2015 the PALS and Complaints services (previously contracted to South East Commissioning Support Unit) have been brought “in house”. ESCCG now manages the whole process and this has resulted in;

- Better liaison with our patients
- Better understanding of the types of concerns affecting East Surrey residents
- Clearer feedback pathway for ESCCG staff
- The handling complaints as close to the patient/source as possible, for the best outcomes
- More accurate reporting of issues or concerns so that ESCCG can be warned earlier of gaps or failings in services.
- Better/wider engagement with our community



PALS and Complaints data is reported to the Governing Body via the monthly Quality, Safety and Patient Experience Report and the Senior Management Team are apprised of any immediate concerns or emerging themes.

As commissioners we may receive 2 different types of complaints;

- 1) Complaints about ESCCG, our commissioning decisions and policies **or**
- 2) Complaints about the services that we commission.

If a complainant has concerns around providers, it is their choice to either consent to their complaint to be forwarded to and managed by the provider **or** for ESCCG to manage the process.

We normally advise that the provider is best placed to manage the process directly as this can mean a more expeditious response and more “ownership” of the complaint (and of any learning/actions resulting from it).

Provider complaints are reported (detailing themes and learning) as part of their quality reporting. Any dissatisfaction or on-going concerns from ESCCG will be discussed at Clinical Quality Review Meetings (CQRMs) and may result in further investigations for example “deep dives”.

Thus far there have been too few complaints regarding the work of ESCCG to ascertain whether we are reaching all groups with shared and protected characteristics. An important part of ESCCG’s on-going engagement work will be to raise awareness of the Complaints process with our communities.

However, analysis of PALS enquires would seem to indicate that ESCCG have been successful in engaging with those “seldom heard” groups, who have been well represented in the number of calls, texts emails and letters received.

16.0 Patient Experience

ESCCG uses a wide range of activities and forums to make it as easy as possible for patients to feed back their experiences with our local healthcare providers.

Friends and Families Test

Patients have an opportunity to routinely give their feedback following episodes of care through the Friends and Families 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?”

In East Surrey, we have FFT running within community, inpatient, maternity, A&E, primary care (GP practices) and mental health services. Our provider organisations also use FFT to identify areas where perhaps more detailed patient experience feedback or investigation is needed and report results regularly to our quality team.

Soft Intelligence

So called “soft intelligence” is referred to in the Francis report⁹. It can provide valuable insight into the quality of services that our patients experience. Patients, clinicians and members of the public are encouraged to report



their experiences (good, bad or indifferent) through the ESCCG website “Talk to Carol”. They can also use phone, text, letter or email. Patient experiences reported in this way can sometimes show a very different picture to that reported through contract and performance management data.

Patient Reference Group

Integral to our work is the role of the Patient Reference Group, constituted of nominated representatives from individual Practice Participation Groups. The Terms of Reference is reviewed annually (and was in October 2016), membership can extend to voluntary community and faith sector organisations, support groups and individual representative patients.

These key partners ensure that the patient and public voice is represented and heard in the development and commissioning of local health services.

The group meets quarterly and over the past year have contributed views, ideas and opinions on;

- Stroke prevention
- Primary Care Networks
- Frailty Unit
- Practice websites
- Out of Hospital Strategy
- National Diabetes Prevention Programme and
- Technology Integrated health Management for Dementia
- NHS Accessible Information Standard

ESCCG commits to keeping patients at the heart of all of our decision- making.

Representative Patients

There is a pleasing number of patient representatives involved with CCG work, drawn primarily, but not exclusively, from the ESCCG Patient Reference Group. These “Experts by Experience” are actively involved with and contribute to;

- Langley Green Hospital Quality Assurance Visits - includes service users and carers
- First Community Health and Care Community Forum
- SASH Emergency Department Clinical Governance Group
- Chair of Mid and East Surrey Mental Health Stakeholder Group
- Review of the muscular- skeletal service
- Review of the Chronic Obstructive Airway Disease patient pathway
- Surrey Stroke Review

⁹The Francis Inquiry report which was published on 6 February 2013 and examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005-2009 makes 290 recommendations and can be found here <http://www.midstaffspublicinquiry.com/report>



Pro-Active Patient Engagement

ESCCG holds a record of engagement activities and the feedback is pro-actively managed to inform commissioning intentions and activity. All CCG staff view this log which includes detailed accounts of and feedback from;

- Mental Health Crisis Care Safe Haven Café Co Design
- Carers Support in Mental Health
- Mid and East Surrey Mental Health Stakeholder Group
- Tandridge Health and Well- being Board
- Disability Alliance Network
- Young Carers Strategy Conference
- Non- Emergency Patient Transport Services procurement event
- End of Life Care Forum
- Dementia Summit
- Assistive, Augmentative, Communication (AAC) services workshop
- Integrated Community Equipment Services procurement process
- East Surrey Domestic Abuse Service
- Breathe Easy Group

Public Meetings

This year ESCCG concentrated on testing our strategic plans, and delivering Self Care messages, starting with the Patient Reference Group and cascading to voluntary sector, community and faith groups.

ESCCG Rant ‘n Rave Soap Box Lunch

In June 2016 ESCCG held the annual “Rant ‘n Rave meeting”. This open, agendaless meeting allows anyone with an opinion about local health services or national policy to have their say and offers ESCCG the opportunity to hear directly what people value most about the NHS, what is working well and what could we do better.

Feedback was sent directly to attendees, published on our website and used to inform the future work of ESCCG.

ESCCG uses feedback gathered through engagement activities, views, comments and opinions to inform our work at all stages of the Engagement Cycle. The Engagement Cycle is a useful strategic tool that helps ESCCG staff understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning.

The Engagement Cycle identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

1. Community and stakeholder engagement to **identify needs** and aspirations.
2. Public engagement to **develop priorities, strategies and plans**.
3. Patient and Carer engagement to **improve services**.
4. Patient, Carer and public engagement to **procure services**.
5. Patient and Carer engagement to **monitor services**



Appendices:

Appendix 1	East Surrey CCG Equality Delivery System2 (EDS2) External Stakeholder Panel – Grading Session
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Other useful information:

Name of document	Location
ESCCG Health profiles	http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1611 http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1647
Surrey Health & Wellbeing Board Strategic Priorities	http://www.healthysurrey.org.uk/about-us/health-and-wellbeing-strategy/
2011 census	https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=928
Joint Strategic Needs Assessment	http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=36&cookieCheck=true

**East Surrey CCG Equality Delivery System2 (EDS2)
External Stakeholder Panel – Grading Session
2.00pm – 4.00pm, Wednesday, 22 September 2016
The Council Chambers, The Council Offices, 8 Station Road East, Oxted, Surrey, RH8**

Present:

<p>East Surrey CCG EDS2 External Stakeholder Panel:</p> <ul style="list-style-type: none"> • David Setters – Member of the public • Helen Setters - Member of the public • David Borer – Patient representative <p>Providers</p> <ul style="list-style-type: none"> • Giles Tomsett - Chief Executive of St Catherine's Hospice • Janet Clark -Service Manager Long Term Condition Support Services FCHC • Jenny Moye – OT FCHC • Jane Bailey – OT FCHC • Sarah Bayes – stroke specialist FCHC • Jane Giles - Regional Care Development Adviser for Surrey & West Sussex Motor Neurone Disease Association - • Janet Schmitt, QEF NRS Services Manager, QEF Neuro-Rehabilitation Services 	<p>East Surrey CCG Team:</p> <ul style="list-style-type: none"> • David Congdon, Lay Member and Deputy Chair of ESCCG Governing Body (DC) • Nicci Jupp – Lay member PPI ESCCG • Jo Hodgkinson, Quality and Safety Manager (JH) <p>South East Commissioning Support Unit Team:</p> <ul style="list-style-type: none"> • Valerie Richards, Senior Associate, Equality and Diversity (South East CSU) (VR)
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Apologies:

- **Karen Devanny – Director Nursing and Quality ESCCG**
- **Carol Rowley, (ESCCG Patient Experience and Stakeholder Engagement Lead)**
- **Jean Baker –League of Friends Caterham Dene hospital**
- **Jill Brooks - League of Friends Caterham Dene hospital c/o**
- **Phil Seddon – MS Society**

Item No.	Item	Actions
1	<p>Welcome, Introductions</p> <p>DC welcomed all and highlighted the importance of the Equality Delivery System process to the CCG’s work in commissioning health services to meet the needs of the population of the East Surrey CCG area. DC thanked the External Panel for their interest and time given in taking part in the</p>	

	<p>process.</p> <p>VR set out the aims of the session:</p> <ol style="list-style-type: none"> 1. To assess ESCCG’s equality performance in regard of their commissioning responsibilities for the End of Life Care and Neurological Rehabilitation in the community services 2. To agree an EDS grading on the CCG’s performance 3. To identify areas that require improvement <p>VR explained that local people had been invited to join the EDS2 External Stakeholder Panel because they had used the services or been involved with them.</p>					
<p>2</p> <p>2.2</p> <p>2.3</p>	<p>Introduction and Process of EDS2 Grading Workshop</p> <p>VR gave an overview of the Equality Delivery System which is an equality performance tool that was created by the NHS in response to the Equality Act 2010. If the EDS is done well it helps NHS organisations to fulfill the statutory requirements of Equality Act 2010.</p> <p>The EDS2 enables the CCG to evaluate its processes with regard to commissioning, stakeholder engagement and the effectiveness of its decision making. An essential element of EDS2 is the involvement of external stakeholders particularly to take part in the final EDS2 grading decision.</p> <p>EDS2 Goals – there are four goals</p> <ol style="list-style-type: none"> 1) Better Health Outcomes 2) Improved patient access and experience 3) Representative and supported workforce 4) Inclusive Leadership <p>VR explained that the Panel were being asked to take part in grading the CCG’s performance for Goal 1 and Goal 2. Goal 3 would be reviewed and graded internally by staff. It is recommended that Goal 4 is independently reviewed and graded.</p> <p>Using the EDS Grading methodology</p> <p>VR explained that the central question for the panel to consider is: “How well do people from protected groups fare compared with people overall?” The panel then needs to assess if there is evidence available to decide if the CCG performance is:</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td style="background-color: #ccccff;">EXCELLING</td></tr> <tr><td style="background-color: #00ff00;">ACHIEVING</td></tr> <tr><td style="background-color: #ffff00;">DEVELOPING</td></tr> <tr><td style="background-color: #ff0000;">UNDEVELOPED</td></tr> </table> </div>	EXCELLING	ACHIEVING	DEVELOPING	UNDEVELOPED	
EXCELLING						
ACHIEVING						
DEVELOPING						
UNDEVELOPED						

	<p>Or How Well is the CCG doing?</p>  <p>Very Well</p> <p>Well</p> <p>Ok, but need to do</p> <p>Badly</p>	
<p>3</p> <p>3.1</p> <p>3.2</p>	<p>East Surrey CCG EDS2 External Stakeholder Panel considers CCG evidence against EDS2 Goals 1 and 2</p> <p>VR asked the Panel to work in two groups, each one reviewing one of the Case Studies assessing evidence outlined in paper copies that had been sent to the panel by email a week before the event. VR gave each table an EDS2 Outcomes Grid and asked the Panel on each table to</p> <ul style="list-style-type: none"> • Agree grades that everyone is comfortable with. • Share ideas with East Surrey CCG for how to improve the commissioning or engagement in this area. • Check if the picture (with the evidence) portrayed matched real life experiences. <p>VR and JH facilitated the tables taking the panel through each outcome agreeing an EDS grade for each one.</p>	
<p>4</p> <p>4.1</p>	<p>Feedback from Panel tables for each Case Study (including proposed grades)</p> <p>Outcome from East Surrey CCG EDS2 External Stakeholder Panel Grading Session September 2016 The findings and grading results from the EDS2 workshop in September 2016 were captured as follows:</p> <p>A) End of Life Care – The Panel agreed the EDS2 Grade as DEVELOPING</p> <p>The Panel agreed that some individual providers of the CCG's End of Life Care Services provide good quality services for a range of people with protected characteristics. However, there is not consistency of good services across the borough, with discharge from hospital problematic in many cases, too many people dying in hospital and the co-ordination of services is poor.</p> <p>The Panel agreed to score two outcomes as Undeveloped because there was no data given as evidence to demonstrate the range of protected characteristics who accessed the services or their level of satisfaction.</p> <p>The Panel noted that the CCG recognised the services were fragmented, requiring improved co-ordination and proposed the commissioning of an EOLC Team available 24 hours a day, 365 days a year providing support to patients, families and friends acting as a single point of access. The Panel welcomed the CCG's plans for the future.</p> <p>Learning Points from the Grading Session:</p> <ul style="list-style-type: none"> • Commissioner is advised to bring together voluntary organisations and the hospitals to discuss and agreed how to improve co-ordination and give the services users better experiences. 	

4.2

- There should be an agreed time frame for people to be discharged from hospital with care packages (that are currently in short supply and difficult to fund).
- Conversations with patients and their families about advanced care planning should start much earlier than they do at present. E.g. this could be a topic added to the checklist of the conversations between patients and the provider.
- Training for staff and clinicians about how to have the advanced care planning conversations should be considered/commissioned.
- Complexity of care can prevent hospital discharges, with too much time spent on co-ordinating services instead of face-to-face time with patients.
- Safety across the services is paramount and providers have systems in place to ensure patient safety.
- As a tool for keeping everyone informed, "Share My Care" is good, but not all services have access to it.
- CCG needs to collect and analyse more data (via providers) that:
 - provides evidence on patient access and patient experience, disaggregated in the protected characteristics
 - qualitative data on patient experience, satisfaction
 - states where people eventually die
 - indicates how the CCG's services compare with others
- CCG needs to expand the opportunity of using complaints to improve services.

Finally, the Panel were pleased to see the aspirational plans of the CCG and asked for updates on if they come to fruition

B) Neurological Rehabilitation in the community - The Panel agreed the EDS2 Grade as **ACHIEVING**

The CNRT had an overall good score.

There were lots of positive comments about friends and family feedback and how this was utilised, that the service was well integrated and patient experience was positive.

Areas to improve were around transition due to age child to adult, also as a result of further disability escalation may happen effectively.

Transport was highlighted as a challenge for access to appointments for patients with a physical disability. Another area was potential bias from one clinical condition to another. i.e. lots of stroke support less so for MND.

Generally felt FCHC were providing a fair service and had good awareness.

Results from Panel Grading Session - EDS2 Goal 1 – 2016

4.4

	Outcome	End of Life Care	Neurological Rehabilitation in the community.
Goal 1: Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local	(D)	(D)

	communities		
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	(D)	(D)
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	(D)	(A)
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	(A)	(D)
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	(D)	(A)

Results from Panel Grading Session - EDS2 Goal 2 – 2016

4.6

	Outcome	End of Life Care	Neurological Rehabilitation in the community.
Goal 2: Improved Patient Access & Experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	(U)	(D)
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	(D)	(A)
	2.3 People report positive experiences of the NHS	(U)	(A)
	2.4 People's complaints about services are handled respectfully and efficiently	(A)	(A)

KEY (U)ndeveloped (D)eveloping (A)chieving (E)xcelling

Overall East Surrey CCG is assessed as **DEVELOPING/ACHIEVING** for EDS2 Goals 1 and 2.

5	Next Steps Valerie confirmed that the CCG would use the feedback from the Panel to help inform upcoming commissioning intentions and to prepare Equality Objectives for 2017. The CCG will publish the EDS2 grades as part of its Public Sector Equality Duty (annual equality) report by 31 January 2017.	
6	CLOSE On behalf of East Surrey CCG David Congdon and Valerie thanked the Panel members for attending and taking part in the EDS2 Grading Session.	

