

NHS

Bexley

Clinical Commissioning Group

Equality Duty Annual Report

2018

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About this report

This report summarises the progress Bexley CCG has made in meeting the Public Sector Equality Duty (PSED) and in progressing our equality objectives in 2018.

We have embraced the equality duties and have dedicated efforts to achieving meaningful outcomes for our staff, patients and all those we engage with. The report goes beyond compliance, to reflect our equality programme of work. We recognise this is an on-going journey of development and improvement and welcome feedback and views on how we are doing.

This report will:

- Set out our equality public sector duties and how we have responded to these
- Set out our governance arrangements for delivering our equality objectives and reviewing performance
- Highlight achievements and progress against our equality objectives
- Identify areas where improvement or progress is still needed

Publication of this report fulfils a legal duty for us as a public body. As such it captures a fraction of the huge amount of work we undertake within the CCG and with our partners in health, care and the public sector across Bexley to address inequalities.

Introduction - Public Sector Equality Duty

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights and consists of *general* and *specific* duties. The General Duty applies to all public bodies and organisations providing public services. It requires all public bodies to have **due regard** to the need 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

The Act outlines nine characteristics that are protected for the purposes of the Public Sector Equality Duty, these are:

Age	Gender reassignment	Marriage & civil partnership
Pregnancy & maternity	Race	Religion or belief
Disability	Sex (gender)	Sexual orientation

We also consider carers as an additional protected characteristic when making commissioning decisions.

The **specific duties** require public bodies to publish information, at least annually, demonstrating compliance. Organisations must also agree and publish Equality Objectives, at least every four years, starting from 2012.

We are committed to making sure the services we commission provide equitable access to all our registered populations and reduce the barriers, disadvantages and poorer health outcomes experienced by particular vulnerable groups.

What is due regard

Due regard means the CCG giving advance deliberate consideration to issues of equality and discrimination before making any key healthcare decision that may be affected by them. That is a valuable requirement that is seen as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010; the Public Sector Equality Duty or PSED (2011); and in the Brown Principles (EHRC).

Equality Delivery System (EDS2)

Our equality objectives were developed using the EDS as a framework.

In 2019 we will look at how we can work more effectively in partnership to implement the EDS in a way that makes best use of resources and brings together different perspectives. We will seek to involve those we work closely with, such as providers of NHS services and the local authority, as well as a range of other local interest groups who represent and can reflect the experiences of local patients.

Organisational context

NHS Bexley Clinical Commissioning Group (CCG) plan and buy health services for Bexley residents, the CCG assumed statutory responsibilities from 1 April 2013.

The CCG is a membership organisation made up of all the GP practices in Bexley. Our aim is to secure the best possible health and care services for everybody to reduce health inequalities and improve health outcomes in a cost effective way that provides good value for money.

We use what we know about the health needs of our residents to plan how and where to provide care, which we commission from hospital, community services and other providers of care.

Equality Governance

All Governing Body members have a collective and individual responsibility to ensure compliance with the public sector equality duty (PSED), which in turn secures the delivery of successful equality outcomes for us both as commissioners and an employer.

A Lay Member has been appointed to the CCG's Governing Body to lead on patient and public involvement and champion equality and diversity. The Lay Member also has oversight for ensuring;

- The governance arrangements for promoting equality are effective
- Opportunities are created and protected for patient and public involvement and engagement

Equality Assurance (EPEC)

The CCG convened an Equality Steering Group in 2015. The group merged with the Patient Experience and Engagement committee in September 2018, forming a collective assurance committee – EPEC.

EPEC is chaired by the PPI Lay Member and membership includes PPV champions representing public voices, the voluntary sector and community organisations (including Healthwatch Bexley). Meetings are scheduled on a monthly basis and feedback is reported to the Governing Body through the Quality and Safety Subcommittee. This provides assurance that equality responsibilities are being carried out in the best way and meet the legal duties placed on the CCG.

All Governing Body members share responsibility in seeking assurance that the voice of the local population is heard in all aspects of the CCG business.

The **Managing Director** has responsibility for ensuring that the necessary resources are available to progress the equality and diversity agenda within the organisation and for ensuring that the requirements of this framework are consistently applied, co-ordinated and monitored.

The **Chief Operating Officer** has executive accountability for equality; the Head of Patient Experience and Equality has operational responsibility. Together they ensure the CCG is meeting its legal responsibilities by:

- Ensuring that governance arrangements for tackling health inequalities and promoting equality are effective and followed
- Developing and monitoring the implementation of robust working practices that ensure equality and diversity requirements form an integral part of the commissioning cycle and are embedded within the CCG's working practices
- Ensuring that the Governing Body, staff and member practices remain up to date with the latest thinking around diversity and have access to appropriate resources, advice and training opportunities

All **line managers** have responsibility for:

- Ensuring 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 staff to work in culturally competent ways within a work environment free from discrimination

Bexley context

As we plan services to meet the health needs of Bexley residents we are mindful of the diverse nature of the population in our borough.

Bexley has undertaken a major refresh of the Joint Strategic Needs Assessment (JSNA), with the core dataset and the first of the condition-specific chapters now published. The JSNA lists the main issues in health inequalities and outlines the health and wellbeing needs of the Bexley population. It is used to inform service planning, taking into account evidence of effectiveness.

Population profile

The Office of National Statistics estimated the population of Bexley as 246,124 (2017). This is predicted to increase to around 300,000 by 2040; the number of people over 75 years is also expected to double by 2050.

Children and young people account for 31% (under 25) of the population whilst older people (over 65) account for 16%.

The higher population densities are in the north of the borough, with noticeable health and social inequalities between the North and South of Bexley.

Key data on the health of the borough is shown below:

- The health of people in Bexley is generally better than the England average with the life expectancy for both men and women higher. About 16% (7,600) of children live in low income families.
- Life expectancy is 6.1 years lower for men and 5.6 years lower for women in the most deprived areas of Bexley than in the least deprived areas

- In children, in Year 6, 24.0% (659) of children are classified as obese, worse than the average for England.
- The main population health issues in Bexley that are significantly worse than national and regional averages include very low levels of physically active adults and a high proportion of obese children by year 6 of primary school.
- Bexley has an ageing population. The borough has the third largest proportion of the population aged 65 years or over in London and population projections to 2030 indicate that this will continue to be the case.

One of the main challenges for the CCG is how to address the prevalence of long term conditions and obesity for the population of the borough. The 2015 data in the JSNA indicated that 168 per 100,000 deaths in the borough were as a result of avoidable causes.

The health of Bexley's population illustrates the need for continued action to address health inequalities; prevention, identification and good management of long term conditions.

Meeting the Public Sector Equality Duty in 2018

The Equality Act 2010 requires the CCG to pay due regard to the three aims of the general duty of the act (as described on page 4). We want to embed Equality, Diversity and Human Rights in all we do and make sure that the decisions we take are fair and equitable.

We do not automatically assume our decisions will be equally beneficial for everyone. We test our assumptions before making decisions and assess the effects of a decision on particular populations. This makes it more likely that our decisions will promote equality of access and equity of outcomes.

Equality Impact Assessment (EiA)

Equality analysis is embedded within our commissioning process. This ensures that service proposals going before the Governing Body for consideration include an equality analysis and contributes to the evidence on which decisions are based. We carry out these analyses to ensure we pay 'due regard' to the three aims of the PSED and Human Rights Act

The CCG carries out Equality Analysis to highlight positive and negative impacts on protected characteristics and other local disadvantage groups, giving an opportunity to mitigate any negative impacts. Also Equality Analysis is used to inform decision making.

Fostering good relations

Involving local people in decision making

Evidence shows that involving patients and the public in decisions about their health care increased their confidence, empowers them to consider how to stay healthy and ultimately, leads to better health outcomes. The CCGs have made a commitment to patient and public involvement at all stages of the commissioning cycle, not just because it is our statutory duty, but because it is the right thing to do. We must commission health services which meet patient needs and we must ask people what those services should look like and how they feel when they are in place. This, balanced with clinical evidence and academic research, will mean that we commission efficient and effective services.

We are proud of our engagement and are committed to embedding this as a golden thread through all our decision making processes.

Bexley Community Networks

Bexley CCG has a growing database of contacts in the community and voluntary sector and regularly collaborates with organisations to engage residents and patients in our work.

During 2018 we continued to extend our contact with Bexley residents and community groups. We have achieved this through local initiatives to promote the work of the CCG and by attending specific groups/ events.

Examples of work in the community include:

- Maternity voices
- Big Health Check – Learning Disability
- Faith forum
- Ageing well event

Bexley community and voluntary sector organisations have given invaluable support extending our reach into seldom heard communities

Bexley Patient Council

The Patient Council is a subcommittee of the Governing Body and is made up of community champions representing the diversity of all communities in Bexley. The Chair of the Patient Council is the PPI Lay Member; involvement also includes Healthwatch Bexley and Bexley Voluntary Service Council.

(Refer to appendix 2 for details of patient council membership and organisations/ communities they represent.

The Patient Council met bi-monthly to discuss topics relevant to the CCG and the services it commissions as well as local and wider NHS issues and other engagement.

Examples of work include:

- Development of local consultation quality indicators for Bexley
- Discussions on development of accountable care systems and our commissioning intentions
- Involvement in the Primary Care Strategy - refresh
- Raising awareness of self-care promotion
- Development of IAPT services, Pulmonary Rehab services
- Providing advice and feedback on primary care developments
- Taking part in contract monitoring and review meetings between the CCG and service providers (areas include MSK, urgent care/out-of-hours and diabetes)
- Working with CCG to develop site services and patient environment as the QMH site is developed
- Working with members to develop the equality agenda and taking part in the equality steering group

Reports and minutes from Bexley Patient Council are presented to the CCG's Governing Body and available to public via our website. Representatives from the Patient Council also took part in the development of the CCG's Equality Objectives and have provided feedback on our EDS2 grading process.

Public question at Governing Body meetings

All CCG Governing Body meetings take place in public. During meetings we run a public forum session where members of the public are able to ask questions. These are well attended and the notes, including responses to any questions raised, are published on our website.

Examples of topics raised by the Patient Council and members of the public in 2018 included:

- GP patient survey results
- Lack of access to patient friendly communications - highlighted as an important factor in health inequalities and disadvantage
- Mental health services and support in Bexley

This is an example of how we demonstrate our value of transparency as well as our commitment to facilitate public participation in our work.

Mystery Shopper

As a CCG it is important that we continuously improve and develop ways in which we engage, the mystery shopper scheme has been one of our major successes since its inception in 2014.

In 2018 a total of 449 mystery shopper reports were received. We also saw an increase in the number of residents registering to join the scheme and at the end of December 2018 a total of 644 members had registered in the scheme.

With diversity in mind we want to ensure that the mystery shopper scheme is as inclusive and far reaching as possible. Whilst it is recognised that there is still work to be done in this area it is encouraging to see that some of our members represent

people with learning disabilities, carers, maternity service users, older residents and representatives from a number of different faiths and nationalities.

Partnerships and performance monitoring

NHS Bexley CCG works in partnership with other commissioners to deliver high quality care and support and with the community in the commissioning of services. There is also good record of partnership working and strong relationships with:

- **South East London Clinical Commissioning Groups** – The six CCGs in South East London (Lewisham, Lambeth, Southwark, Greenwich, Bromley and Bexley) have established collaborative arrangements to meet their shared commissioning responsibilities
- **Health and wellbeing board** – is a partnership that encourages local service commissioners and providers to work together to advance the health and wellbeing of the borough
- **London Borough of Bexley** – to jointly commission services
- **Bexley Public Health**
- **Bexley healthwatch**
- **Voluntary and community organisations**
- **Healthcare providers** – such as local acute, community and mental health hospitals

South East London Sustainability and Transformation Plan In December 2015, health and care systems were asked to come together to create their local blueprint for implementing the Five year Forward View for the period up to March 2021, known as Sustainability and Transformation Plans (STP's).

The South East London draft plan was submitted on 30 June 2016. The STP is the “umbrella” plan for South East London and draws extensively on the Our Healthier South East London (OHSEL) strategy. Over the next five years the South East London STP commitments are to:

- Support people to be in control of their health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are consistently excellent and have an increased focus on prevention
- Reduce variations in outcomes and address inequalities by raising the standards in our health service
- Develop joined up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend our money wisely to deliver better outcomes and avoid waste

These priorities have been informed by a case for change that includes population health needs by an equalities impact assessment carried out in 2014 that identified approaches and considerations in the further development of the OHSEL strategy,

and by a further equalities analysis in 2015 that made recommendations in respect of priority groups for further engagement and for reaching ‘seldom heard groups’.

Our Healthier South East London Equality Steering Group (ESG)

Bexley CCG is a member of the OHSEL Equality Steering Group. The role of the group is:

- To ensure that the OHSEL strategy and STP plan meets the requirement of the Equality Act 2010 and specifically the Public Sector Equality Duty
- To ensure that the OHSEL strategy meets the requirements of the Health and Social Care Act 2012, with specific reference to tackling health inequalities
- To commission and approve independent equalities analyses and impact assessments as appropriate
- To monitor progress on meeting the equalities requirements set out above and to produce reports
- To promote best practice approach to equalities work and highlight any concerns

Our main Provider’s

The CCG has mechanisms in place to ensure that key provider organisations comply with their equality duties and that we are assured of the quality of services they provide.

Providers publish their own Equality Data to show how they are meeting the requirements of the PSED, the chart below summarises compliance for 2018

Provider	Annual equality report on website	Equality objectives on website	WRES results on website
Lewisham & Greenwich NHS Trust	YES	YES	YES
Oxleas NHS Foundation Trust	YES	YES	YES
Dartford & Gravesham Trust	YES	YES	YES
Kings College NHS Trust	YES	YES	YES

Bexley CCGs Quality and Patient Experience teams regularly review provider’s patient experience and equality intelligence. Any issues or queries are taken to the relevant Clinical Quality Review Group (CQRG) meetings, ensuring issues are discussed and addressed quickly and providers are held to account to improve patient experience.

Workforce Race Equality Standard in Bexley CCG providers

Since 2015-16 all CCGs need to demonstrate that they are giving “due regard” to using the WRES indicators and assurance that their Providers are implementing WRES.

Assurance is provided through reports received at Clinical Quality Reference Group (CQRG) that Providers are publishing WRES data and addressing any key shortcomings or gaps between the treatment and experience of white and BME staff

Equality in our ways of working

The CCG requires all staff to undertake mandatory equality and diversity training within 3 months of commencing employment, with refresh every three years. Training is provided via an online module which aims to offer:

- A broad based knowledge of equality and diversity
- Ability to empathise with colleagues and patients from diverse backgrounds
- Ensure access and services are appropriate to individuals needs

The CCG also considers equality when developing our policies, presenting papers to Governing Body and when formulating proposals for change to services. This is to ensure that these do not discriminate against protected groups and to identify opportunities to promote equality. Our offices are accessible and we ensure that all our public meetings are held in accessible premises.

Complaints

The Patient Experience Team (PET) deal with queries, concerns and formal complaints relating either to the commissioning of services or to services commissioned by the CCG. Equality and diversity monitoring is an important source of information helping us to identify whether certain groups experience problems disproportionately to other groups. Intelligence gathered is analysed and brought together in quarterly insight reports so trends and themes can be identified and addressed.

An equality and diversity questionnaire is sent to all complainants with their acknowledgement. During the reporting period in question the CCG received a total of 10 formal complaints, of which 7 related to CCG services. All complainants were provided with and requested to complete our equality monitoring questionnaire. Nil returns were received.

Themes from the 10 complaints mainly related to Continuing Healthcare retrospective reviews and commissioning/funding decisions.

Serious Incidents

All serious incidents from NHS providers are reported on STEIS and reviewed by our Quality Team. This means that we are able to triangulate data with other information (including complaints data) to see if any group is disadvantaged or impacted upon. Additionally intelligence gained is used to monitor contracts and assure quality safety standards.

Engagement and communications

The NHS Act places a statutory duty on NHS organisations to involve and consult patients and the public in planning of service provision, the development of proposals for change and decisions about how services operate.

The CCG is committed to developing effective and sustainable relationships with our patients, carers, the public and partners in health, social care and the voluntary and community sector to improve the lives of our local population. Patient experience is different for every person but by gathering feedback in a consistent and on-going way we are able to identify where changes may be needed to improve services. The long term vision for patient and public involvement (PPI) and engagement is that the partnership between the local community and the CCG is evident in all its work. In this our objectives are to:

- Ensure engagement in pathway redesign, service changes, strategy and priorities
- Engage hard to reach and vulnerable communities
- Reduce inequalities through greater involvement
- Develop effective partnerships with community and voluntary groups to ensure active engagement of patients and carers

To support targeted involvement the CCG Patient Experience Team (PET) works collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services.

Over the past year the Patient Experience Team (PET) has actively engaged with patients, carers and the public. Additionally they have engaged with local groups and organisations representing the 9 protected characteristics through focus groups, attending community interest forums and holding meetings relating to commissioning projects. Examples of this work include:

- engagement and activities around re-tender of services, pulmonary rehabilitation, development of Queen Mary's Hospital site
- Engagement with carers and people with learning disability, focus group to understand needs and current experiences (plus collation of patient stories)
- Deaf Centre – experiences of people with hearing loss and social isolation

The PET has focused on attending local community groups to discuss projects and present information that is relevant to them. For example they have attended a variety of groups to share key messages including older people (pensioners forum), youth council, Multifaith forum, Mencap, Asian Women's group, Maternity Service Liaison Committee

We encourage direct feedback through a range of methods that suit different people, including making information available (if requested) in different languages and formats (e.g. large print or easy read), surveys, online feedback (contact us mailbox), public meetings etc.

In addition the CCG regularly hears patient stories at QSSC meetings and uses this direct feedback to improve services through commissioning activities. The successful introduction of a mystery shopper scheme also means that our ears are constantly to the ground listening and acting on the experiences of our patients.

Effort is made to engage with seldom heard groups by contact through existing forums and representative groups. We recognise the importance of enabling these groups to be involved in their preferred local communities where they feel most comfortable and supported. We go to specific community meetings by arrangement (community forums, PPG's, BME groups etc.).

Through grass roots involvement and large scale public/community events the CCG is able to listen to residents (or their representatives) about experiences of healthcare services and engage these groups directly in its work.

This year the CCG has engaged directly with seldom heard communities on a number of projects by working in partnership to forge strong links within these groups.

Examples of engagement to reach groups with protected characteristics include:

- Outreach with 'seldom heard groups' including Haven – lesbian (LGBT)
- Asian women's group
- Bexley youth council,
- Bexley pensioners forum,
- We have also worked with Mencap and people with learning disabilities and their carers to gather feedback as to the difficulties they face in accessing services and how these could be overcome. (Big Health Check Day)

The PET has a comprehensive stakeholder distribution list, this helps ensure information about local health care and opportunities for involvement are disseminated widely throughout the borough. We also use a number of online platforms to engage with the public, our staff and GP members, this includes;

- Public website
- Staff intranet
- Twitter
- GP and staff briefing
- Stakeholder briefings

Interpreting services

The CCG has in place an interpreting and translation service to assist patients in primary care settings. The service can provide face to face and telephone interpreting services in a range of languages and can translate documents upon request. This service enables those with interpreting needs to access and increase knowledge of local health services, improving health and wellbeing and supporting community cohesion.

Our Equality Objectives 2017 – 2021

The CCG agreed new equality objectives in May 2017. These are set out below and include links to EDS2 goals as well as information of our progress in 2018

	Objective	EDS2 Goal
1	Reduce inequalities in commissioning and service redesign	Better health outcomes
	<p>Equality is embedded in our engagement planning including templates that help us to identify and target priority groups.</p> <p>During 2018 we:</p> <ul style="list-style-type: none"> • refreshed the CCG equality policy and reviewed our equality objectives (and associated work plans) • ensured equalities had appropriate focus in committee meetings, policy development and in business specs • robust use of data in equality analyses for programme plans <p>This helped to understand the likely impact of proposals on particular groups.</p>	
2	Improve access to healthcare for vulnerable groups/ those with a protected characteristic	Improved patient access and experience
	<p>Engaging diverse voices:</p> <ul style="list-style-type: none"> • Record equality data concerning participants in engagement activity (including mystery shopper programme and PPV's) • Engagement activity – focused planning identifying target groups to involve to support development and delivery of our work. • Develop Equality Matrix – stakeholder mapping diverse groups and barriers they face 	

Case Study

Focus on access and experience of primary care for people with a learning disability – annual health checks

In 2018 the CCG undertook a deep dive to look at the experiences of people with a learning disability and access to annual health checks. Following initial discussions with Bexley Mencap (at Patient Council) a small group of users, carers were invited to meet the CCG Chief Operating Officer to share their experiences and concerns.

Key points highlighted: You said

- Quality of annual health check varies – some users do not access a health check
- Access to health care services, particularly in primary care can be a challenge
- Lack of understanding of needs/ challenges– particularly front line
- Poor communication – no reasonable adjustments

Key actions: We did

- Implemented access to training with practice staff across Bexley
- Patient friendly/ easy read letter being created so that patients with a learning disability can give to practice to highlight need for support/reasonable adjustments
- Patients to be offered double appointment or appointment at start of clinic – dedicated time or quiet time for those who are anxious
- Action to improve access and quality of annual health checks - working with CCG clinical lead, Primary Care Team and Oxleas NHS Trust.

For 2019-20 the Learning Disability Health Sub Group will continue to consider ways to narrow the gap even further between the target and our achievement, and between the percentage of people who have a health check and the percentage of people who have a care plan in place.

Closer analysis of practice success rates will be used to narrow down the focus and it is likely that concentrated effort will be on increasing uptake in the 11 practices where the number of people with learning disabilities who have not had a health check is still in double figures. Closer analysis of differences in uptake across age and ethnic groups will also be a focus.

Communications will continue to focus on GP practices but additionally, 2018-19 will see the further development of a campaign targeting people with learning disabilities themselves as well as their carers.

<p>3</p>	<p>Empowered, engaged and well supported staff</p>	<p>A representative and supported workforce</p>
<p>The Workforce Race Equality Standard is mandatory on NHS providers and commissioners. It includes the requirement to collect information, report on and develop actions plans to address race equality in the workplace. It includes indicators derived from workforce data, staff survey data and data on the profile of Board members.</p> <p>CCGs are expected to monitor and report internally on their own performance (numbers are too small to guarantee anonymity) and to hold their providers to account for their WRES performance. NHS England assesses CCG performance against the WRES according to the performance of their local Trusts, rather than according to the CCG's own workforce race equality performance, though the requirements of the Public Sector equality Duty still apply to CCG's own workforce</p> <p>The CCG WRES score is based on the performance of their local trusts on the NHS staff survey. It is made up of a weighted average of trust level scores for one of the questions in the staff survey. Weights are given by the spend of the CCG to each of its providers. This was introduced in 2017-18 and so there is only one data point to date.</p> <p>In 2018-19 Bexley CCG WRES score places the organisation in the worst quartile and 8th of 11 in peer group.</p>		
<p>4</p>	<p>Demonstrate commitment to equality</p>	<p>Inclusive leadership</p>
<p>We have inclusive recruitment procedures and processes and collect equality data on applications and appointments to governing body and senior management positions.</p> <p>Equalities are included in new staff mandatory training.</p>		

Conclusion and plans for 2019- 20

This report provides an update on our progress to address equality issues for the health of Bexley residents in 2018. It highlights areas where we have made progress towards achieving our equality objectives; it also shows that more work is needed if we are to have a lasting impact on inequalities in health across Bexley.

Increased collaboration with Bexley Council and public health colleagues is likely to be a feature of the CCG equalities work in future as partnerships and integrated approaches are developed.

Appendix 1 sets out our broad priorities for equalities during 2019/20

A number of areas have been identified, which we will continue to use to inform our equality actions in 2019/20. These are:

- Collection of equality monitoring information when we engage and use this to drive improvement of services
- Address any actions identified in the Workforce Equality Reports
- Address any actions identified in the EDS2 process
- Deliver lunch and learn session on EDS2 to staff
- PPI Lay Member to review equality training needs for Governing Body
- Head of Communications & OD to explore external conscious bias training
- Ensure discussion with Trusts on their WRES performance

Equality priorities for 2019/20

Key performance indicators
Progress against workforce race equality standards (IAF-163b)

Key tasks / work plan	Start date	End date
Refresh Equality strategy & develop guidelines for staff to use as part of the commissioning process	April 19	
Review EIA process and promote robust use of data in equality analyses for programmes etc	April 19	
Consider mechanisms to monitor protected characteristics when undertaking assurance visits/ mystery shopper & engagement activity		
Continue to develop the protected characteristic deep dive programme		On-going
Map population profiles and key challenges/ barriers - Equality Matrix Link with JSNA & BVSC database		On-going
Use of agreed templates for planning involvement activity to highlight equalities focus and identify target groups to involve.	July 19	
Record equality data concerning participants in engagement activity, including PPVs	July 19	
Undertake discussions with Trusts on their WRES performance	April 19	
Complete equality analysis of all new/refreshed HR policies		On-going
Continue to receive and review workforce reports		On-going
Review equality training needs for Governing Body		
Consider conscious bias training for staff		

List of patient council representatives/ network & groups they represent

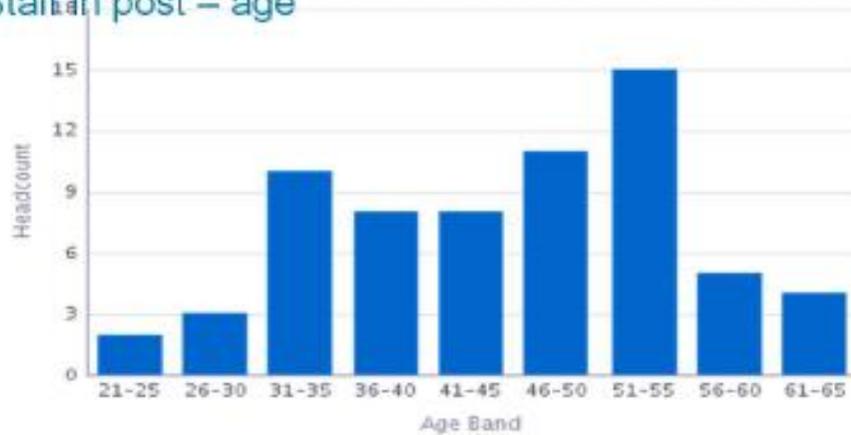
Name of Group	Protected characteristic group represented
PPI Lay Member - Chair	
Crayford Town Forum	Age, marriage and civil partnership, race, religion
Diabetes UK Bexley	Long term conditions
Bexley Multifaith Forum	Faith, religion
PPG Albion Surgery	Age, marriage and civil partnership, race, religion
Carers Support Bexley	Carers, long term conditions
PPG Plas Medygg	Age, marriage and civil partnership, race, religion
Bexley Pensioners Forum	Older people
PPG Bellegrave Road	Age, marriage and civil partnership, race, religion
South East Cancer Network	Long term condition
NHS retirement fellowship	Older people
Erith Town Forum	Age, marriage and civil partnership, race, religion
Mencap Bexley	People with learning disabilities and carers
Age UK Bexley	Older people and carers
BVSC	Voluntary / community groups
PPG Lyndhurst Road surgery	Age, marriage and civil partnership, race, religion
Inspire disability trust	Disability
Healthwatch Bexley	Voluntary/ Community
Mystery Shopper champion	Age, marriage and civil partnership, race, religion, long term conditions
Bexley safer neighbourhood	Age, marriage and civil partnership, race, religion
Maternity service liaison committee (MSLC)	Maternity & pregnancy, sex (female), marriage & civil partnership
KAB	Disability, long term condition
Insight Bexley	Age, marriage and civil partnership, race, religion

Workforce Dashboard – September 2018

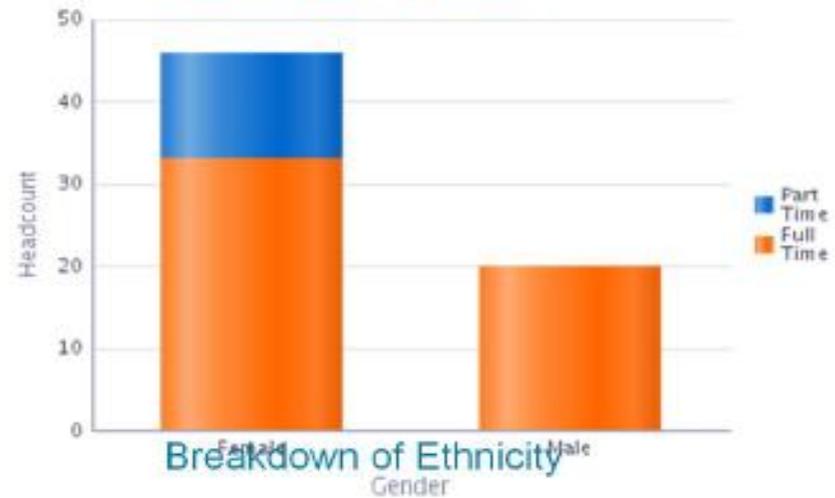


Bexley CCG Headcount Dashboard Sept 2018

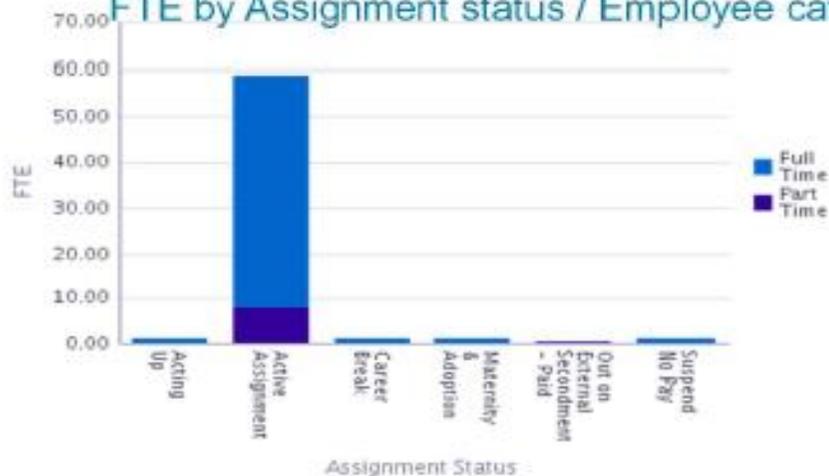
Staff in post – age



Staff in post - gender



FTE by Assignment status / Employee category



Breakdown of Ethnicity

