

Clinical Commissioning Group

Equality Steering Group
Tuesday, 19th December 2017, 10.00 a.m. – 12.00 Midday
Civic Offices, Bexleyheath

Present:

Paul Cutler (PC)	Chair, PPI Lay Member, Bexley CCG
Annie Gardner (AG)	Head of Patient Experience & Stakeholder Engagement
Vikki Wilkinson (VW)	BVSC
Saby Ghosh (SG)	PPG Chair
Sukh Singh (SS)	Interim Head of PC & IC Service Delivery
Lucy McCafferty (LM)	Head of communications, organisational development and corporate services
Maria Hawes-Gatt (MHG)	AD Quality, Governance & Performance
Lindsey Coeur-Belle (LCB)	Deputy Director of Commissioning

In attendance

Diane Hannaford	Patient Experience Office (minute taker)
-----------------	--

Apologies:

Sid Deshmukh (SD)	Chair, Bexley CCG
Elinam Attipoe (EA)	Corporate Governance & Risk Manager
Michael Boyce (MB)	Director of Quality, Governance & Performance

1.	<p>Welcome and Apologies</p> <p>PC welcomed group, relaunched for 2018. Aspirations for group outcome/action focused like PEE Task and Finish Group. Where have we been, where are we going. AG introduced patient representatives. MB had expressed an invitation to Dr Karen Upton, but she doesn't work Tuesday. Could the chair consider changing the day meeting held? If Monday/Thursday new GP fellow could also attend and HR lead. MB will review membership.</p>
2.	<p>ESG background and members updates</p> <p>Already presented at QSSC. AG discussed paper A. Tough journey, difficult to establish and maintain group. Grateful for those attending. TOR states to meet 4 times yearly. Regular but not enough, suggest meeting bi-monthly. Have a date planned for Jan 2018 and trying to map out for the year. EDS 2 framework completed, required to set equality objectives, discussed May 4 2017/2020. "Better Health Outcomes" 1 & 2. Healthwatch supporting LD accessing primary care and screening not finished yet. Jan meeting should have ? from Healthwatch and Mencap and two patient users, what can we learn / improve. 9 protected characteristics can't do everything. Sensible on areas LD obvious, looking forward diabetes, C&YP. AG meeting EG, TC & E Deves to discuss. 3 & 4 WRES shows we are not balanced. 4 training needs/Governing Body. LMC not much ownership, to take forward with SD</p>



	<p>2018/19, makes more interactive, Service User into talk. Why important to consider a paper. Unconscious bias training with GB. Filter down through CCG. LCB thinks should be open to everyone. Communications write programs not Director. LMC as WRES should be doing it to be fair. Bought externally Manage OD budget, can plan yearly. Start with GB.</p> <p>VW “Family Togetherness” meeting, looking at cultural competence training/awareness. Could connect across if appropriate, across sector, smarter. Social worker looking into training.</p> <p><u>Equality Impact Analysis</u> AG see before going to board. Central hub? Keep oversight? LCB happy to input as being done. Quality team to input, asked MB, ? going forward. Asked for input at earliest stage. LMC info from EIA we can plan programmes of engagement going forward. LCB all to be responsible. PC Map out time table for 2018. Agenda Item 30th Jan PC to align with Patient Council</p> <p><u>Partnership working</u> AG, VW & SG here today. Should we invite SS (JSNA), Public Health? PC make meetings worthwhile. Align with LBB and voluntary sector, but not replicate. LCB goes to diabetes programme board, (NDPP) where 13 CCG’s from SE & SW London are targeting pre diabetic (High blood result) Intensive exercise/life style choice, looking at re-procuring. Wanted to restrict service to only those on “The register”, for tracking, but exclude others, might be homeless, refugees, etc. LCB challenged it. To draft statement. Asked for EIA report. Shared with PC & AG. PC how do we track challenges by CCG? Learn and apply to other services. SG How do we help at a lower level? AG SS (LBB) working on JSNA being revised, update for next meeting. Document to access to give ideas of equality/inequalities concerns. Monitor provides Kings, Oxleas, LGT, what their reports identify. VW collective ownership. AG “Big Health Check Day” looked at difficulties people with LD have accessing primary care. Issues identified and Healthwatch doing work and will present a report in Jan 2018, work with CCG and filter into commissioning. SS waiting room not welcoming to all. Is it inclusive, needs may not be obvious. LMC data is limited; JSNA is old, using census from 2011. Could do so much more. Used to have a relationship with a vibrant Vietnamese Community and we lost contact. AG links to growth in the borough. LMC disconnect, “Self Care” engagement, PET engaged with lots of groups. More we could do. VW Ginny Highland key to group. LBB funding from DCLG, “Origins”. Data needs to be current and accessible. VW caution, you should keep going whilst you have momentum and not worry about data. PC LCN’s being developed, they must have data. VW is on LCN board and Andy Fairhurst (AF) has access to data. Can take issues back to LCN board. AG to have conversation with AF.</p>
3.	<p>Reducing inequalities in access to primary care</p> <p>SS role access for patients in primary care and what are inequalities. Lots of work on-going. Paper how we as primary care team are implementing and</p>

	<p>embedded in general practice. Facilitators go out to GP's, how can we support them? Understanding population, make sure languages and no fixed abode on registration. Might be better to target a practice rather than across the board. Looking at feedback, NHS Choices, CQC, and Social Media. Quality Dashboard put together. Link to demographics of population. Some practices say no I.D. they can't register. How do we get that into registration process? Patient pathway "Self-Care" are we reaching all patients, do we understand their needs? Digital ways of accessing primary care. NHS online app. Are they aware? Is it accessible in different languages, easy read? No jargon, build trust. NHS branded. Social media LD's are more engaged. Access GP's, registration is the key and there shouldn't be any barriers. Access to interpreters, are all GP's offering/using? AG AI standards, provider can do remote signing. Some practices not aware, all should offer. SS a lot available, how to make patients/practice aware. Waiting room experience should be comfortable. Premises adequate. Consistent interaction across CCG. Bring together and help to support practices. EIA high level at this stage – evolving piece of work. AG inclined to say we should have 1 by locality. SS high level plan. Not just GP's, all staff in practice should be aware. Look at websites – minimum standards. MHG scholl children may not be able to call for an appointment so if not all available to book on line they may be disadvantaged. SS not available until 18 plus. 11 years parents would be aware. No insurance cover for under 18's at the present time. Keen to support general practice but not overload. VW Community Connect – will feed into this. PC fantastic paper SS Not public paper. PC would love to share with PC/PPG network. SS happy to come and talk to them. PC Chair paper and get comments from the group. SS Mental Health not in paper yet. VW How it develops measuring increased "access" post December. PC PCCC signing off funds needs to be aware of progress. Quality dashboard will show updates. AG reminds SG of "Confidentiality" contract this is not for sharing at this time. Will let you know when.</p>
<p>4.</p>	<p>Meeting our duties – EDS2 AG Framework how good we are, how we are going to get there. 4 goals and sub sets, 18 outcomes. Work early in the year (May). As result self-assessment presented to PC (Sept) members invited to feedback. Huge document, gave background information, no feedback/comments at all. Engagement report Han 2018 needs to be linked with EDS 2 completion. Should we be assured work done is efficient that CCG rated them & presented to Patient Council. Is that sufficient to give assurance to Governing Body or do something more specific. Jan 2018 each protected group, final sense check. VW helpful come to Patient Council, dense document, a lot to go through. Revisit. PC how do you make it meaningful? AG easy to organise to get people in. Need LCB. Reflect on whose provided input, align diaries, and go out to Patient representatives. LCB week commencing 8th Jan, AG suggested 9th Jan am. Include SG. Simon Beard to</p>

	attend for communications. Purpose to say agree/disagree with our top line. Lots of assurance statements under each top line. PC if they bring sufficient challenges should we consider the outcome. AG yes, this must be meaningful. Last opportunity before we say yes and present. PC we could cut out cards with key statements to help people give a response. More interactive session. Goal 1 & 2 (patient), Goal 3 & 4 (internal), meet with staff network. PC Board seminar, LMC, no time. PC when will it reappear? AG May 2018 Challenge how long it's taken. PC, build in so we have head space. LMC have GP session. PC workforce not representative, reflect GB going forward. AG important HR coming forward. Can only come Mondays. LMC allocated to other CCG's in different days, but email him and he will answer, he is an HR/OD specialist in Mental Health. PC - Are we getting employees with LD's?
5.	<p>Equality Matrix – Updates</p> <p>AG pre discussion with VW. Huge piece of work. Matrix on spread sheet. 9 protected characteristics. Identify maps, where they are/meet lead by us. What exists already? PC one recently about ophthalmology, not a matrix, needs to be populated and updated. VW holds a lot of this and link with other groups who hold this information/groups. Aging well strategy, (LBB) role for BVSC to develop it. Target areas – where do we start, could be a full time job. Bits exist in different parts, doesn't come together. This might not do it either. PC emails from NHS England re inequalities, should be in the matrix. Needs to sit somewhere collectively. As it comes in gets put into this storage. VW asset mapping, could put together, keen to be involved, need a starting point. PC day/week/month National day, we should flag up whats happening. VW to plan around the National days. AG work with PPG's to highlight campaigns. Financial resources, Men's Health week – we buy these resources, might not be able to buy next year. VW put into a pot and share. LCB come and talk to team about their contracts. AG talked about having protected time to spend on this. PC MB and NK agreed on this. AG come out to VW to start mapping. MHG to look at matrix on line. VW bring back in March – how achievable is it? PC once done are we seeing it being used and pasting into reports? People find hard to look for. Maintain and update. What does the ESG think about something? LMC explain why people should look at it? PC Are recommendations evidence based? AG Shouldn't be down to one person to assess it. SS "VIBE" VW could have access. AG co-owned piece of work, more meaningful. MHG find out where it can be put. VW will look at grants for IT/Council, difficult.</p>
6.	<p>Equality impact assessments</p> <p>Equality Impact Assessments covered earlier re sense checking.</p>
7.	<p>Any other business</p> <p>AG talking forward reviewing an equality strategy – going forward we will have our own strategy. LMC long time before any decisions carry on as normal. AG hasn't been updated for a long time. Priority, need to drill down and assess acute providers and their compliance. May meeting. They</p>



	<p>should have published their reports by then and can work on them. Membership Dr Upton, SS. A? and GH invite to next meeting. AG asked SG how he found the first meeting. SG felt background information would have been helpful; this is a steep learning curve. PC Introducing a mentoring programme. 15 Patient Citizen Leaders, need extra support so when at a meeting they know what to do. Mentor over 18 months. Do as Action Learning set, on a journey to get them there. Give knowledge. MHG group needs clarity re direction of travel. AG VW re young person's patient council, linking to NHS 70. VW keen to develop. LMC Interested to hear from Ginny Highland. PC do we remain action focused group going forward? Test is do we see health equalities coming through. Can we say as Governing Body we made a different decision based on the EIA information? Aspiration, talk about inequalities in the organisation, part of the culture of Bexley. VW members and stakeholders and partners survey – will circulate to the group. Takes a few minutes online link, very easy.</p> <p>Agenda item – Patient Choice.</p>
8.	<p>Date and time of next meeting & Close 30th January 2018 9:30 – 11:30</p>