NHS
South East London
Clinical Commissioning Group

Public Sector Equality Duty Report 2021/22

NHS South East London Clinical Commissioning Group Annual Equality Report

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Foreword

NHS South East London Clinical Commissioning Group

NHS South East London (SEL) Clinical Commissioning Group (CCG) is a clinically led organisation responsible for planning, purchasing and monitoring most of the health services in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

Welcome to SELCCG's second annual Public Sector Equality Duty (PSED) report that covers the period April 2021 – March 2022. It provides a summary of how the organisation worked with its partners and stakeholders to meet the three key aims of the PSED.

The CCG has continued to be affected by the challenges of the global COVID-19 pandemic, with a focus on national priorities supporting vaccination rollout and elective recovery. The impact COVID-19 has had on people, the economy, the public service offer and inequalities, and how inevitably the gap has widened, has been a huge focus for us all as we emerge from the pandemic.

SEL has established a robust structure to support our work on equalities, overseen by our Equalities Committee, which we both co-chair. 2021/22 has seen a consolidation and strengthening of our EDI programme with a focus on data-driven evidence to underpin our activities as outlined in our Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Reports. Read more about these on slides 39-41.

There has been an ongoing collective focus on our organisational culture, health and wellbeing and training and development for all staff, which is evident from the wide-ranging interventions we have implemented in the last year, outlined in our Workforce section from slide 28.

We have spotlighted a broad overview of commissioning case studies which demonstrate how the CCG continues to put patients at the centre of services and programmes we plan and commission in areas such as Maternity, Mental Health and Primary Care as we strive to improve access, experience, and outcomes for the local population. Further detail can be found from slide 10.

Our work is beginning to reflect the partnerships being formed within the Integrated Care System to collaborate and work together for the improvement of health and care services for all south east London residents. We look forward to our transition to an Integrated Care Board next year, and the new opportunities this will bring to embed equalities in everything we do.

Joy & Faruk

Joy Ellery Faruk Majid

(Co-Chairs of SELCCG Equalities Committee)

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Introduction to Equality, Health & Social Care Legislation

South East London Clinical Commissioning Group

South-East London (SEL) Clinical Commissioning Group (CCG) is committed to promoting equality and diversity for the people of South-East London. We are making equality and human rights everyone's business within the CCG. The CCG has a number of statutory duties in relation to equality, diversity and inclusion.

Equality Act 2010

The general equality duty under the Equality Act 2010 requires the CCG, in the exercise of our functions, to have ***due regard*** (give consideration) to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristics and people who do not share it;
- Foster good relations between people who share a relevant protected characteristic and those who do not;
- The CCG publishes equality objectives at least once a year, demonstrating that it has consciously considered the above three aims as part of decision making processes;
- The CCG also publishes protected characteristic data about staff, which is included in this report.

Health and Social Care Act 2012

Under this Act CCGs have duties to:

- Have regard to the need to reduce inequalities between patients in access to services and the outcomes achieved
- Ensuring health service provision is integrated with health-related and social care services to reduce inequalities
- Produce an annual commissioning plan explaining and assessing the discharge of their duty to reduce inequalities

How do we show 'due regard'?

In order to demonstrate 'due regard' and to fulfil our annual requirements, we:

- Produce this PSED report annually by 30 March
- Undertake Equality Analyses (EAs)
- Engage with local communities who share protected characteristics and embed their voice in service delivery.

Mandatory standards

As well as the PSED, we publish information about our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES, from September 2021) on an annual basis.

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How does the CCG monitor equality and diversity?

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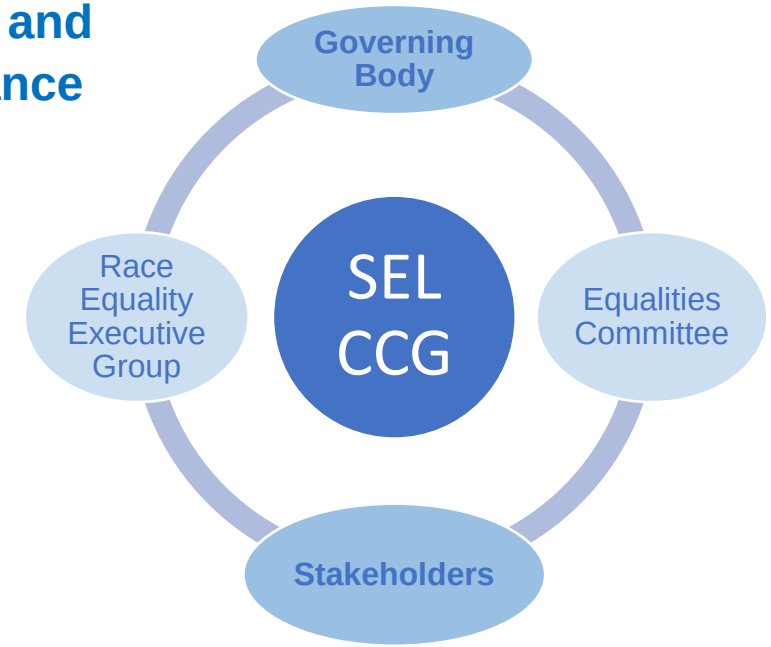
Equalities Committee

This sub committee of the Governing Body was established in 2020 to support South East London CCG in making demonstrable improvements in equality, diversity and inclusion for the organisations staff, as well as for patients, service users and carers that are effected by the activities of the CCG.

The sub committee meets monthly and brings together representatives from primary care, quality, human resources, organisational development, patient and public involvement and the Integrated Care Partnership to provide leadership, oversight and role modelling to the equalities agenda, ensuring that there are clear objectives, progress on, and evaluation of all related plans.

The sub committee has an annual workplan to ensure all statutory duties and reporting are undertaken and that the CCG is embedding a culture of reducing health inequalities and promoting equality throughout all of its functions.

Equality, Diversity and Inclusion Governance



Why health inequalities are a priority for SELCCG

NHS South East London Clinical Commissioning Group

The NHS is dedicated to delivering better care for individuals, lowering per-capita cost and improving population health. Health inequalities are an important component of population health and one that must be a central priority for the CCG.

NHS England and Improvement Guidance

It is a moral imperative and a matter of social justice

- The issue should be of great importance to a caring and compassionate service.

It is a legal requirement

- The Health and Social Care Act (2012) placed responsibilities on CCGs (amongst others) to "demonstrably take account of inequalities in access to and outcomes of healthcare".

It makes good business sense

- Poor health and disability, as well as premature mortality, is disproportionately, experienced by the most deprived populations. These sections of society are least equipped and resourced to access services. If 'unmet need is not addressed through targeted prevention in those at greatest risk, the costs of healthcare will increase.

How?

- We have learnt a lot from our COVID-19 response, and are enhancing our commissioning approach based on the increased collaboration, engagement and innovation we have seen over the last two years.
- We are strengthening our data gathering and analysis skills to ensure effective health management approaches for all patients. This data driven approach aims reduce unwarranted variations in service provision, identify seldom heard populations and marginalised groups.
- We will ensure that our commissioning plans for 2022/23 have improved health outcomes and reduction of inequalities at their centre working in partnership with the SEL Integrated Care Partnership.

What?

Examples of work in 2021-22 have included:

- **Mental health (MH)** Working with partners in the South London Listens programme to address MH needs of local communities.
- **Maternity** Developing pathways, prioritising the offer of continuity of carer, to women and birthing people from ethnic minorities, those living in deprived areas and those most vulnerable within our local population.
- **PCNs** Working in North Lewisham to innovatively engage with communities to increase vaccine take up.

SELCCG Equality Objectives 2020-2024

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	Equality Objective	Link to Corporate Objective	Link to PSED	Link to EDS2 Goal
1.	Develop a culture of EDI needs assessment and demonstrate accountability with the Equality Act 2010. Embed Equality Analysis across all SEL CCG functions	1: To ensure we commission services which meet the health and wellbeing needs of the population and reduce health inequalities	Promote equality of opportunity	Better health outcomes for all
2.	To cultivate an organisation that is inclusive, free from discrimination with all able to fulfil their potential. SEL CCG will develop and support an organisational culture of inclusion where staff are engaged, listened to and feel supported and where leaders and managers foster a workforce culture which values diversity.	7: Develop an organisation/ workforce capable of delivering the CCGs objectives and ensure members of the organisation feel valued and enjoy coming to work	Advance equality of opportunity	Representative and supported workforce
3.	SEL CCG should ensure that equality is everyone's business. Everyone is expected to take an active part, supported by the work of specialist leaders and champions. Governing Body members and senior leaders should demonstrate commitment to equality, diversity and inclusion in the development of SEL CCG vision, values, strategies and culture. Building assurance and accountability for progress.	8: Ensure that the CCG meets its commitments with regards financial and statutory responsibilities. We will maintain effective governance within the organisation and across partnerships and optimise progress against delivery of NHS constitutional standards	Advance equality of opportunity	Inclusive Leadership
4.	Build strong relationships with our diverse communities, better understand the needs and experiences of the population across SEL and adjust our approaches accordingly. Improving the fair access experience of protected group patients across healthcare services.	5: To secure the active participation and visibility of patients and local people, including from diverse and seldom heard groups, in the planning and design of local services.	Foster good relations	Improved patient access and experience

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SELCCG Equality Objectives – Progress in 2021/22

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Equality Objective 1: Embed Equality Analysis across all functions and demonstrate accountability with the Equality Act 2010.

In response to the ongoing Covid-19 pandemic we have adapted services making them more accessible and responsive in new ways, and to support and recover elective services.

Examples of this include:

- Development of a waiting times website
- Procurement of Community Adult Audiology service
- Perinatal pelvic health service

Equality Analyses (EA) were carried out to fully assess impacts and inform decision making in each example.

In addition to EA guidance developed, a suite of EA training to support awareness and develop skills to carry out assessments have been designed and delivered. Sessions cover different roles, with one course supporting EA authors and another for EA reviewers.

Equality Objective 2: Cultivate an organisation that is inclusive; free from discrimination with all able to fulfil their potential.

We have placed considerable focus on improving equalities for our staff. We believe increasing diversity and supporting equality for our staff is both owed to them and also something which will positively impact on how we can support our population. In particular, we have focused on addressing race equality issues and have developed a number of commitments in this area specifically, that go beyond the requirements of the NHS Workforce Race Equality Standard that we implemented. These measures aim to support black, Asian and minority ethnic staff but provide opportunities open to all – for example mentoring or improving recruitment practices. The work carried out with our Beyond BAME staff group, including training, serves as a model for other networks.

We have established a number of other staff networks so that we can work with different groups to implement appropriate actions. These include: Age and Ability, Women and Parent Leaders and LGBTQ+ groups which have good engagement and developed work programmes.

We have implemented a number of measures such as risk assessments, tailored provision of home equipment based on need and mental health support to focus on staff well-being. Throughout the COVID-19 period, we have increased communication and engagement with staff. We have also carried out disability and gender pay awareness sessions and looking at menopause in the workplace.

Equality Objective 3: Governing Body (GB) and senior leaders demonstrate commitment to equality, diversity and inclusion in the development of SEL CCG vision, values, strategies and culture. Building assurance and accountability for progress.

As well as the Equalities Committee, we established a Race Equality Executive Group chaired by the Chief Finance Officer (and SRO for Equalities), to support this critical agenda. We are currently refreshing the Equality Delivery Plan to include some of the action plans that came out after completing the WRES, WDES and Gender Pay Gap reports and reviewing the data, as well as significant staff engagement sessions. The EDP will continue to outline a number of commitments against specific objectives. Each commitment has an executive lead, specific targets and delivery dates and aligns to our ambitions associated with the:

a) Workplace Race Equality Standard, Workplace Disability Equality Standard and the Gender Pay Gap
b) Equality objectives identified by the GB, as well as those developed in response to COVID
c) NHS People Plan
d) NHS London Workforce Race Equality Strategy

GB members and senior leaders took part in a buddying programme between different ethnicities in the Governing Body, on topics such as "how can we make sure all voices are heard?". Senior leaders in the CCG, including the CCG's executive team, are part of the CCG's mentoring programme, where mentees have been prioritised to support measures to help improve representation and reflect the population in south East London.

The CCG executive team have also participated in a training session with ENACT on inclusive leadership.

Equality Objective 4: Build strong relationships with our diverse communities, better understand the needs and experiences of the population across SEL and adjust our approaches accordingly.

We have worked with our partners, particularly across the Integrated Care System (ICS), to support our diverse population to have improved access and outcomes. Some of the activities are:

• Developing approaches to equalities with our Local Authorities as part of our borough recovery plan implementation
• Continuing development of our ICS Population Health Management approach which will help us better share data across our system and make decisions informed by our population health
• Formed a partnership focused on (re)building trust and achieving health equity for Black and other minoritised ethnic groups living in South East London. As a start, the partnership will commit 2 million GBP over the next two years to support initiatives in this space. During the COVID-19 pandemic and as part of the vaccination programme we engaged with faith leaders and organisations to have vaccination clinics in mosques, temples and churches and to host webinars to address confidence in the vaccine and answer questions and we held deep dive conversations / listening events with, for example, Nepalese, Somali, West African, Caribbean, Latin American, LGBTQ+, migrant refugees and asylum seekers, Gypsy, Roma and Traveller communities. As part of the ICS's developing approach to working with people and communities there is a focus on working with people from communities who experience the greatest inequalities and addressing how we can build trust and develop better relationships.

SEL CCG Covid-19 pandemic response

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The response to coronavirus (COVID-19) has demonstrated the contribution that communities make to public health. Community life is essential for health and wellbeing, and we are all more aware of the value of social connections, neighbourliness, sense of belonging and mutual trust.

In the midst of responding to the Covid pandemic, we continued to deliver services – often adapting them – to continue reducing health inequalities. It became apparent very early on that certain people were disproportionately affected by the Covid-19 virus. These inequalities were brought to the attention of all organisations, the borough boards and the Governing Body. We used the learning from this evidence to target certain groups for vaccination. The most significant inequality was found to be related to age. Older and more vulnerable people had worse outcomes. Work took place with older people and care homes to implement enhanced testing as soon as possible and then be prioritised for vaccination. Here are some examples of our initiatives:

Vaccine Programme
Lack of vaccine confidence stems from a number of different reasons, including misinformation, mistrust in the NHS or deep seated cultural beliefs. SEL has run **engagement initiatives**, such as webinars, outreach to community and faith groups to provide accurate information and answer questions. The programme has also delivered vaccine clinics in a range of community and faith settings to encourage take up including roving models such as the Greenwich Bus, the vaccination van in Southwark, satellite clinics in mosques, temples and Pentecostal churches. GPs are also having **1:1 conversations** with patients to improve uptake and there are also a number of initiatives with community champions/ambassadors across the boroughs around having conversations about the vaccine.

Staff Wellbeing
All staff have had an individual risk assessment conversation and appropriate actions were taken as required.

Staff Voice
There are now staff networks for **Beyond BAME, Age and Ability, LGBTQ+, Women and Parent Leaders.**

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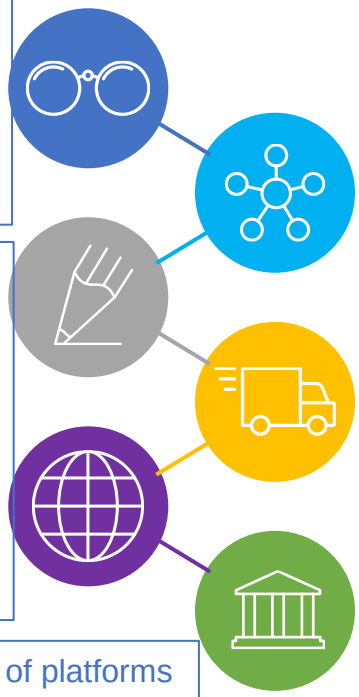
South East London Equalities Workstream – Vaccine Programme

Vaccine hesitancy, characterised by uncertainty and ambivalence about vaccination can stem from a lack of information about the COVID-19 vaccine, followed closely by concerns about side effects and the long-term health complications. Historical mistrust of government and public health bodies due to systemic racism and discrimination also runs deep in some ethnic minority groups. The pandemic continues to have a disproportionate effect on people from ethnic minorities, with higher Covid-19 morbidity and mortality and greater adverse socio-economic consequences. A vaccine inequalities task force was set up in SEL.

The Vaccine Hesitancy and Equalities work stream focuses on improving vaccine uptake across boroughs and explores strategies to overcome reduced uptake in specific ethnic groups, deprivation, location, homelessness, and unregistered individuals. Roving models in use support those with disabilities and older aged residents who cannot travel to Mass Vaccination sites.

The Equalities workstream are supporting boroughs to generate new ideas, target communications and engagements and drive uptake in vaccinations. The group also link closely with Guy's and St Thomas' charity - The Social Innovation Partnership (TSIP) who are experts in community-led change. We have used the learning from this engagement to develop a communications campaign that has now been used London wide and nationally.



Uptake is generally higher in the outer SEL boroughs of Bexley, Bromley and Greenwich, and lower in the inner boroughs of Lambeth, Lewisham, and Southwark. Local PCN's (primary care networks) and satellite clinics have been offering the vaccine with clinicians having 1:1 conversations with those patients who lack confidence in the vaccine.

Some examples of the innovations within SEL include The Greenwich bus – which has been popular amongst residents and has engaged individuals who were previously hesitant to receive the vaccine. Its success has been replicated with a vaccination van in Southwark and Bexley. Other models of community champions, use of pop up clinics and extending vaccination to be available in GP surgeries has helped to improve access.

Engagement with a focus on Black, Asian and minority ethnic communities has allowed campaigns and pop-up vaccination sites with support from faith leaders and social ambassadors to take place in and around various places of worship and social hubs. Translation services are available at vaccine sites. Opportunities to improve other elements of health (for example blood pressure monitoring) have been taken.

Further information through a variety of platforms such as social media, newspapers and via community champions continues to be prioritised as do webinars and Q&A sessions with clinicians and other respected healthcare leaders.

Lambeth Care Homes Covid-19 Vaccine Uptake

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Purpose and Aims:

- Lambeth created a partnership 'taskforce' in April 2021 to promote Covid-19 vaccine uptake amongst Lambeth's care home staff over a five month period, prior to mandatory vaccination legislation.

Key interventions and engagement included:

- Equalities analysis of care home staffing and vaccination data in April 2021 – highlighted lower vaccine uptake amongst Black African and Black Caribbean staff and amongst women of a childbearing age.
- Covid-19 vaccine discussion events for care home staff involving Public Health and GP leads with representation from black and multi ethnic backgrounds.
- Motivational interviewing training sessions for care home staff in Encouraging Vaccination Uptake, provided by the Royal Society for Public Health (RSPH) – dates from May to August 2021.
- GP visits to care homes with faith leaders and community vaccine advocates to answer questions and offer information and advice.
- Dedicated GP telephone line for care home staff - confidential 1-1 conversations about vaccination.

Next steps:

- Ongoing promotion of the Covid-19 booster vaccination campaign – SEL working to developing local communications resources featuring staff from SEL care homes.

Successful outcome:

Care home staff vaccine uptake increased by 40% over five months to 87% by 16 September 2021 first dose deadline when mandatory vaccination legislation was introduced.

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SELCCG Mental Health Services

Improving and expanding access to mental health services remains a key focus in South East London, through both investment in services via the Mental Health Investment Standard and capitalising on opportunities to transform services through national Service Development Funds. The Covid pandemic has had a significant impact on demand for our mental health services, coupled with increasing acuity. In response to these challenges, the CCG has worked with system partners to:

- Prioritise investment for children and adolescent mental health services (CAMHS) and children and young people (CYP) eating disorder services to help meet demand and reduce waiting times. The CCG has also engaged in a programme of work focused improving access to CAMHS particularly for children from black and mixed heritage backgrounds.
- Facilitate system-wide Multi-Agency Discharge Events (MADE) to better understand the challenges with timely discharge from our mental health inpatients beds. These events were run in July 2021 and September 2021, resulting in sustainable changes in ways of working through place-based discharge meetings.
- Convene a Group with a view to focus on supporting those individuals who present to our Emergency Departments (EDs) in mental health crisis. This has resulted in the expansion of the provision of Clinical Assessment Units and the planned roll out of several other initiatives (such as Enhanced Mental Health Nurse Triage for each of South East London's five EDs) to support our crisis care offer.
- Develop a mental health service offer for health and social care staff across South East London including a staff wellbeing hub and access to talking therapies.

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SELCCG Mental Health Services (continued)

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The CCG has been a key partner in the South London Listens Programme, a unique partnership between the NHS, local authorities, and community organisations. In October 2021, this programme launched a joint action plan across partners to address the mental health needs of the local communities, setting out 12 pledges focused on: (i) loneliness, social isolation and community involvement; (ii) work and wages; (iii) CYP and parental mental health; and (iv) access to services.

The CCG continues to support the ICS' ambitious mental health transformation agenda, providing the overarching programme support to several system-wide transformation programmes including community mental health transformation and suicide prevention. Through these programmes we have:

- Developed and secured a new core offer for community mental health services for all of the six boroughs in South East London which will be rolled out across all Primary Care Networks (PCNs) by March 2023.
- Opened a South East London wide suicide bereavement support service to support those bereaved by suicide. This service is joint enterprise between South London and Maudsley NHS Foundation Trust and Mind and has been well received since opening in August in 2021.

During 2021/22, South East London was successful in bidding to be one of three London Vanguards aiming to develop a consistent collaborative approach to CYP affected by or at risk of serious youth violence. The Vanguard is a three-year funded programme bringing together mental health trusts, local authority youth offending services and voluntary and community partners and will be fully operational from April 2022.

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Lambeth Living Well Network Alliance

Purpose and Aims

- Co-production of Culturally Appropriate Peer Support and Advocacy Service to improve access, experience and outcomes for Black and Minority Ethnic communities

Key interventions and engagement included:

- Equalities analysis undertaken together with Black Thrive partnership identified people from black and minority ethnic communities less likely to access early intervention services, more likely to be detained in restrictive settings and have negative experience of care
- Review of cultural competency framework undertaken jointly with Black Thrive partnership to inform approach.
- Trained and supported black peer researchers to undertake 1-1 and focus group sessions with black service users to ensure service user perspectives central to shaping priorities and outcomes
- Co-production of service model and specification with Black Thrive alongside to maximise involvement of service users, carers and community representatives .
- Cultural competency training for all Alliance staff as part of workforce strategy in line with Patient and Carer Racial Equality Framework

Next steps:

- Evaluation framework in place monitor delivery against intended objectives to inform learning and Alliance commissioning plans.

Successful outcome:

Test and learn pilot of culturally appropriate peer support service live as of January 2021

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Bexley Digital Champions Network

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Purpose and aims:

- Throughout the COVID-19 pandemic there has been consistent concerns raised regarding digital exclusion. In response, a Digital Champions Network has been established to support Bexley residents to develop independent and safe digital skills to grow long-term digital resilience through the Bexley Local Care Partnership (BLCP). This project supports access for all groups who may face digital exclusion. SELCCG is a member of the BLCP, and funded this project, a priority workstream on Digital Inclusion.

Key interventions and engagement included:

- Bexley Voluntary Sector Council (BVSC) has worked with partners to recruit, manage and supervise volunteer 'Digital Champions' who are able to offer bespoke digital support to Bexley residents and organisations by getting people to the right support for a range of digital activities on an individualized 1:1 basis.

- This work includes:
    - Funding, support and integration into a wider Digital Inclusion Network to identify local need and solutions.
    - Providing online training and resources to develop 50 Digital Champion Volunteers.
    - Recruiting a part-time coordinator to establish and grow the Network through volunteer role development, supporting host organisation and volunteers and Network promotion. Plus feedback experience into wider inclusion conversations.

Next steps:

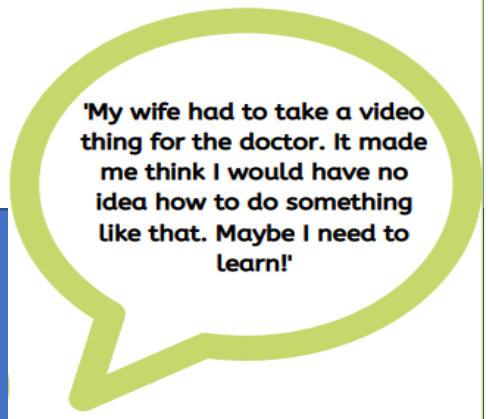
- Support further recruitment and development of additional Digital Champions
- Explore individual matches and organisational placements for digital support
- Explore additional channels to promote the local offer

Successful outcomes:

23 Digital Champions are ready to offer support

8 organisations are already hosting Digital Champion volunteers

4 organisations exploring ways to introduce Digital Champions



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Our Healthier South East London
Sustainability and Transformation Partnership

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SEL Integrated Care System (ICS) – Population Health & Equality

- **Integrated care** is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.
- Our **SEL Integrated care system (ICS)** is a partnership between organisations in south east London that work together to meet the health and care needs of our residents, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
- As part of the ICS a population health and equality programme was scoped and agreed in the autumn of 2020. This programme has 3 (inter-related) areas of work:

1. Population Health Management (PHM)
   - I. This includes a programme of work to support PCNs (Primary Care Networks) adopt a PHM approach
   - II. Develop the PHM infrastructure. This has been applied to support the CCG with Covid-19 Vaccine Hesitancy
2. Prevention and Equalities
   - I. This includes work to identify priority initiatives to address 'the Vital 5' (smoking, alcohol, obesity, high blood pressure and mental health)
   - II. A project to support the ICS with become a learning and resilient health system (in response to Covid-19)
3. Making the most of our assets
   - I. Establishing a SEL People Board
   - II. Undertaking work to promote and benefit from the Anchor system concept

The work during 2021/22 was mostly in support of the CCG and system response to the COVID-19 pandemic.

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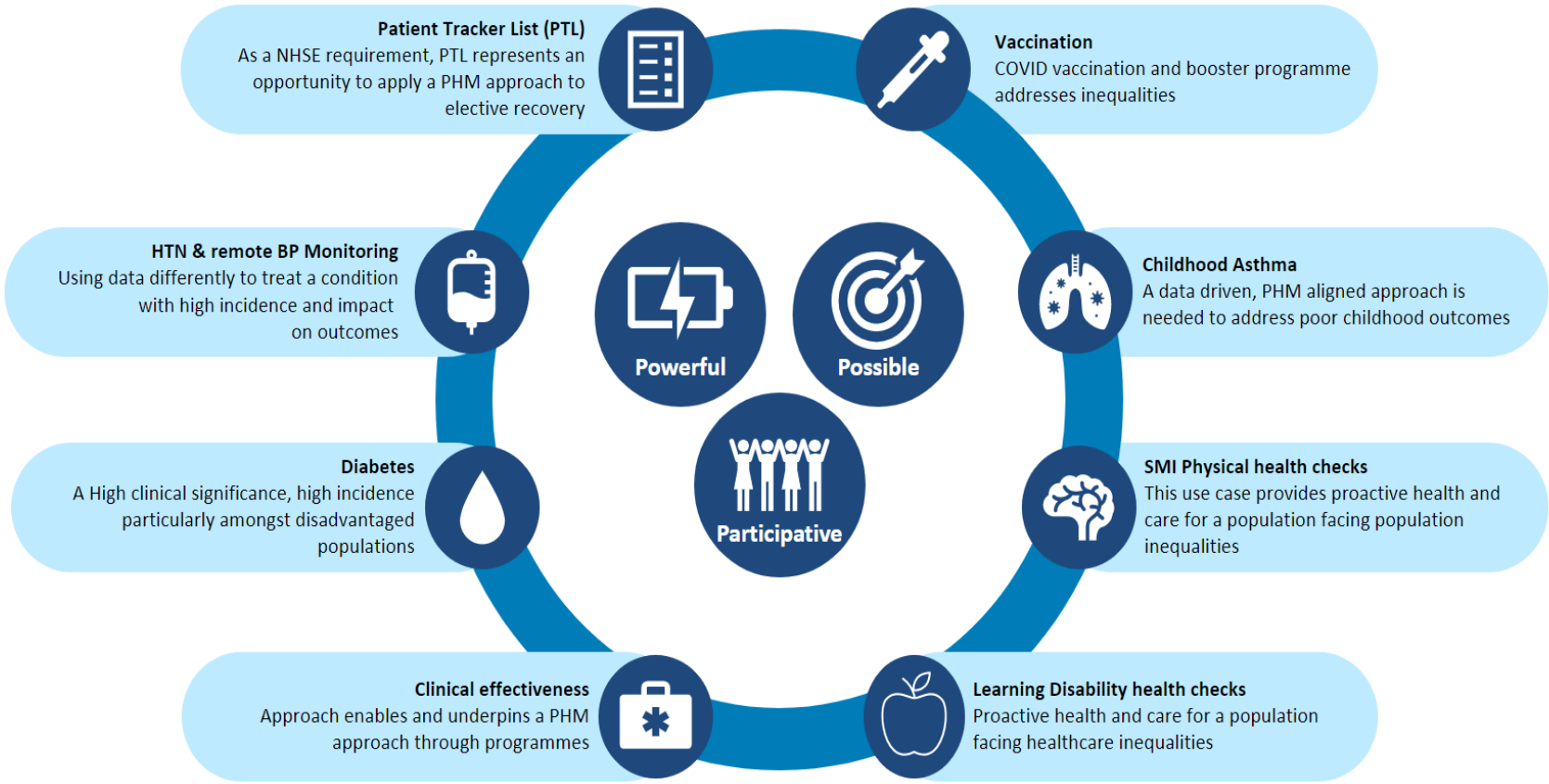
SEL Integrated Care System (ICS) – Population Health Management

- Over the past 12 months we have built on the Optum/NHS England input and the achievement of securing London Health Data Strategy Pathfinder funding to create the beginnings of a system-wide approach to Population Health Management (PHM). This has included the agreement to support eight 'PHM transformation pilots' overseen by a new PHM reference group **(see diagram on next slide)**
- These eight pilots were selected as they are 'powerful', 'possible' and 'participative'. '*Powerful'* enough to influence change and ICS development, '*possible'* achievements can be realised now and '*participative'* by supporting ICS development and build momentum by requiring teams from different organisations to work together on a common problem. They enable us to learn through action.
- The Covid-19 vaccination programme is one of our PHM transformation pilots, this is a programme with the power to influence the development of a PHM approach, a pragmatic approach to identify our development needs. Through this pilot, we have learned the importance of harnessing knowledge and insights from the community and staff as well as insights from data to understand population health need to transform our system approach.
- This has allowed clearer identification of the immediate challenges that need to be resolved to deliver on the potential of PHM for our system, population and staff. These immediate challenges include:
    - Ability to rapidly form multidisciplinary teams to solve problems across the ICS as we did successfully for the C-19 vaccine programme in early 2021.
    - For transformation teams: access to timely and appropriate health and care data to understand the whole population, access to specialist planning and insight generation skills.
    - Securing support for a PHM approach from enabler functions as part of the multi-disciplinary teams, importantly Digital and Business Intelligence (BI); ensuring that Digital and BI reviews build in the requirements of a PHM approach to their future ways of working, including a model of BI Self-Service.
    - Ability to choose the right change management approach; some programmes, such as Clinical Effectiveness SEL have a clear model of change , whilst a number of other programmes have well defined priorities there is less clarity on 'how' change will happen in a systematic way – including effective problem definition, community involvement, co-design, implementation, evaluation and improvement processes
    - Capacity to establish and lead PHM programmes, including specialist PHM skills around population stratification, intervention design skills, co-production amongst others.
    - Embedding evaluation and learning in the system as a fundamental part of implementation and improvement.

SEL Integrated Care System (ICS) – Population Health Management (continued)

Population Health Management Transformation Pilots:



Our Healthier South East London
Sustainability and Transformation Partnership

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SEL Integrated Care System (ICS) – Co-creating equitable health and care services in South East London

- Our Healthier South East London Integrated Care System (OHSEL ICS) and Impact on Urban Health (IoUH), part of Guy's and St Thomas' Foundation have formed a partnership focused on (re)building trust and achieving health equity for Black and other minoritised ethnic groups living in South East London. As a start, the partnership has committed £2 million over the next two years to support initiatives in this space.
- The partnership is focusing on **maternal health** and **early access to mental health services.** These are two service areas where community research suggested that improvements would particularly benefit Black and other minoritised ethnic communities living in South East London.
- The programme is looking to create equitable opportunities that gather a wide range of health stakeholders to reimagine and co-design more trustworthy, useful and appropriate healthcare services for local Black and other minoritised ethnic communities.
- As part of this effort, the programme is currently setting up **design groups** for each of the two service areas. These will be made up of 10–15 participants including residents, patients and carers, advocacy groups and charities, health commissioners and providers, researchers, academics, policy-makers and other relevant stakeholders in the health and care space. The aim of these design groups will be to make strategic decisions about which challenges to tackle in the two service areas, co-design mechanisms by which to address these, and identify who needs to be involved in the process. The design groups will decide which projects should be prioritised and recommended to the partnership sponsors for funding.
- The design groups will be supported by **facilitators** – a collaboration between Rooted by Design and BUD. They can also ask for input and support from **expert advisors** – individuals with academic, practical or lived expertise in topics relevant to the two service areas.

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SEL Local Maternity System (LMNS)

- The SEL LMNS is comprised of clinicians, commissioners, maternity voice partnerships (MVPs), local authority, public health and a number of other stakeholders with the common goal to improve and provide assurance of maternity care across SEL.

- Evidence has shown that maternal and perinatal mortality rates are higher for women, birthing people and their babies if they are Black, Asian, mixed-race and/or living in deprivation, compared to white women, and that mortality involving COVID-19 disproportionately affects those from an ethnic minority background. In light of this evidence SEL LMNS have been working on a number of projects and initiatives to raise awareness and make changes to redress the balance and ensure women and families from ethnic minorities receive appropriate, evidence based and unbiased care;

    - To develop pathways, prioritising the offer of continuity of carer, to women and birthing people from ethnic minorities, those living in the most deprived areas and those most vulnerable within our local population.

    - Implementation of perinatal support for ethnic minority women and birthing people-during the COVIID-19 pandemic including: improved communication highlighting the increased chance of being unwell with Covid, in particular the use of infographics helping to share this important information; increasing clinician's awareness in regard to a lower threshold around care provision for pregnant ethnic minorities with COVID-19; ensuring the recommendation of Vitamin D supplementation during pregnancy and accurate collection of each Trust's ethnicity data.

- An inequalities working group has been established to focus on perinatal support for women and birthing people from ethnic minorities and those living in deprivation during COVID and beyond. This working group is made up of clinicians and MVPs.

- The LMNS held a webinar 'Increasing Equity in Maternity Services' attended by over 150 people across London. We have commissioned FiveXMore Training (cultural awareness/sensitivity training) for staff of Lewisham and Greenwich NHS Trust (LGT) and Kings College Hospital (KCH) following the successful delivery of this at Guys and St Thomas (GSTT). Colourful wallets, with particular messaging targeting Black, Asian and Ethnic Minority women and birthing people, were implemented for use across KCH.

Next steps:

- Roll out of colourful wallets across LGT and GSTT
- Creation of an equity charter and action plan
- Continue to formalise our maternal medicine network that will ensure women and birthing people with medical conditions are cared for in the most appropriate place by the most appropriate people.

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Using Primary Care Networks to reduce health inequalities in North Lewisham

NHS
South East London
Clinical Commissioning Group

Background:

North Lewisham Primary Care Network (NLPCN) covers 80,000 residents in South-East London. Our population has a high proportion of non-white and migrant residents, high levels of socioeconomic deprivation and high prevalence of inclusion health groups. There is low uptake of health promotion, high burden of cardiovascular disease and lower life expectancy compared to national averages.

Methods:

NLPCN have developed an innovative programme to address these health inequalities, placing co-production and community engagement at the centre. Initial steps included rapid engagement of 115 community organisations on their views on the causes of health inequalities. Current work streams include: 1) improving access to GP services through training administrators and reviewing triage/appointment booking systems. 2) Co-creating and running a community forum to engage the local community and co-produce our purpose, vision and strategy. **Further detail can be found on the next slide.** 3) Hiring a social prescribing community link worker specifically to be the bridge between primary care and the community. 4) Developing a data strategy to identify and proactively manage residents at risk of health inequalities.

Next steps:

- Developing a community hub at the Waldron health centre to bring the community in to provide their own solutions for reducing health inequalities.
- Creating a workstream around addressing health inequalities for the PCN Additional Roles Reimbursement Scheme roles (Care coordinators, Social Prescribing link workers and Inclusion health care coordinator)

Successful outcomes:

- Recruitment of Social Prescribing link worker has led to development of two community forums. Five key priorities have been identified: GP access, urban environment, poverty, long-term conditions and mental health and related working groups established.
- Improved vaccine take up and an increase in targeted health checks has been enabled by greater community engagement in north Lewisham.
- PCN wide messaging on GP access has been created and a series of workshops has developed administration access champions.
- A data strategy has been developed, piloted and is expanding across NLPCN.

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North Lewisham Primary Care Network Community Development Forum

NHS South East London Clinical Commissioning Group

Context

The North Lewisham Community Forum launched on 11th October 2021 and is being held every two months, funded by the Primary Care Network. The purpose of the forum is to ensure local residents feel empowered and are engaged to drive the agenda of the Primary Care Network using a co-design approach. It is also an opportunity for the Primary Care Network to truly listen to and build trust with its residents.

Application of our shared approach principles

Local residents can attend the forum either online via Zoom or in-person, reflecting people's different abilities and capacity constraints.

The forum is held in local community venues that are familiar to residents, creating a neutral space for the Primary Care Network to engage 'with' and not 'to' residents. Here, residents have a regular safe and open space to come together and build relationships, and in turn trust, with the Primary Care Network.

Local residents drive the conversations and agenda for the Primary Care Network, offering the local community a real opportunity to decide what matters to them.

Local dance and food is offered at the forum events, fostering a safe and open space where everyone is welcome and relationships are formed. This opportunity for residents to receive something in return aids the feeling of being recognised and valued for their contribution.

Impact

- The Waldron Health Centre has been transformed into a community hub targeting health inequalities.
- A local community link worker has been hired to act as a bridge between the PCN and the community
- Working groups have been developed for poverty and housing, which are building multi-agency and community led solutions for residents.
- Community led messaging and campaign about how best to access care under new GP systems.

Priority areas agreed upon by local residents…

Source: Primary engagement

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SELCCG Patient and Public Engagement

NHS
South East London
Clinical Commissioning Group

Working with partner organisations, including Healthwatch, to engage with local communities to build confidence in the Covid-19 vaccines was a key focus of engagement activity in the first part of the year with a range of activity taking place across all boroughs in south east London, including.

- Engaging with faith leaders and organisations to have vaccination clinics in mosques, temples and churches and to host webinars to address confidence in the vaccine and answer questions.
- Deep dive conversations / listening events with, for example, Nepalese, Somali, West African, Caribbean, Latin American, LGBTQ+, migrant refugees and asylum seekers, Gypsy, Roma and Traveller communities.
- Deep dive insight work with young people, seldom heard and underserved communities.
- Listening events / working with local organisations such as Black Thrive Lambeth to understand lack of vaccine confidence across our local communities.
- Working with voluntary and community sector organisations to organise specific sessions to listen and talk to people with learning disabilities, mental health needs and carers.

A key focus of the development of the ICS working with people and communities strategy is to **engage with people and communities who experience the greatest health inequalities.** The ICS is currently seeking local community organisations to fund community engagement work with communities and people across south east London to inform the strategy. The work will be to explore how people's day to day life affects their health and wellness, what makes it difficult, what health and care services could do to make it easier and what do we need to do differently to support people to share their experiences and views and work with us to make a difference. **The outcomes of this engagement will inform the ICS working with people and communities strategy.**

The CCG / ICS is developing an online engagement platform Let's Talk Health and Care South East London to help us broaden our reach and help make it easier for people to give their views and experiences. The platform has a number of ways in which we will be able to gather views including open and closed chat functions, quick polls, question and answers, giving stories and ideas. The platform also enables us to use videos, photos and images so our projects can be more accessible and engaging.

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Patient Experience

South East London Clinical Commissioning Group

Listening to our communities helps us to understand more about patient experiences when using the services we commission and provide. By reviewing existing intelligence and feedback the CCG can identify key emerging themes and where there are any gaps. These insights and feedback also help to shape our decision making and improve local healthcare services for everyone.

We gather feedback and insights about patient experience in many ways – as set out in the diagram below.

The information we gather is saved in a format that allows for further interrogation. This enables us to draw on a wealth of intelligence and further assures our local population that their views are an important source of business intelligence.

Equality and diversity monitoring is also 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.

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Accessible Information Standard Compliance

NHS
South East London
Clinical Commissioning Group

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. Organisations that commission NHS care and/or adult social care, for example Clinical Commissioning Groups (CCGs), must also support implementation of the Standard by provider organisations.

What does the Standard tell organisations to do?

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must respond to five areas:

1. **Ask** people if they have any information or communication needs and find out how to meet their needs.
2. **Record** those needs clearly and in a set way.
3. **Highlight or flag** the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. **Share information** about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. **Take steps** to ensure that people receive information which they can access and understand and receive communication support if they need it.

What does the Standard include?

- The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:
- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
- Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid

Interpreting services

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

Next steps:

Further action will be taken in 2022/23 to review the CCGs website accessibility to ensure that residents can access information, resources and documents in formats that meet their needs. In addition that our website can be easily used by people with visual, hearing or cognitive impairments or learning disabilities, and to understand how partner organisations in the Integrated Care Partnership are meeting their compliance duties.

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Provider Organisations

NHS
South East London
Clinical Commissioning Group

CCGs can commission a variety of service providers, NHS hospitals, social enterprises, charities, or independent sector providers as long as they meet NHS standards and quality.

Our main NHS provider organisations are:

- **Kings College Hospital NHS Foundation Trust**
- **Guys & St Thomas Hospital NHS Foundation Trust**
- **Lewisham and Greenwich NHS Trust**
- **Oxleas NHS Foundation Trust**
- **South London and Maudsley NHS Foundation Trust**

As a commissioner of health care, we have a duty to ensure that all of our local healthcare service providers are meeting their statutory duties under the Public Sector Equality Duty.

As well as regular monitoring of performance, patient experience and service access we will work with them through the Integrated Care Partnership to consider progress, alignment and improvement on equalities across the system. Each provider organisation is subject to the specific duty and has published its own data.

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PSED – OUR WORKFORCE

Staff Risk Assessments (COVID-19)

NHS
South East London
Clinical Commissioning Group

The COVID-19 pandemic was recognised as having a disproportionate impact on people from Black, Asian and Minority Ethnic backgrounds and this led to the development of COVID-19 risk assessments for NHS staff working in frontline roles. Whilst the risk assessment toolkit was initially developed to identify where redeployment was required, processes had to change over time into alternative risk assessments for office attendance and separate work on vaccine uptake in light of the legislative changes around vaccinations as a condition of deployment (VCOD), underpinned by a robust information governance framework.

As the workforce continues – in the main – to work remotely, the risk assessment exercise will be repeated when arrangements for returning to the office become clearer. In the meantime, staff that continue to perform patient-facing roles, such as Continuing Healthcare (CHC) and those that have been reprioritised to patient-facing/frontline roles in other settings as part of the COVID-19 response, continue to be subject to the risk assessment process.

The CCG's Black, Asian and Minority Ethnic staff group, known as 'Beyond BAME', which originally formed as an output of the COVID-19 risk assessment piece, continues to meet monthly and its chair provides an update on the group's work at each Equalities Committee meeting. Updates from the staff group are also fed into monthly Race Equality Forum meetings, which more than 150 staff attend.

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Freedom to Speak Up Guardians

NHS
South East London
Clinical Commissioning Group

Freedom To Speak Up Guardians are employed across the NHS. This role was created as a result of the recommendations published in 2015 by Sir Robert Francis following his review of the Mid Staffordshire Hospital. See the full report here.

- At the NHS South East London Clinical Commissioning Group (CCG), we are committed to supporting a culture of learning, openness and transparency throughout our whole organisation. We want to ensure that our staff feel empowered to speak up if they have any concerns about patient care in south east London.
- The CCG has *Freedom to Speak Up* (FTSU) Guardians, who are each based in a borough and work with the FTSU Guardian for the CCG, and Lay Member on the Governing Body.
- Our FTSU Guardians act as an independent and impartial outlet for CCG staff to raise issues or concerns confidentially. The themes gathered from the issues raised with the FTSU Guardians team will help the CCG make improvements for our patients and staff.
- FTSU Guardians are drawn from diverse backgrounds and across different parts of the CCG.

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Health and Wellbeing Initiatives

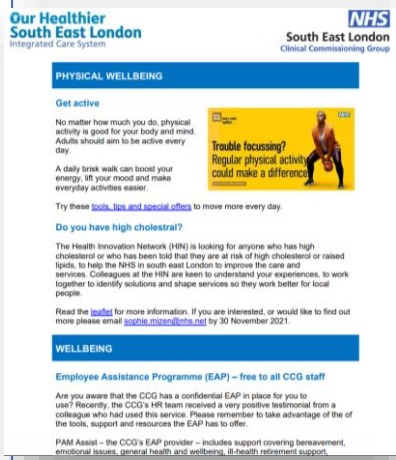
NHS
South East London
Clinical Commissioning Group

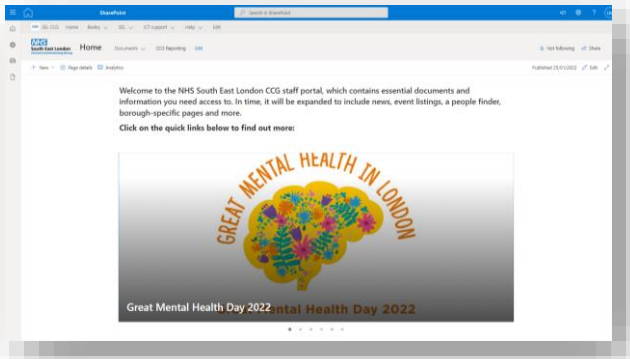
The CCG continues to issue its fortnightly “Keeping healthy, safe and well” newsletter which was first issued on 27 March 2020. The newsletters contain a range of useful information, ranging from websites, apps, self-help initiatives and other health and wellbeing advice. Wherever possible, we continue to ensure that these interventions are culturally appropriate and that they include a diverse mix of photos in support of the articles.

During the first stages of lockdown, we implemented a process whereby staff could order equipment to ensure remote working was ergonomically safe. Initial staff survey results show that some staff have experienced musculo-skeletal issues, and whilst the survey itself is anonymous, we will be following this up as part of our staff survey action plan.

CCG colleagues helped to establish the ‘keeping well in south east London’ website, which offers wellbeing and psychological support for health and care staff across south east London. CCG staff actively access the service, which offers a self-assessment form, resources for teams and free psychological services.

In addition to the staff survey, we continue to engage with staff on return to office planning, particularly in light of changing restrictions. There is an overriding commitment to the HWB of staff, balanced with business need and we appreciate that as a result of the pandemic some staff have had to make different decisions and arrangements to accommodate working at home. In terms of the staff survey, early indications show that we have continued to improve in areas relating to HWB and we will continue to build on what has worked well.





Staff networks and champions groups

NHS
South East London
Clinical Commissioning Group

We have made significant progress with our staff networks. As well as our Beyond BAME group (mentioned above), we have established the groups below who work on both action-focused topics related to their expertise, as well as HR policies, design, health and wellbeing and equalities.

Age and ability staff champions focus on:

1. Our staff survey results each year and the current WDES data and EDI objectives
2. Long-term condition management in the workplace
3. Tackling the age barrier and development at work
4. Raising awareness of hidden disabilities
5. Accessible work environments for all

The group currently has nine active members and meet every month.

Some members have lived experience of disability and age discrimination, and are able to give useful insights. The group work closely with our EDI lead and ensure we have joint objectives. This champion group has delivered all-staff awareness sessions on topics such as autism, and continually promote and advocate for all related awareness days and public health campaigns.

LGBTQ+ staff champions focus on:

1. Creating a safe, inclusive, and diverse working environment that encourages respect and equality for all and a space that values and recognises the differences between sexual orientation and gender identity and works proactively to address these
2. To educate and inform staff about the LGBTQ+ agenda
3. Celebrate LGBTQ+ culture and heritage
4. Educate and provide insight into the issues that LGBTQ+ community face

The group currently has 11 active members and meet every four weeks. Members are either from the LGBTQ+ community or straight ally's. The group work closely with our EDI lead and ensure we have joint objectives. This champion group has delivered all-staff open sessions, allowing time for discussion and personal story telling in a safe space. The group has also secured funding and is rolling out a rainbow lanyard scheme for staff, as well as promoting development and awareness sessions.

Women and parent leaders' staff champions focus on:

1. Our staff survey results each year and the current WDES data and EDI objectives
2. Menopause in the workplace with focus on the creation of a policy, all-staff awareness training and specific sessions for line managers.
3. The gender equality pay gap in the NHS
4. Family health inequalities
5. Parent and carer support, particularly with flexible working, maternity and paternity leave entitlements

The group currently has 16 active members and meet every four weeks. We currently have an all female membership, but the group are looking at ways to involve male colleagues. The group work closely with our EDI lead and ensure we have joint objectives. This champion group attend NHSE/I led workshops focused on their remit. They also help promote, deliver and pilot all-staff awareness and development sessions within there area of expertise.

Review of Equalities in Recruitment and Selection

NHS
South East London
Clinical Commissioning Group

The CCG's Equalities in Recruitment Group is focused on identifying and implementing a range of improvements to our recruitment process, some of which originated as recommendations from a separately commissioned external audit. The audit advisory report is being developed into an action plan, which the Equalities Committee will retain oversight of. The five main areas of attention will be in five main areas: job descriptions, upskilling staff, advertising and applications, shortlisting and interviewing.

We continue to advertise all roles internally, including secondment opportunities and acting up opportunities, unless there is a specialist skill set or an urgent requirement to fill the role more quickly. Some adverts will run internally and externally at the same time, for example where urgent maternity cover is required.

Unconscious bias in recruitment awareness training was made mandatory during 2019/20 and we continue to ensure all panel members are compliant, even if external to our organisation. During 2021, we commissioned an external drama company to provide a programme of training to staff which included a feature on recruitment shortlisting.

We piloted work with a diversity consultant to assist us with obtaining more diverse appointments at senior level. Whilst the three roles were filled, we have not taken the work further and will continue to develop and improve our own processes.

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Equalities Data

NHS
South East London
Clinical Commissioning Group

The charts below show the CCG's position at January 2021 and January 2022 for a range of protected characteristics, namely age, gender, ethnicity, disability, religion and belief and sexual orientation.

The data shows that:

62.6% of staff in January 2022 are from a White background compared to 64.5% of staff in January 2021. 35.6% are from an ethnic minority background in January 2022 compared to 33.7% the previous year. The percentage of staff who have not disclosed their ethnicity remains the same. Overall, ethnic minority staff are slightly over represented compared to the BAME population in SEL and white staff are slightly under-represented compared to the white population in south east London.

The ratio of male to female employees has remained about the same over this period of time, approximately 70% to 30% female to male. The gender ratio is 50:50 in the population of London.

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Equalities Data

NHS
South East London
Clinical Commissioning Group

The percentage of staff declaring that they do not have a disability (88%) and the percentage of staff declaring a disability (9%) has remained about the same. Over 2% have chosen not to answer. Comparing to London population figure's, the percentage with a disability stands at 14%.

The percentage of staff who have disclosed that they are Bisexual, Lesbian Gay or another sexual orientation not listed, has remained about the same, at around 5% which is slightly higher than London figure's which is estimated at 3.4%. 88% disclosed they are heterosexual in January 2021 which remains the same this year. The percentage of staff who did not wish to disclose their sexual orientation has slightly decreased at 7%.

The percentage of staff disclosing their religious affiliation as: Judaism, Hinduism, or Buddhism has remained approximately the same. There have been slight increases for Islam, Christianity, Sikhism, Atheism and 'other'. The percentage of staff not disclosing their religious belief has slightly reduced between January 2021 and January 2022.

The percentage of staff in the following age categories has increased between January 2021 and January 2022: 21-25, 26-30, 31-35, 46-50 and 61-65. The percentage of staff has decreased in the following age categories: 36-40, 41-45, 51-55 and 56-60.

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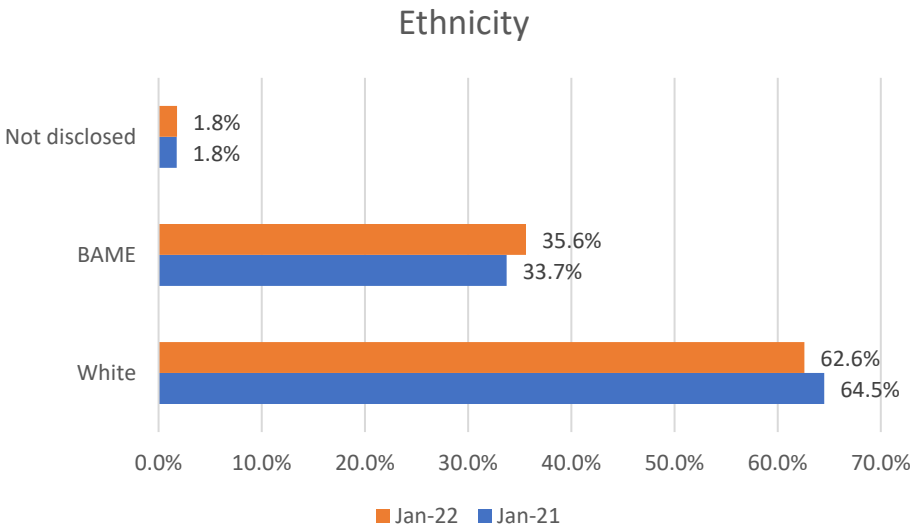
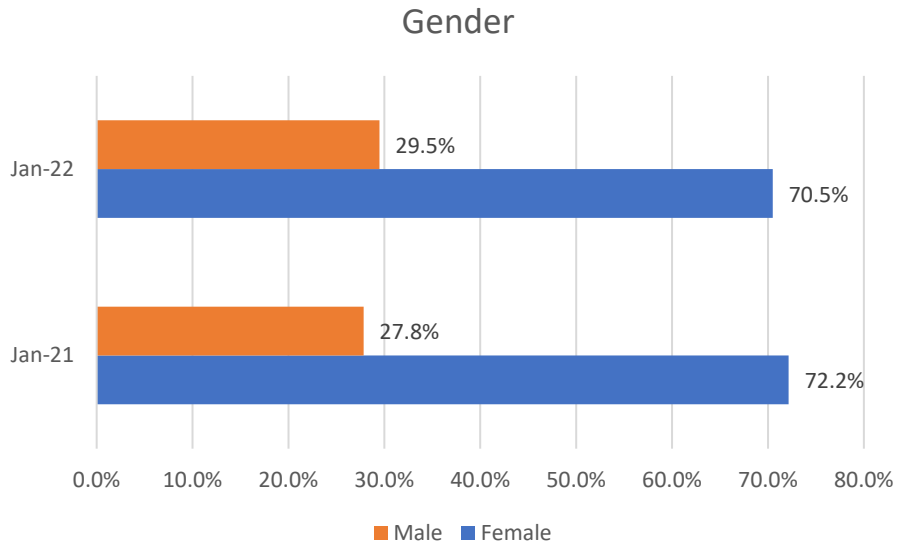
Equalities Data – Comparison between January 2021 and January 2022

NHS
South East London
Clinical Commissioning Group



Population data (SEL)
BAME 33%
White 67%



Population data (London)
Female 50%
Male 50%

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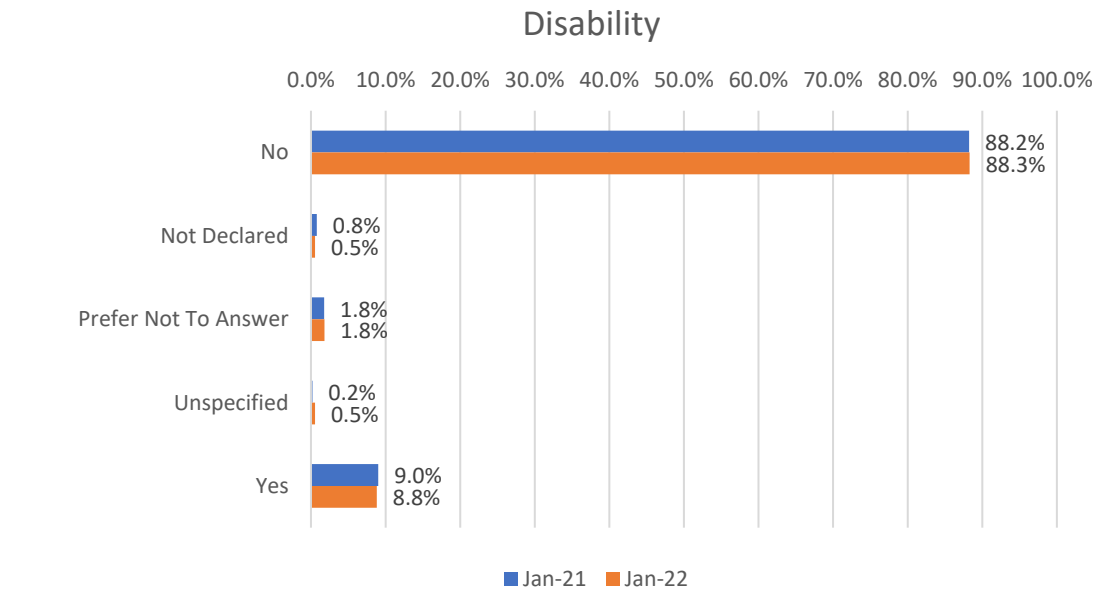
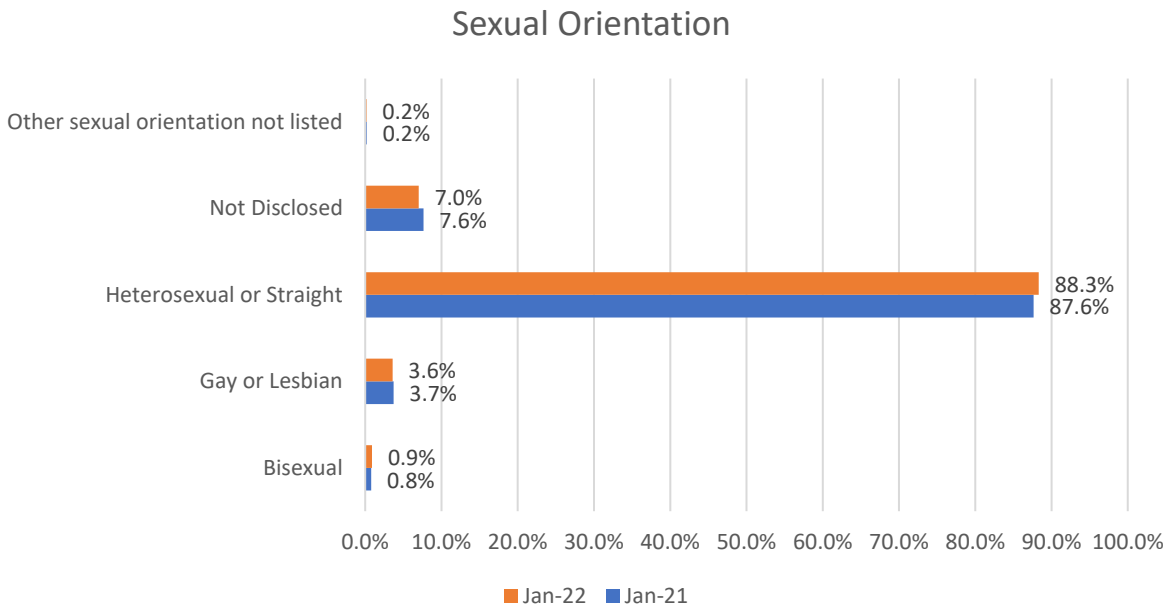
Equalities Data – Comparison between January 2021 and January 2022

NHS
South East London
Clinical Commissioning Group



Population data (SEL)
Disability 14%
No disability 86%



Population data (London)
Gay, Lesbian, Bisexual, Other 3.4%
Heterosexual 94%

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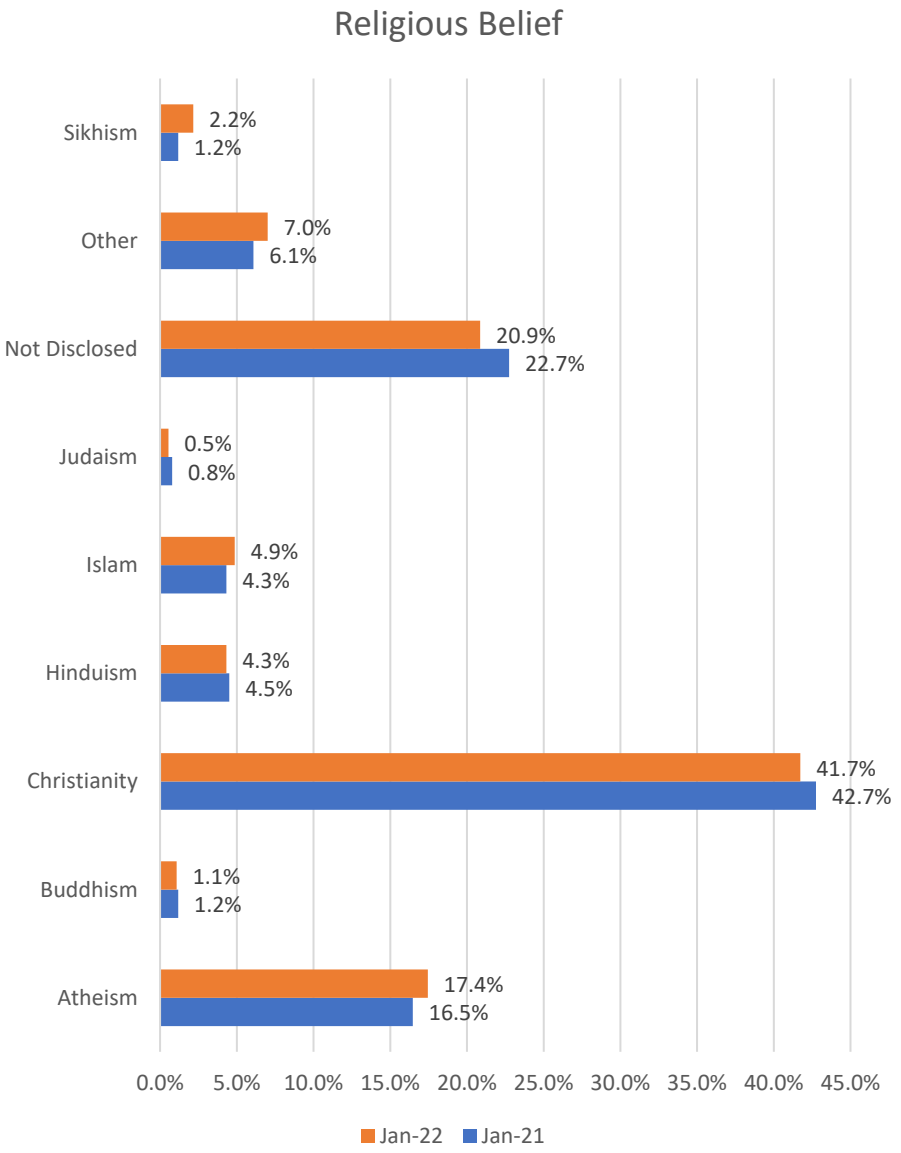
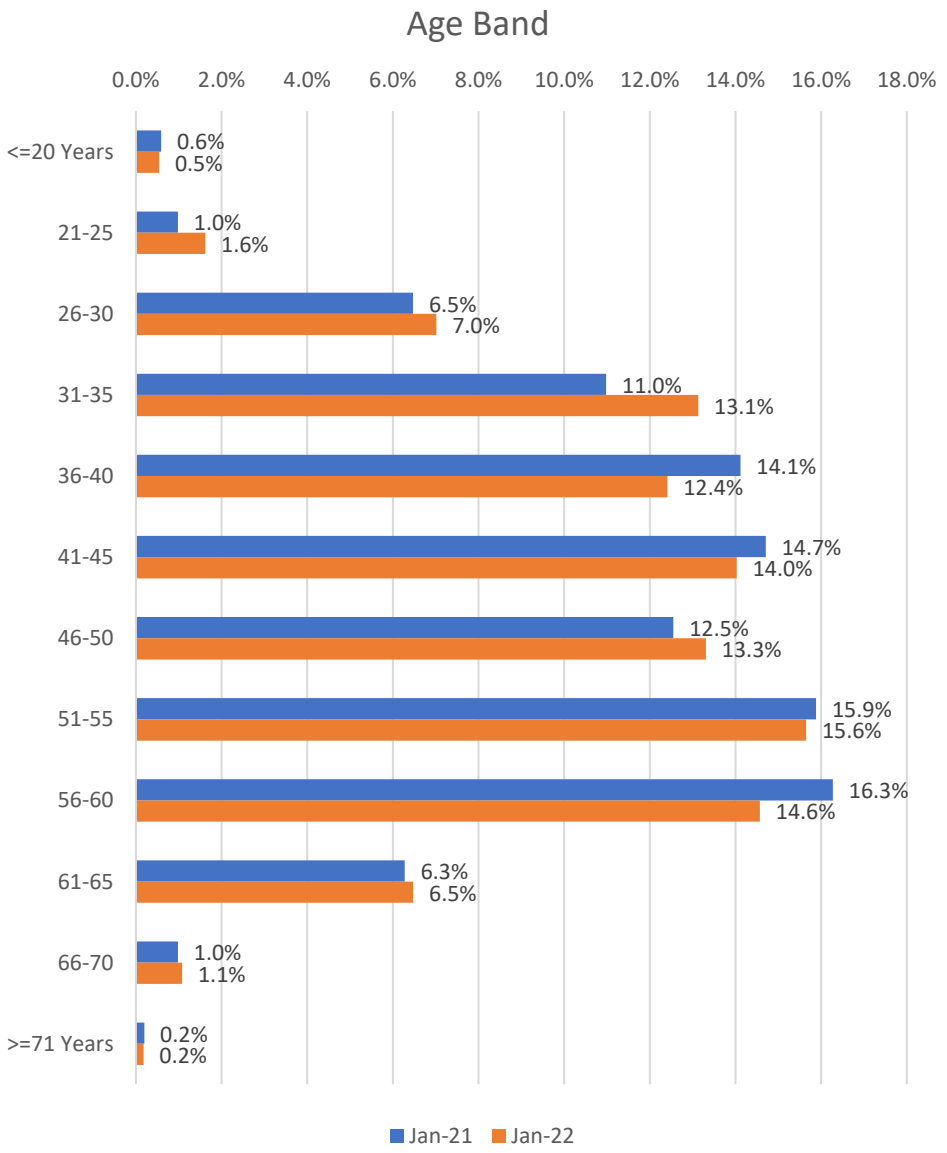
Equalities Data – Comparison between January 2021 and January 2022

NHS
South East London
Clinical Commissioning Group





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SEL CCG Workforce Race Equality Standard

NHS
South East London
Clinical Commissioning Group

The NHS Workforce Race Equality Standard (WRES) highlights the differences between the experience and treatment of white and black, Asian and Minority Ethnic (BAME) staff with the aim of closing any identified gaps. The WRES requires NHS organisations to demonstrate progress against nine race equality indicators.

Since 2015, the six south-east London CCGs; Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark have used the WRES to understand differences in the experience of their workforces and take actions to reduce these differences.

In September 2021, SEL CCG published its second WRES report for the financial year April 2020-March 2021, covering all six boroughs. This has allowed us to share learnings across boroughs, as well as throw collective weight behind addressing some of the embedded equalities issues this data identifies. The WRES Action Plan has been developed using data and staff lived experience to understand key themes and priority areas for action, with the majority of proposed actions based on staff feedback.

In 2021/22, progress has been made in improving the diversity of the workforce particularly at senior levels through use of a specialist recruitment agency, carrying out a recruitment audit to de-bias and improve recruitment and selection processes, improving leadership and staff understanding of the issues facing ethnic minority staff through dedicated training, and in better supporting ethnic minority staff to progress internally through coaching and mentoring schemes. Our Beyond BAME group and Race Equality Forum have also been key channels to engage with staff.

SEL CCG 2021-22 WRES Report and Action Plan can be found here.

Successful Outcomes:

1. Workforce BAME representation has increased from 33% to 36%.
2. Governing Body representation is now at 44%.
3. 44% of all appointees in the financial year 2020-21 were to BAME candidates.
4. Unconscious bias training and race equality awareness sessions have taken place to improve inclusivity at work.

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SEL CCG Workforce Disability Equality Standard

NHS
South East London
Clinical Commissioning Group

The Workforce Disability Equality Standard (WDES) is a data-based standard that uses a series of measures (Metrics) to compare the experiences of disabled and non-disabled staff in the NHS. WDES was introduced by NHSE/I in 2019.

Results of the annual NHS staff survey show that disabled staff consistently report higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities. This survey also shows a significant discrepancies between the anonymous disabled staff declaration rate of 19% and the CCG declaration rate of 8%. The purpose of the WDES is to improve the experience of disabled staff working in, and seeking employment in, the NHS.

There is also an National employment rate gap of almost 30% between disabled and non-disabled adults in England and the CCG aims to reduce barriers to employment for disabled people as part of the Equality Duty.

SEL CGG introduced and published its first WDES in November 2021. CCGs were required to publish their first WDES findings by August 2021 and to develop action plans to address the differences highlighted by the ten metrics with the aim of improving workforce disability equality.

During the development of the WDES report the CCG raised awareness of the WDES through all staff briefings and networks, improved disability declaration rates on Employee Staff Records (ESR) encouraging staff to complete the NHS Staff Survey and setting up WDES engagement with the Age and Ability Staff Champions group and also an all staff session with 100 attendees.

The WDES Action Plan has been developed using NHS Staff Survey, ESR, and recruitment and selection data with input from key stakeholders, including staff with a disability or long-term condition. As part of drawing up the plan we considered best practice examples from other NHS employers.

SEL CCG 2021-22 WDES Report and Action Plan can be found here.

Successful outcomes and next steps:

1. ESR declaration rate change (mentioned above)
2. Improving reasonable adjustments process in recruitment
3. Committing to the Sunflower hidden disabilities scheme for a period of 2 years
4. Planning the use of a Disabled focused Job Board and Career Coaching service.

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SEL CCG Gender Pay Gap

NHS
South East London
Clinical Commissioning Group

All organisations within the United Kingdom with more than 250 employees have been required since April 2017 to publish details of their gender pay gap. The specific requirements of the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017 are to publish information for six specific measures.

The CCG was established on 1 April 2020 from 6 predecessor organisations: Bromley CCG, Bexley CCG, Greenwich CCG, Lewisham CCG, Southwark CCG and Lambeth CCG. Employees work from bases across the 6 London Boroughs. Like other NHS staff, employees based in Inner and Outer London receive supplements to reflect the higher costs of living in those areas. As at the 31 March 2021, the organisation had 509 substantive employees. The organisation is predominately female, with female employees making up 72% of the workforce (no change since the previous year). 72% of new appointees in the financial year 2020-21 were also female. Female representation on the Governing Body is 40%.

All Staff : The “typical” male is paid 12% more than the “typical” female. This is the same as the previous report.
Governing Body: The “typical” male is paid 9% more than the “typical” female. This is the first time reporting this data.

SEL CCG is required to report on the mean and median gender pay gap and develop an action plan to address any variation. Some areas of focus for the CCG have included: actively monitoring the staff representation level compared to South East London population demographics and any proportional positive action to take to address any under-representation; analysed Governing Body representation and pay; reviewing the lived experience data of staff through the NHS Staff Survey results; holding an engagement session with female colleagues to discuss gender equality issues.

The planned actions mainly from staff feedback to address with some data are a blend of data analysis and staff voice.

The CCG’s 2021-22 Gender Pay Gap Report and Action Plan can be found here.

Successful outcomes and next steps:

1. Two phases of mentoring have been rolled out at the CCG with a balanced gender focus for mentors and mentees. In addition, professional coaching pilot offered one-to-one confidential sessions with an independent coach.
2. An evaluation of improving community participation and male representation in lower paid roles through employment schemes.
3. Balanced gender representation on recruitment panels.
4. The CCG plans to evaluate a series of suggestions from the staff engagement sessions to make the workplace practices more flexible and inclusive.

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Final comments

NHS
South East London
Clinical Commissioning Group

SEL CCG has made significant improvements during another challenging year. However, we are aware there is still more to do to make progress going forward.

Our ambitions are to ensure that when a person needs care and services they are high quality and efficient and we have a health service that works for everyone, including our staff.

In order to deliver these ambitions and use our resources efficiently we are working closer with our partners and local authorities.

Working in partnership across SEL will also ensure that there is consistency in how we **approach equality and diversity in the design and commissioning of health care services for everyone.**

Looking forward to 2022/23

This year SEL CCG plans to **further develop its key equality, diversity and inclusion activities** by:

- Working collaboratively with partners through the Integrated Care Partnership to strengthen EDI links to Provider and Borough networks and Local Authorities
- Further developing and improving our equality analysis (EA) process, ensuring completion of robust EAs
- Continuing to commit energy and time to pursuing equalities and improving the access, experience and outcomes for the population of SEL
- Working with our communities to understand their experiences and views
- Work towards implementing EDS3 once guidance received
- Ensuring the new Integrated Care Board website is accessible ensuring that residents can access information, resources and documents in formats that meet their needs
- Continuing to support and scrutinise the delivery of our providers on the equality agenda.
- Putting in place opportunities for staff training and development on health inequalities and equality and diversity

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Contact us

If you have any questions about this report, or would like it in a different format, please contact us at:

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