

OHSEL Board Meeting (public)

ENCLOSURE G

28 March 2019

Agenda Item No: 5
PAPER TITLE: Equalities Steering Group review and proposed changes
Programme SRO: Julie Lowe
Report Author: Peter Gluckman, Amy Burgess
Presenter: Vicky Scott
Summary: This paper sets out a recommended approach for the future of the Equalities Steering Group.
Action Required The OHSEL Board is asked to agree the proposed approach to the future of the Equalities Steering Group as set out in this paper.
Date Report submitted: 21/03/19

Background

The Equalities Steering Group (ESG) was established in 2017. Accountable to the OHSEL Board, it has also been linked to the OHSEL Communications and Engagement Steering Group through shared membership.

Since its establishment the group has been tasked with inviting OHSEL workstream leads to present on their areas of work, and for ESG members to question and scrutinise plans to ensure they meet the requirements of the Equality Act 2010 and the Public Sector Equality Duty. Post-meeting the Chairman has set out the ESG's recommendations in a letter and workstreams have been required to respond. This has been a valuable mechanism for ensuring that OHSEL workstreams have actively considered equalities in their projects and plans.

The ESG Chairman, Peter Gluckman, presented the ESG's annual report at the OHSEL Board in early 2018. At this meeting it was agreed that the ESG should be funded for another year and specifically tasked with inviting all workstream leads to update on the progress they had made to date on the ESG's recommendations. This work has now been completed.

Proposal on the future of the Equalities Steering Group

The STP recognises that the ESG has been a valuable forum in providing scrutiny to the STP on equalities and we are grateful to the contributions of the ESG membership.

It is however also recognised that there are shortfalls in the effectiveness of the ESG. As we implement our local approach to the NHS Long Term Plan and move towards an Integrated Care System, it is vital that the STP has both an effective and sustainable mechanism in place to ensure that consideration of equalities is embedded throughout our planning.

It is proposed that, as the ESG has completed its remit, the existing group is brought to a close and the STP establish a new approach.

This is based on the following:

- The ESG membership are not representative of the protected characteristics set out in the Equality Act. The STP would really benefit from a more targeted approach to ensure we are hearing from people with lived experience who represent the communities we serve in South East London taking into consideration insight from our partners, community and voluntary sector and local Healthwatch.
- Workstream leads felt the scrutiny and the space to consider equalities had been very beneficial, they were not sure continuing the same process would add more value.
- The cost of running the Equalities Steering Group in 2019/20 would be £4800. This funding could be used more flexibly and diverted to specific targeted pieces of work focussed on equalities.

Recommendations

It is recommended that the ESG is discontinued and that in its place an approach is developed which will enable the STP to address both our response to the NHS Long Term Plan and our ambitions as an integrated Care System.

This new approach will be developed by the STP, making best use of the resources and insight already available across south east London, and will include the requirement for independent oversight. The suggested approach will be brought back to the OHSEL Board for comment and agreement.

Author: Amy Burgess

Job Title: Senior Communications and Engagement Manager

Organisation: OHSEL

Date: 21.03.2019

OHSEL Board

<p style="text-align: center;">SE London OHSEL/STP Equalities Steering Group This Appendix is the Annual Report 2018/19 And is the fourth report to the Our Healthier South east London OHSEL Board</p>
<p>Lead Director: Julie Lowe</p> <p>Lead authors: Amy Burgess, Peter Gluckman and Vicky Scott</p>
<p>Summary and Comment:</p> <p>The report:</p> <ol style="list-style-type: none">1. This Appendix to the OHSEL Board's report, summarises the work of the OHSEL/STP's Equalities Steering Group (ESG) to date and includes feedback from the OHSEL/STP work streams as to their views about the work of the ESG2. Notes that the SE London STP model of a footprint-wide Equalities Steering Group for the programme has been recommended nationally by the Consultation Institute as a model of good practice; it has been unique to south east London.
<p>Date this Appendix to the covering report was submitted: March 2019</p>

1. Executive summary

1.1 The Equalities Steering Group (ESG) is accountable for its work to the OHSEL Board.

1.2 As the Board and its programme office are aware, the OHSEL/STP programme has the ESG to advise it on the equalities aspects of the programme and the requirements to meet the duties of the Equalities Act 2010 and the Health and Social Care Act 2012. The ESG has an independent chair, Peter Gluckman who has chaired the group from its inception in May 2015. ESG has always been well supported by the programme executive and staff.

1.3 The Board and its predecessors required the ESG to submit reports on its work, usually on an annual basis. This report is the fourth to the OHSEL Board and its predecessors:

- 1) Quartet: 07 December 2016
- 2) Full Strategic Planning Group (SPG): 26 April 2017
- 3) Full Strategic Planning Group: 24 January 2018
- 4) OHSEL Board: 28 March 2019

1.4 The reports are intended for the Board to assure itself that the ESG is fulfilling the evolving remit for OHSEL/STP, and that these SEL-wide programmes are focused on patients and service users and meet statutory and case law requirements in relation to equalities.

1.5 The Appendix to this report summarises the:

- Recommendations made by the ESG to all the OHSEL work streams during 2018/19
- Views from the OHSEL workstreams about the work of the ESG

2. The evolving role of the ESG May 2015 – March 2019

2.1 The work of the ESG to date has been:

2.1.1 Phase 1: 2015 and 2016: Planned care

The focus of the programme was the then potential reduction of seven sites to two for planned care and the development of elective care centres. The ESG's work included helping with the development of the specification for the Equalities Impact Assessment and interviewing and selecting the contractor – Mott MacDonald. Much detailed work then took place around the equalities implications of the proposal as it was then for planned care.

2.1.2 Phase 2: January 2017 to January 2018: all other clinical and system work streams

With the decision to maintain three planned care centres for at least an 18-month period and then subject to the clinical senate review, the Quartet and SPG reviewed the work of the ESG and asked it to meet with all the other elements of the STP/OHSEL programme. As a result, the ESG then met the: Mental Health Steering Group; South London specialised commissioners; Cancer Alliance; U&EC; Local Maternity System; Children and young people; and Community-based care work streams, over the course of 2017. That work was completed, and detailed recommendations were made to all seven areas, other than planned care that had been reviewed the previous year in 2016. Each work stream responded by saying how they would implement the ESG's recommendations and how they were proceeding generally in relation to equalities.

2.1.3 Phase 3: for 2018/19

In its Annual Report to the Board in January 2018, ESG noted that its work in 2017/18 had shown each work stream at a very different stage of development in taking account of equalities. The Board decided that the focus for ESG in 2018/19 would be to review the progress of each STP/OHSEL clinical and local system area, including planned care, in a structured programme. ESG's work in 2018/19 assessed how its recommendations had landed in each clinical group and gave the opportunity for further refining the work of all the STP/OHSEL clinical and local system areas. In particular, the ESG has looked at any risks to each of those areas and to the programme, including advising on each area's risk register. The ESG asked:

- How are you making these decisions and are you - and how are you - considering matters relating to inequalities?
- How are you engaging with the relevant groups with protected characteristics, carers and the socially and economically disadvantaged?

2.4 It has also been an opportunity to hear of good practice and a serious effort was made to document it. However, the capacity to share it across SE London and beyond, has not been available.

3. Options of the future of the ESG

3.1 All the recent national reports on groups that are defined in the Equality Act 2010 as having protected characteristics, show that much remains to be done to make sure that there is equity of provision and access. Reports covering vulnerable children and young people, abuse of people with learning disabilities and older people in care settings, and continued racial discrimination and bias in health, employment, housing, and criminal justice, indicate strongly that the Board and its programme need to maintain a line of sight on equalities. It may decide not to use a restructured ESG.

3.2 With the completion of the three phases of work, the ESG and the programme executive have jointly considered what future, if any, there might be for the group. As part of this evaluation, questionnaires were sent to all clinical and management leads of the seven OHSEL work streams plus the NHS England specialised commissioning team. In addition, the detailed responses from the various work streams contained views about the ESG's recommendations.

3.3 All four of the work streams that responded to the questionnaire gave detailed and thoughtful feedback: Community based care; Local Maternity System (LMS); Mental health; and Urgent & Emergency Care. Comments from the questionnaire to work streams and their letters responding to ESG recommendations, are included as part of the Appendix.

3.4 Three of the four responses to the questionnaire were positive but the LMS considered that it could have dealt with equalities issues itself. In addition, all the formal response letters to ESG recommendations were positive and detailed about how each work stream would take forward work on equalities.

3.5 Discussion within the ESG, between the ESG and the programme executive and the feedback from the work streams, all indicate that the current role of the ESG has been completed.

3.6 Some workstreams proposed that there was a need for:

- Sharing good practice of especially local but also regional and national activity
- Improving the quality of training in equalities

4. Some achievements and outcomes of the ESG

4.1 The programme office asked ESG to identify some of its achievements. These include:

- The proposal to have a separate Mental Health Steering Group (MHSG) was an early recommendation from the ESG and was accepted by the programme. Previously, mental health was only to be covered by each work stream considering mental health aspects related to that area. Nevertheless, that consideration remains an essential component for each speciality area.
- ESG improving materially the equality impact assessment specification for planned care and being involved in the selection process of the contractor. An excellent EIA resulted.
- The ESG being identified as a national model of good practice by the STP's special advisor, Nicholas Duffin of the Consultation Institute.
- Over the course of its work, the ESG reviewing each element of the OHSEL/STP programme and NHS England specialised commissioning, at least twice:
 - Initially to assess where that specialty area had reached in terms of its consideration of equalities and made recommendations, the great majority of which were adopted
 - Then a second review with a further refinement of recommendations, again the majority of which have been adopted
 - Making consideration of equalities much more integrated into regular mainstream thinking and planning in most of the work streams
 - Although one area (Maternity) considered that it could manage its work on equalities without an external review, the process it is still important for the Board to be assured that such confidence is based on evidence. Nevertheless, the first set of ESG recommendations to the Local Maternity System was well received and included by its team.
 - The absence of an effective reference to equalities in the draft regional guidance on developing large scale GP organisations was noticed and a suggested text of how it needed to be amended was prepared and largely adopted in the final guidance
- Over the last three years, feedback from OHSEL work streams and NHS England specialist commissioners for SE and SW London being mainly positive about how ESG reviews and advice have made them much more structured about embedding considerations of equalities and inequalities in their thinking and proposals. To the extent that this process has improved each work stream's consideration of equalities in terms of services, then outcomes for patients, service users, different demographics and the wider public will be better than if those considerations were not made.
- As the STP has evolved, ESG's recommendations to the OHSEL work streams have also focused on the risks to their arising from proposals - not least a judicial review - if equalities issues are not identified and resolved.

- ESG making sure that OHSEL/STP work streams have considered their relevant statutory duties under the Equalities Act 2010 and to securing assurance where this is possible, in relation to the nine groups with protected characteristics:
 - Age; Disability; Gender reassignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion and belief; Sex, and Sexual orientation
 - Plus, Carers and Socially and economically disadvantaged populations - the two further locally-determined groups added by the programme to the statutory nine on early advice from the SE London Stakeholders Reference Group (SRG)
- Not all groups being equally impacted by any specific proposal while some groups with protected characteristics have been underrepresented in previous NHS engagement processes. The ESG has advised work streams on how best to engage with these groups.

5. Membership of the ESG

5.1 The ESG has comprised patient and public voices, a consultant in public health medicine and a cross section of CCG leads for communications, compliance, engagement, equalities, organisational development, and patient experience. As OHSEL/ STP combines commissioner and provider perspectives, the Board required ESG to have provider representation. So far it has come from community and mental health Trusts. Acute sector representation has not been found. The public health consultant, who also provided a local authority perspective, has moved to a new area and a new consultant in public health would be needed if the Board decides that ESG continues in some form.

6. Expert legal advice to the ESG and programme from the Consultation Institute

6.1 The group has external advice from a national legal expert on meeting equalities duties - Nick Duffin, legal adviser to the Consultation Institute - whose comments on the work of the ESG have made a considerable impact of its work. He attended two ESG meetings and advised on how to strengthen the work of the group, particularly highlighting risks to the clinical review groups and the programme where there was not demonstrable evidence that equalities issues had been addressed.

6.2 Nick Duffin commented that the ESG's purpose and intent is very strong and that he would be recommending the OHSEL approach and mechanisms for investigating equalities issues as a national example of good practice. He recommended that:

- ESG needs to focus more on the risks to OHSEL and STP programme, including judicial review, if equalities issues are not identified and resolved.
- All components of the OHSELSTP programme need to consider the relevant equalities aspects of any proposals, including differential impacts on protected

groups, mitigation strategies and enhancements where there were positive impacts.

7. ESG recommendations to the Clinical Review and Steering Groups

7.1 The table below shows the work of the ESG through its six meetings in 2018/19. Each meeting received one and sometimes two presentations on a principal element of the STP, plus NHS England Specialist Commissioners. The resulting discussions were always constructive and developmental and sometimes challenging. The ESG's conclusions are noted and then distilled into a letter with a set of clear recommendations to each work stream's clinical lead(s), SRO or equivalent and project manager(s).

7.2 Each letter also summarises what each CLG would need to do in order to meet equalities requirements, were it to wish to consult on proposals for change.

Peter Gluckman
Independent Chair
Equalities Steering Group STP/OHSEL
28 March 2019

Table 2: Equalities and inequalities considerations at the Equalities Steering Group (ESG) reviews in 2018

ESG meeting date	Clinical Review Group (CRG) Work stream presenting	Any specific comment and the main areas covered by ESG recommendations in the letter to the clinical lead or leads, SRO (or equivalent) and project manager	Key points from work streams feedback as to the benefit or otherwise of having a separate group within OHSEL focusing on equalities
04 April 2018	<p>Specialised commissioning – NHS England</p> <p>2nd set of ESG recommendations sent to:</p> <p>Ms. Charlotte Slater</p>	<p>ESG considered that the approach to equalities taken by the Specialised Commissioning team was well structured and thought through. They had implemented all the previous recommendations of the ESG.</p> <p>ESG made the following recommendations to the specialised commissioners:</p> <ul style="list-style-type: none"> • Further strengthen the programme’s risk register to incorporate identified equalities risks for each of the project areas with specific references to equalities • Monitor the mitigations that have been put in place and assess if they have been effective and achieved the expected outcomes. It was suggested that the mitigations and issues raised in the programmes Equalities Analyses could be a first port of call in reviewing progress • Seek out further information about any disproportionate impacts that had been identified • Make more explicit in programme governance, at what level equalities is being considered across all the many organisations involved in specialised commissioning and provision and who is accountable for this area of work 	<p>Did not respond to the questionnaire but wrote responding to each of the ESG’s recommendations as were taking forward equalities within the specialised commissioning area</p>

		<ul style="list-style-type: none"> • Focus engagement to consider how the programme’s proposals potentially impact those groups with protected characteristics. Future work should include consideration around how decisions are being made and how equalities matters are considered within programme governance. • Consider how contracts or performance management arrangements could include equalities. Perhaps a KPI could be considered? • Undertake further work around the neurosciences Equalities Analysis to uncover the disproportionate needs of those with protected characteristics. It is important to be aware of, and be able to demonstrate, how the changes being proposed are helping to reduce inequalities. • Understand the barriers that might stop some of the protected characteristics accessing services. It was noted by ESG that Patient engagement around neurosciences identified concerns about travel times and the cost of travelling for treatment. It needs to be considered in terms of barriers to accessing services. • Undertake desk research to understand equalities issues, including using existing patient and public engagement intelligence from CCGs and Healthwatch. • Give further consideration to how patients with mental health needs might be impacted by changes to specialised service. • Aim to contact those who are unaware of the services as well as those who are aware of them but do not use them 	
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<p>04 May 2018</p>	<p>Urgent and Emergency Care (U&EC) 2nd set of ESG recommendations sent to:</p> <ul style="list-style-type: none"> ➤ Ms Rachel Bevan ➤ Dr Angela Bhan ➤ Dr T Fitzgerald 	<p>The discussion was wide ranging and productive, and it was recognised that significant progress had been made in relation to equalities, since the last presentation in May 2017.</p> <p>ESG made the following recommendations to:</p> <ul style="list-style-type: none"> • Strengthen the programme’s risk register to incorporate identified equalities risks, by logging them in the register. Judicial review needs to be included, as well as the work stream’s ability to deliver better outcomes and contributing to reducing health inequalities • Undertake an equalities analysis, once the work plan is agreed. This analysis will support the programme; to understand who is likely to be impacted by the proposed work and put in place mitigations in order to ensure no population groups are disproportionately and negatively impacted • Ensure equalities is embedded within all areas of the U&EC programme, bearing in mind the many organisations across commissioning and providing that are involved in delivering it • Ensure providers appreciate that taking on board equalities considerations would benefit them directly in terms of their services, their outcomes and the positive experience of patients and carers • Review again the Public Sector Equality Duty and how progress is being made • Make sure that the stigmatisation of certain populations does not discourage attendance at U&EC services 	<p>Key points from U&EC response to the questionnaire about ESG:</p> <ul style="list-style-type: none"> • Some ESG recommendations were helpful as they broadened thinking, for example when it was highlighted that there is a risk that work could be challenged if equalities are not taken into account as they should be • However, others were less helpful as they were not within the gift of the programme, for example ensuring that partners complied with their own statutory duties around equalities • It was helpful to have the opportunity to take a step back and discuss the programme from that perspective, however there wasn’t always something particularly new to say (so less value was gained there) • At times the group could have been more supportive to project managers – for example there were time the
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		<ul style="list-style-type: none"> Once the work plan is agreed, the U&EC programme needs to consider how to review the evidence as to the impact on protected groups. 	<p>programme asked for help in fulfilling a recommendation made by the group, but no response was received (the ask was just noted).</p> <ul style="list-style-type: none"> ESG made us think more about equalities in the lead up to the presentation and then just afterwards, but there would then be a lull in our work here until the next ESG meeting came around Equalities could be managed within the work stream, but this does not seem to happen. Therefore, it's probably helpful to have something separately to ensure there is a focus on equalities, though on the other hand having something separate means equalities work is not embedded within the programmes (as it should be).
06 July 2018	(1) Cancer 2 nd set of ESG recommendations sent to:	The SEL Cancer Alliance continues to be comparatively well advanced in considering equalities issues. <u>In delivering the expectations set out in the Public Sector Equality Duty:</u>	Did not respond to questionnaire but wrote thanking ESG for its recommendations and then setting out in detail and

	<ul style="list-style-type: none"> ➤ Mr A Eyres ➤ Dr D Cheeseman ➤ Ms M Ridge 	<ul style="list-style-type: none"> • Eliminating unlawful discrimination – think about your whole approach. Consider how data supports you? Is what the data is telling you being acted upon? Is additional training required? Do reports on equalities and progress go to the relevant board(s)? Is any action taken to resolve difficulties and remove barriers that have been revealed? • Advancing equality of opportunity – how is the workstream comparing data across providers? How are factors such as referral to treatment, length of time in approaching services, prevention and screening uptake data being considered? How are we sharing this information? • Fostering good relations – it was recognised that this is the most challenging to focus on and ESG would be pleased to have a further conversation once the programme had considered the emerging recommendations from the meeting. <p><u>More general recommendations not restricted to the Public Sector Equality Duty:</u></p> <ul style="list-style-type: none"> • Consider specifically the needs of those with disabilities – physical and mental • ‘New recruits’ to the programme mentioned in the presentation, all have different but crucial roles to play in making sure that health equalities and inequalities are part of their brief and that they are actively promoting equality issues through their work. The role mentioned included: clinical chairs and project managers of each tumour group; the senior programme manager; pathway 	<p>reflectively how it was dealing with each one.</p>
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<p><u>06 July 2018</u></p>	<p><u>(2) Planned care/ Elective orthopaedics</u> 2nd set of ESG recommendations sent to: Mr. M Edgington</p>	<p>navigators across the Alliance and the education project coordinator</p> <ul style="list-style-type: none"> • Ensure that the combined work of the Community Based Care and Cancer workstreams on End of Life Care takes account of equalities in terms of access, responsiveness, and outcomes. <hr/> <ul style="list-style-type: none"> • Further work is needed in planned care/elective • Orthopaedics to be explicit about equalities (Equality Act 2010) and reducing health inequalities (Health and Social Care Act 2012) • There is a risk register at STP level in which equalities is mentioned, but the network board needs to have this more explicitly drawn out in its governance and project documentation • Use the framework provided by the protected groups, carers and the socially and economically disadvantaged to review data on access, usage and outcomes of orthopaedic services as e.g. the programme has done with respect to age in Bromley. The programme has so far not demonstrated its understanding of the important role of carers and how they can be involved and supported • Make sure that new clinical and support personnel attached to this programme understand equalities and their role in promoting health equalities • Make sure that, if consolidation remains the best option for high quality care, the impact is fully understood for 	<p><u>Did not respond to questionnaire but gave verbal feedback about the value of the review and recommendations arising from it</u></p>
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		<p>each of the boroughs and their diverse populations and that the public understand any impacts</p> <ul style="list-style-type: none"> • Use the valuable soft intelligence about access to and quality of services through effective communication with the Healthwatch organisations, PALS and review of complaints • Making sure that the provider board being set up can actually achieve results and not find itself powerless to compel a provider to do something that the programme requires. 	
<p>21 September 2018 and 12 October 2018</p>	<p>Children and Young People</p> <p>2nd set of ESG recommendations sent to:</p> <ul style="list-style-type: none"> ➤ Dr. T Sarjanhar ➤ Ms. V Scott ➤ Mr. M Wilkinson 	<p>The ESG appreciated the considerable progress made in this work stream that covered such a complex and disparate range of issues, providers and agencies.</p> <p>ESG made the following recommendations to:</p> <ul style="list-style-type: none"> • Note that even within those boroughs that apparently have lower deprivation than others e.g. Bromley, there will still be pockets of deprivation with similar issues confronting young people in terms of health status, access to health care and mental health difficulties. • Encourage the CYP Team explicitly to consider and to include equalities and inequalities on the development of its long-term plan for CYP • Take advantage of the recent national emphasis on sorting out current deficiencies in CAMHS • Use local information, experience and knowledge to build a sustainable and effective programme 	<p>Did not respond to questionnaire but wrote (18.02.19), 'It is encouraging that whilst in September 2017 the ESG felt that the CYP work stream was the least developed of the clinical review groups in relation to equalities at that time, the ESG now feels that good progress has been made.' The letter then set out a detailed statement of how they were proceeding with each of the ESG's recommendations.</p>

		<ul style="list-style-type: none"> • Use the good work on equalities already undertaken by the Maternity Local System CRG, as a basis for thinking how to incorporate equalities and inequalities into CYP • Encourage the aspiration to create a single strategy and delivery framework, in some ways like Maternity • Look proactively for good examples in other STPs how they were incorporating equalities into CYP • Strengthen the transition arrangements as CYP move from children to adults' services • Strengthen links to Public Health preventative programmes, particularly prevention of obesity • Strengthen further the emphasis on engaging children and young people, parents and carers in the development of services and the local CYP elements of the NHS' long term plan • Use consciously the protected characteristics as a framework for including equalities in all plans and programmes. 	
<p>12 October 2018</p>	<p>Maternity 2nd set of ESG recommendations sent to:</p> <ul style="list-style-type: none"> ➤ Ms. J Kempen ➤ Dr. K Langford ➤ Ms. L Machakaire ➤ Ms. V Scott ➤ Ms E Steward 	<p>The SEL Local Maternity System Group (LMS) had continued to make progress in considering equalities issues.</p> <p>The ESG recommended:</p> <ul style="list-style-type: none"> • In prioritising safety and personalisation, LMS to use the equalities framework of the nine protected characteristics, plus carers and the socially and economically disadvantaged, to check that all relevant sectors of the population had equal access to maternity health care 	<p>The LMS wrote (04.01.19): 'We would like to take the opportunity to that the ESG for these recommendations and welcome the opportunity to continue to meet with you to discuss our work.'</p> <p>In response to the questionnaire, LMS said: LMS said: Equality, choice and personalisation underpins the work for the LMS and is embedded within the Better</p>

	<p>➤ Mr M Wilkinson Mackenzie</p>	<ul style="list-style-type: none"> • In identifying digital projects as an enabler, to check that there was not inadvertent discrimination against certain protected characteristics, carers or the socially and economically disadvantaged • To maintain the push on providers to be ambitious in improving safety and choice • To continue to develop Personal Care Plans (PCPs) as the basic mechanism to capture consistent information about personalisation and choice across SE London, wherever the patient accesses the LMS • Subject to a successful outcome of the pilot for eRedbook, to continue to develop the it as an electronic personal health platform for health records, appointments, prescriptions and test results, as it will enable people to add information and share it with others involved in their care. • To appreciate that SEL's Maternity Voice Partners (MVPs), although a valuable resource, should not be overrated in terms of their capacity and abilities; they are not community leaders for pregnant women and more representation is needed across south east London. • To view the issue relating to the magnesium sulphate prevention drive as a national and not just a local issue • To finish the wok in resolving gaps in responsibility for postcode mapping, and ending differences in the continuity of antenatal and post-natal care, especially but not only in Bexley, as sometimes Providers currently did not acknowledge responsibility for the effective transfer of care 	<p>Births (2016) report, the NHS 5 year Forward plan and more recently the 10 year plan. The focus is on reducing inequalities in maternity care and maximising outcomes for these groups. With this in mind, all our workstreams for the SEL LMS Better Birth plan have equalities high on their agenda or as their focus and many of the recommendations by the ESG were already being addressed, for example through 'The Better Births report (NHSE 2016) and 'The SEL Better Births plan strategy'.</p> <p>LMS is committed to user representation as outlined in our response to the ESG in January this year, <i>'We will support our MVP's to engage with all women in SEL. Working collaboratively with community leaders where necessary for example, in the need to reach seldom heard women.'</i></p> <p>Addressing the equalities agenda is at the heart of/has driven the better births programme so having additional scrutiny was not as helpful as it might be in other STP</p>
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		<ul style="list-style-type: none"> • To be clearer within the LMS as to how equalities are being managed within each element of a diverse and wide-ranging programme, given that previous national reports found differential care was provided for BME women • For the LMS to be sure that none of the factors apparently characterising some current national scandals in relation to maternity care, were present in SE London • To understand that over the last year, the maternity programme had expanded, and in moving from planning to implementing, equalities needs to be consciously included • To make sure that the handover from NHS England to local maternity services for women in the prison service is picked up once female prisoners return home • For the LMS to make sure that across the complex governance structure and for each maternity group outlined in the presentation, equalities be set out in Terms of Reference, minutes of meetings, and equalities being a standing item on agendas • To make sure that information taken from public health sources identifying national population trends, needs to be localised and service delivery tweaked to meet local needs • To continue to focus on the links between the LMS and the Mental Health Steering Group so that both were working as one on service, equalities and inequalities issues. 	<p>Programme areas, plus it was a very time consuming process. We did not feel it added to the work programme.</p> <p>LMS could manage equalities ourselves. All our workstreams meet bi-monthly to review deliverables and action logs. This is then reported as necessary at our monthly maternity delivery group meetings and reviewed at our quarterly LMS meetings.</p> <p><i>'Equalities are a focus for all workstreams. The ESG recommendations are being added as an agenda item to the next LMS meeting to remind LMS colleagues of the importance of this focus.'</i></p> <p>LMS cannot comment on what should happen in respect of equalities for other workstreams</p> <p>We think a work stream could request an Equalities review when making changes to its programme or a review into a complex area as required.</p>
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<p>30 November 2018</p>	<p>(1) Mental Health Steering Group</p> <p>2nd set of ESG recommendations sent to:</p> <ul style="list-style-type: none"> -Ms Y Edwards -Ms J Murfitt -Dr M Patrick 	<p>The idea of having a separate Mental Health Steering Group (MHSG) or CLG was an early, recommendation from the ESG and was accepted by the programme. Previously, mental health was only to be covered by each CLG considering mental health aspects. As a result, ESG met the MHSG very early.</p> <p>The ESG's second set of recommendations are:</p> <ul style="list-style-type: none"> • While encouraging Equality Impact Assessments (EIAs) is very positive and needs not only to be continued but strengthened where possible, the MHSG needs to be clear who is responsible for undertaking EIAs on individual projects • The establishment of MHSG was very positive, but there remains the need to have focused work about the mental health aspects other clinical work streams, especially community-based care and urgent & emergency care; this engagement within the other work streams was essential to embed Mental Health factors into those areas • Sharing and using data more effectively is key to reducing inequalities, promoting equalities and engaging with protected characteristics, carers and the economically and socially disadvantaged • Data relating to equalities could be more systematically reported by service providers to commissioners • Prevention is very important and due consideration should be given to this area of development by MHSG • The MHSG needs to ensure that equalities are thought about at every stage of planning, including the 	<p>MH said of ESG recommendations: The recommendations were very helpful to the MH steering group in that it highlighted two key themes throughout its review:</p> <ul style="list-style-type: none"> -That there as a need for a more focused approach to mental health, whilst also maintaining links with other STP clinical programmes. In response the MH steering group was set up. -In delivering the programme, a greater focus was needed to understand the impact on the population in particularly amongst diverse communities including named characteristics under the equalities act of the MH steering group. In response the MH steering group are looking in their 2019/20 plans at how it can: <ul style="list-style-type: none"> a. Improve number of experts by experience on local and STP led programmes at the design phase through to delivery, including MH Steering group membership. b. Support all external bids for service transformation funding to have carried out equalities impact assessments and include
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		<p>response to the recently published long-term plan and Five Year Forward View</p> <ul style="list-style-type: none"> • As primary and community-based care moves forward across SEL into local care networks and GP federations, the programme and MHSG need to make sure that new organisations have equalities woven in to their approach and development, including Mental Health • Mental Health is a complex and multi organisational area; MHSG needs to make sure that having to work through partners does not lead to the dilution of a focus on equalities • There is the need to clarify from where advice will come in future across SEL on how to engage with patients and public on mental health issues • MHSG could be clearer as to how it will link to and develop the voluntary and third sectors that relate to mental health • The programme needs to advocate for using at least some of the nationally promised new funding for investment in core Mental Health services under pressure, and not only in new development. • ADHD should be viewed as a specific issue for young people still at primary school age so that they are not excluded from school and move put of education and potentially into gangs. 	<p>specific plans for reaching out to underrepresented communities.</p> <p>The MH programme is large and the snapshot which time allowed did not reflect the entirety of what is happening across the patch with regards to equalities. This led to a misunderstanding in terms of scope of equalities work which was evident in the feedback and questions. Given this perhaps a presentation template to guide what is expected in the presentation would have made the exercise more useful.</p> <p>In the current context (i.e. 2018/19 programme) and with much of the work being delivered by the CCGs and therefore falling within their governance remit, no practical difference was made to ongoing work. However, it did provide the basis for the Steering group to discuss ways in which changes can be made for the 2019/20, with equalities as a framework in which to evaluate the impact of the work and to work with our partners to make those changes.</p> <p>ESG could add value in form of practical examples as to how we</p>
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			<p>do this, sharing of knowledge and expertise in this area.</p> <p>A separate focus on equalities is needed as stated above, as this is where the expertise is held to support the workstreams. ESG should maintain an active rather than reactive role in engaging with workstreams to develop equalities plans that are aligned with the overall aims of the STP equalities strategy.</p> <p>There is a need for some external focus on Equalities to champion equalities as a key programme priority across the system with a standard way of being able to benchmark progress.</p> <p>For example, The MH programme has a focus on equalities held nationally which is delivered via the 5yfvMH. It is recognized that work reaching communities which are most in need is variable and requires further mechanisms in contracts to support commissioners/ providers to pursue increased reach into these communities.</p> <p>Could this be championed locally via the ESG?</p>
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<p>30 November 2018</p>	<p>(2) Community Based Care (CBC)</p> <p>2nd set of ESG recommendations sent to: Mr. M Edgington Mr. R Graves Dr. J Heaversedge</p>	<p>Recommendations for the CBC Executive Delivery Board workstream from the ESG</p> <ul style="list-style-type: none"> • Explore how the CBC Executive Delivery Board can challenge local delivery to proactively consider the nine protected characteristics, plus the populations added by the STP and OHSEL programme: carers and socially and economically deprived populations as part of the development of Local Care Networks • Update the terms of reference for the CBC Executive Delivery Board to reflect equalities more fully • Within the Community Based Care plans there should be greater emphasis on children and young people and mental health needs 	<p>Deep dives are helpful and would be welcomed, but workstreams will need practical support to address the issues/gaps once identified.</p> <p>Can we include an equalities section in the STP annual report about mechanisms to support a focus on equalities and a way of benchmarking progress? (not sure if we already do this?)</p> <p>CBC said of ESG: Keeping us focused on the protected characteristics, recognizing the limitations to analytical capacity. Having a continued push for focus on Equalities and Diversity is very helpful. It's helpful to have challenge to present the benefits for patients, especially from an equalities stand. For CBC, ESG reviews mean we continue to ensure E&D legislation is appropriately referenced in the large-scale GP development documents. For example, the Strategic Commissioning Framework</p>
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		<ul style="list-style-type: none"> • It is important to make sure that changes and enhancements in CBC are understandable and mean something to local populations • Work closely with voluntary organisations and charities, especially those with knowledge and experience of populations with protected characteristics, to understand CBC issues • Develop a sense of what constitutes good outcomes for the CBC programme, using the protected characteristics as a framework • Working with protected characteristics who have lived experience of Long Term Conditions to inform the work of the CBC programme • Making sure that developments in end of life care reflects the needs of protected characteristics • Assessing the overall impact of the CBC programme as it evolves, using protected characteristics as a framework. 	<p>documents, and when the SCF policy framework was reviewed with the Chair which led to this document being amended at a regional level.</p> <p>It's helpful to have challenge to present the benefits for patients, especially from an equalities standpoint.</p> <p>There is not necessarily a need to have reviews of equalities separate, as long as mechanism to ensure E&D focus is maintained across individual workstreams. What might be useful is to have separate from the individual workstreams, regular training sessions for staff and reminders regarding regulation / responsibilities (we had some training recently which was helpful and maybe we could build on this with more interactive training)</p> <p>It is not the only way to keep a focus on equalities by taking these out to be managed by a separate group. However, there should be some form of external focus on equalities - maybe just done in a different way? Some way of keeping it on the agenda for all the workstreams –</p>
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			<p>perhaps this is something that can be covered at SMT or in a team meeting?</p> <p>Continued training and access to training. Everyone should have a minimum level of understanding of equalities issues</p> <p>Support more tailored to individual work streams would be really helpful, even if this is an annual / bi annual stock take, with supporting equalities plan for the year. Where needed, more support could be identified and given – such as the deep dive example.</p> <p>It is still very important to maintain a focus on equalities and to understand that issues surrounding equalities come in many forms. (In)equality of access and particular issues of concern regarding different demographics and population</p>
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			<p>cohorts should be understood. An idea for future training? It is difficult because there aren't many examples of the team being mandated to do – for example - an equalities impact assessment due to the commissioning responsibilities still being held at the CCG level.</p>
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