



South West London  
Clinical Commissioning Group

# **Public Sector Equality Duty Report 2021/22**

## **NHS South West London CCG**

## Introduction to Equality, Health and Social Care Legislation

One of our key objectives and priorities is to continue to tackle health inequalities and race disparities across our population and workforce. Across our six boroughs and all our transformation programmes, colleagues have worked with communities, the voluntary care sector, public health, and social care to improve outcomes for our disadvantaged communities. One example of this is how we implemented the Covid-19 vaccination programme for all communities including those communities who were most adversely impacted by the pandemic. It is also evident in our approach to recovering services post pandemic.

South West London (SWL) Clinical Commissioning Group (CCG) is committed to promoting equality and diversity for the people of South West 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.

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### *Equality Act 2010*

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The general equality duty under the Equality Act 2010 requires the CCG, in the exercise of our functions, to have due regard 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 three aims as part of decision-making processes.
- The CCG also publishes protected characteristic data about its staff, which is included in this report.

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### *Health and Social Care Act 2012*

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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.

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### *How do we show 'due regard'?*

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To demonstrate 'due regard' and to fulfil our annual requirements, we: -

- Produce this PSED report every year with equality information. Equality has formed our annual reports.
- Undertake Equality Impact Assessments (EIA)
- Engage with local communities who share protected characteristics and embed their voice in service delivery.

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### *Mandatory standards*

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As well as the PSED, we publish information about our Workforce Race Equality Standard (WRES) on an annual basis.

## How does the CCG monitor equality and diversity?

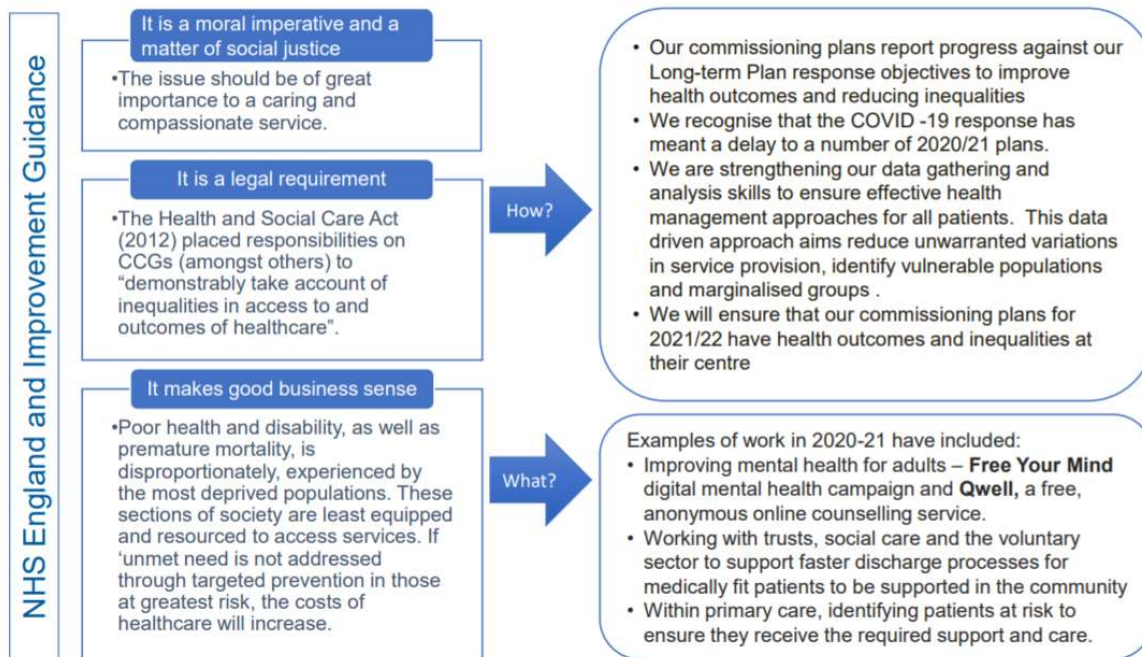
In 2021, we established the Equality, Diversity and Inclusion (EDI) and Health Inequalities (HIE) Board and Delivery Groups. During the CCG's transition, the EDI/HIE Board was a sub-committee of the Governing Body established to support the South West London CCG in making demonstrable improvements in equality, diversity and inclusion for the organisations staff, as well as for patients, service users and carers that are affected by the activities of the CCG.

The Board meets bi-monthly, and the Delivery Group meets monthly and brings together representatives from, quality, human resources, commissioning, providers, primary care, Public Health, VSCE, organisational development, patient and public involvement, 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 Board 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.

## Why should addressing health inequalities be a priority?

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.



## SWL CCG Covid-19 pandemic response

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 whether for the homeless and rough sleeping communities, or for travellers and people who suffer from mental health services.

## SWL CCG Equality Impact Assessments

To commission high quality inclusive health services, we aim to ensure that protected groups have the same access, experiences and outcomes as the general population. In this regard, we recognise that there are many things that influence this that we may not have complete control over, but we are committed to working with the community and partners to influence our decisions. We aim to reduce inequalities in health outcomes and experience between patient groups by planning our strategic aims and working in partnership with Local Authorities and others to address the needs of protected groups as shown in the Joint Strategic Needs Assessment (JSNA).

## Equality Impact Assessments

When the CCG introduces any new policy, service, strategy or makes changes to any existing service, we are required to look at how it would impact someone with a protected characteristic. We call this an Equality Impact Assessment (EIA). Completion of the EIA enables the CCG to show 'due regard' to the Public Sector Equality Duty and ensures that consideration is given prior to any decisions made by the Governing Body or the Executive Team that may impact on equality. The CCG continues to embed EIAs into the commissioning cycle and has this year reviewed our guidelines and processes to support development of a robust and supportive platform from which to take forward our assessments.

## Key programmes in 2021/22 to tackle inequalities

- Using Population Health Management with system partners with local knowledge to find the most vulnerable communities and patient cohorts as well as potential digital exclusion in SWL.
- Using asset-based community development methodology to educate and empower the most vulnerable regarding their health and to co-produce and co-deliver culturally sensitive health checks and prevention programmes in local communities.
- Building physical health and wellbeing hubs to provide patients with mental health, physical health and advice and advocacy support.
- Working with patients with lived experience and local community and volunteer partners to co-produce improved, personalised health care.
- Developing methods to evaluate projects aimed at reducing health inequalities.

## Staff composition in South West London CCG

Disability Flag	Headcount	%	FTE at 31/3/22
No	425	84.2	404.92
Not Declared	44	8.7	41.16
Prefer Not To Answer	15	3.0	13.92
Yes	21	4.2	19.84
<b>Grand Total</b>	<b>505</b>	<b>100.0</b>	<b>479.84</b>

Ethnic Group	Headcount	%	FTE at 31/3/22
A White - British	221	43.76%	207.83
B White - Irish	10	1.98%	9.80
C White - Any other White background	39	7.72%	37.49
C3 White Unspecified	1	0.20%	1.00
CA White English	3	0.59%	3.00
CB White Scottish	2	0.40%	2.00
CP White Polish	1	0.20%	1.00
CY White Other European	1	0.20%	1.00
D Mixed - White & Black Caribbean	2	0.40%	1.91
E Mixed - White & Black African	4	0.79%	3.80
F Mixed - White & Asian	3	0.59%	3.00
G Mixed - Any other mixed background	8	1.58%	7.40
GF Mixed - Other/Unspecified	1	0.20%	0.60
H Asian or Asian British - Indian	51	10.10%	47.19
J Asian or Asian British - Pakistani	11	2.18%	9.91
K Asian or Asian British - Bangladeshi	5	0.99%	4.60

L Asian or Asian British - Any other Asian background	12	2.38%	11.30
LB Asian Punjabi	1	0.20%	1.00
LF Asian Tamil	1	0.20%	1.00
LH Asian British	2	0.40%	2.00
LK Asian Unspecified	1	0.20%	1.00
M Black or Black British - Caribbean	25	4.95%	24.90
N Black or Black British - African	45	8.91%	44.80
P Black or Black British - Any other Black background	1	0.20%	1.00
PB Black Mixed	1	0.20%	1.00
PC Black Nigerian	2	0.40%	2.00
PD Black British	2	0.40%	2.00
PE Black Unspecified	1	0.20%	0.90
R Chinese	10	1.98%	9.71
S Any Other Ethnic Group	8	1.58%	8.00
SA Vietnamese	1	0.20%	1.00
Z Not Stated	29	5.74%	26.72
<b>Grand Total</b>	<b>505</b>	<b>100.00%</b>	<b>479.84</b>

<b>Sexual Orientation</b>	<b>Headcount</b>	<b>%</b>	<b>FTE at 31/3/22</b>
Bisexual	3	0.59	3.00
Gay or Lesbian	10	1.98	10.00
Heterosexual or Straight	411	81.39	391.59
Not Disclosed	79	15.64	73.25

Other sexual orientation not listed	1	0.20	1.00
Undecided	1	0.20	1.00
<b>Grand Total</b>	<b>505</b>	<b>100.00</b>	<b>479.84</b>

Religious Belief	Headcount	%	FTE at 31/3/22
Atheism	70	13.86	68.93
Buddhism	2	0.40	2.00
Christianity	216	42.77	207.89
Hinduism	24	4.75	21.53
Islam	24	4.75	22.53
Not Disclosed	125	24.75	115.74
Other	28	5.54	26.40
Sikhism	16	3.17	14.83
<b>Grand Total</b>	<b>505</b>	<b>100.00</b>	<b>479.84</b>

Age Band	Headcount	%	FTE at 31/3/22
21-25	6	1.19	5.60
26-30	35	6.93	35.00
31-35	56	11.09	53.51
36-40	60	11.88	55.95
41-45	86	17.03	81.19
46-50	70	13.86	67.53
51-55	86	17.03	82.43
56-60	77	15.25	73.60



61-65	27	5.35	23.04
66-70	2	0.40	2.00
<b>Grand Total</b>	<b>505</b>	<b>100.00</b>	<b>479.84</b>

Gender	Headcount	%	FTE at 31/3/22
Female	380	75.2	355.04
Male	125	24.8	124.80
<b>Grand Total</b>	<b>505</b>	<b>100.0</b>	<b>479.84</b>

Marital Status	Headcount	%	FTE at 31/3/22
Civil Partnership	6	1.19	5.80
Divorced	25	4.95	23.40
Legally Separated	4	0.79	3.80
Married	256	50.69	240.60
Single	163	32.28	157.37
Unknown	45	8.91	43.07
Unspecified	3	0.59	2.80
Widowed	3	0.59	3.00
<b>Grand Total</b>	<b>505</b>	<b>100.00</b>	<b>479.84</b>

## NHS Workforce Race Equality Standard (WRES)

The NHS Workforce Race Equality Standard (WRES) is used across the NHS to narrow the gap between the treatment of ethnic minority and white staff through collection, analysis and acting on specific workforce data. In addition, the WRES aims to improve diversity of leadership and the experience of staff from ethnic minorities within an organisation.

There are nine indicators, all of which draw a direct comparison between white and ethnic minority staff experience. Four focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator considers whether the governing body membership is broadly representative of the overall workforce.

This is the second year that the CCG's performance against the WRES indicators that are published. This data allows us to take action to improve against these indicators.

### **We have seen improvements across:**

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#### *Recruitment*

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White staff are 1.3 times more likely to be appointed compared to the 19/20 figure of 1.8. This is a significant improvement from last year. The CCG is now below the London average. This area has seen a reduction due to all the work that has taken place to ensure our recruitment panels for roles at band 8 and above have an inclusion champion.

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#### *Disciplinary Processes*

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Staff from ethnic minorities are now 0.4 more likely to undergo a disciplinary process than white staff. Any figure under 1 is considered as no difference. This is a significant improvement from the previous year's date of 1.59. In the last year, we focused on resolution and working differently.

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#### *Percentage of staff experiencing harassment and bullying/abuse from other staff:*

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This indicator has seen no improvement. 23.6% of white staff report experiencing harassment and bullying (below London average) and 35.5% of staff from ethnic minorities report experiencing harassment and bullying.

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#### *Percentage of staff believing the organization provides equal opportunities for career progression and promotion*

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The 2021 staff survey shows that 79.3% of white staff in the CCG believe the organisation provides equal opportunities for career progression and promotion compared to 37.5% of ethnic minority staff.

We have a new appraisal and PDP process to support staff to also have career and development conversations, and as above, have inclusion champions on recruitment panels for roles at band 8 and above.

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*Percentage of staff experiencing discrimination at work from  
managers/team leader*

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11.5% of staff from ethnic minorities report experience of discrimination at work from managers. This is an area that we will continue to focus on.

We continue to deliver our action plan to address our performance against the WRES indicators. We hold monthly listening events to give staff the opportunity to be part of the work and to feed into the Inclusion and Belonging work stream. The action plan focuses on four key themes and links to the NHS People Plan and the Race Plan for London:

- Culture and leadership
- Recruitment
- Development
- Education

Although we have seen improvements on the WRES indicators it is clear there is still more work to be done, particularly on the staff survey indicators. Achieving real change in equality, diversity and inclusion takes time and effort and we are committed to the development of this work.

## Reducing Health Inequalities Activities in 2021/22

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### *Reducing health inequalities in action*

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Here are some examples from 2021/22 of projects and programmes aimed at reducing health inequalities.

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### *Developing our approach to population health management in Sutton*

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As part of the NHS England and Improvement Population Health Development Programme we developed pilot projects in Sutton Place and five Primary Care Networks in South West London.

The pilots demonstrated that through good use of data we can identify unmet need and consider the wider determinants of health, working with our local partners and specific groups in our communities to develop targeted interventions. These pilots are models for the future working of the CCG and support the shift in behaviour and thinking that will help tackle health inequalities.

The Sutton Place pilot used co-production with patients and local communities at a very early stage. Data analysis enabled a specific cohort (group) to be identified; these were people with a chronic musculoskeletal condition and a diagnosis of high blood pressure or obesity or depression, living in areas of high deprivation.

We gathered insight through in-depth interviews to understand patients' experience of specific services and the barriers to accessing these. We used the information to develop and plan a new health and wellbeing intervention. This is a three-stage process to guide and support an individual through changes they want to make and to feel more confident in leading a healthy lifestyle and managing their conditions. Work will continue into the implementation phase in 2022.

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### *The East Merton PCN pilot*

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The East Merton PCN pilot enabled us to bring together lived patient experience, professional experience, and data analysis to identify people with Severe Mental Illness (SMI) and to work with them to increase their participation in and uptake of their annual SMI health check. We have started work on an emerging model for a holistic health and wellbeing hub in a community setting and will be co-designing the health checks drop in space with patients and partners.

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### *Health and wellbeing hub for Mitcham*

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In Mitcham, life expectancy for men in Cricket Green ward is 78 years – in Wimbledon’s Merton Park it is 85 years.

In response, we have been working with community organizations on plans for a health and wellbeing hub in Mitcham. Progress on the hub stalled during lockdown, but partners have been working to move the project forward and engage with people.

Rather than a place to get treatment when someone is ill, the hub will be about connecting people, helping them stay healthy and signposting to support. It will have outdoor community space and bookable rooms for activities.

We involved community representations and stakeholders as part of the process to determine the site for hub, including Merton’s Young Inspectors, the Polish Family Association and BAME voice. Due to national guidance around developing Business Cases, we had to reassess all potential options for the location.

The Wilson Hospital site on Cranmer Road, Mitcham was verified as the preferred option. However, all participants indicated that the project should: improve accessibility to The Wilson; improve lighting and security for walkers and cyclists; and improve ability to use electric vehicles. These recommendations will be addressed as the project develops.

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### *Kingston and Richmond health and wellbeing days*

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Partnership working is at the heart of the two Health and Wellbeing Days held in Kingston and Richmond this year, aimed at supporting people experiencing homelessness, refugees and those seeking asylum in South West London. This helped to inform and understand barriers to accessing health services on factors such as accessibility, travel and language.

Both events, held at venues in Twickenham and Kingston town centre saw colleagues from health and care organizations, local authority and the voluntary sector working together to provide a range of useful services.

Over 140 attendees came along to the events and were able to access COVID-19 and flu vaccinations, testing for HIV and Hepatitis, a chance to have an appointment with a GP and access to support for any worries they might have around addiction and their mental health. There was also a healthy lunch available, haircuts and a chance to pick up clothes from the Spear Clothing Bank.

Working with the voluntary organizations who directly support these communities including Spear, Refugee Action Kingston and Kingston Churches Action on Homelessness, we were able to engage and support people to attend the event, through providing transport and interpreters.

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*Wandsworth - addressing inequalities in mental health linked to ethnicity*

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NHS statistics show that if you are Black, you are four times more likely to be subject to a restrictive mental health intervention than if you are white. There are health inequalities in access to mental health support and treatment too. The Ethnicity and Mental Health Improvement Project (EMHIP) seeks to transform this landscape of mental health care in Wandsworth. It follows decades of campaigning by the community, Wandsworth Community Empowerment Network, and academics. It has been developed in partnership with South West London and St George's Mental Health Trust and South West London Clinical Commissioning Group (CCG).

The first initiative is a health and wellbeing hub in the New Testament Assembly Church, Tooting, which brings mental health support to the heart of the community. It is a safe space that cares for people who aren't accessing services through traditional NHS routes, enabling them to have conversations about life's challenges and find support. In keeping with the hospitable nature of the hub, service users are referred to as guests. Services include mental health and wellbeing clinics; diabetes checks; smoking cessation and weight management sessions; couple and family support. It also provides advice on debt, housing, welfare benefits and drugs and alcohol dependency. Rather than moving the location of existing services, this hub is about creating completely new ones, which are culturally adapted, as well as offering a bridge to other NHS and community services.

The work is also about empowering and offering training to members of the community in having conversations about health and wellbeing. Known as 'community embedded workers', they encourage people to access the hub and can be anyone with a local role – church pastors, or Imams, or local hairdressers and barbers, for example. Even during an ongoing pandemic, the hub is supporting people who may not have received help otherwise. GPs have started to refer to the service and it has already held multiple clinics. It will host its first mental health outpatient clinic with a psychiatrist in April, and with the lifting of COVID restrictions, begin welcoming more guests. The project is working with service users to coproduce an evaluation criterion tailored to the project, as a robust methodology to monitor a demonstrate reduction in ethnic inequalities in mental health.

EMHIP is now embarking on its second year in Wandsworth, which will see the introduction of more new initiatives. Other boroughs in South West London – Croydon and Merton – have also committed to develop similar projects.

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*Sutton Housing Partnership – health and wellbeing events*

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A new initiative for us in 2021-22 was our work supporting vulnerable Sutton residents, living in social housing, by collaborating with Sutton Housing Partnership. We have held events, in local community-based facilities, offering health and wellbeing advice, with the Covid-19 vaccine also available if required.

The events have been well received by residents, particularly those who are used to accessing community-based support (for example at the St Helier Community Food Shop at Hill House). This work will continue in 2022/23.

This collaboration also helped us to develop new links with the Gypsy Roma Travellers' community in Sutton. We joined forces with Sutton Housing Partnership (SHP), Cognus and Sutton Council, to help increase vaccination uptake within the traveller community in the borough.

The joint team liaised with the traveller community on the Pastures site in Banstead and arranged an on-site information session about the vaccine.

The vaccine was offered to anyone who was eligible on-site who wanted it and community members were able to ask the clinicians present questions about the vaccine. We have offered Covid-19 vaccinations to over 90% of the residents at Sutton's Travelers sites. We will continue to work with this community to help meet their health and wellbeing needs going forward.

This approach has increased trust within communities and shown that we are working to address wider healthcare concerns in Sutton. It is a great example of how we can work together with our borough partners to ensure the safety of everyone living in Sutton.

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### *Croydon – Covid-19 vaccinations for homeless population*

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The British Red Cross joined the NHS and several local organisations in a drive to get the homeless population vaccinated against Covid-19.

The Red Cross team visited local hotels where homeless people were accommodated during the pandemic to bring them NHS information about the vaccine, allay any concerns, and help them get over to the vaccination site using a "Vaxi Taxi" system.

The scheme was successful – in just two days in late June and July, the pop-up vaccination clinic vaccinated 140 homeless people and provided them with several other vital services.

Red Cross volunteers joined with other organisations including Spires, Turning Point, Crisis and Croydon Reach to welcome homeless people to the pop-up, where they could receive full medical checks, tests for Covid-19 and Hepatitis-C, dental and dermatology appointments, clothes, food and drug and alcohol support.

In addition to this, the British Red Cross team worked with Croydon Council to help them reach other groups who face specific barriers to services, such as ex-offenders in temporary housing, to give them the opportunity to get vaccinated.

## Looking forward to 2022/23

In SWL, as we look forward into becoming an Integrated Care Board and working with our wider partners as part of the Integrated Care System and Integrated Care Partnership, we will remain committed to reducing health inequalities with our health and care partners, working closely with our people and communities. Some of our priorities will include:

- Implement the *CORE20PLUS5* programme for adults and for children and young people to improve access, experience, and outcomes for our most deprived and disadvantaged population.
- Develop and deliver our South West London equity strategy aligning to Place health and care plans and the Mayor of London's strategy.
- Enable proactive co-production with people with lived experience including increased board presence to inform decision making.
- Develop our Anchor Institutions' structures and programmes of work at Place and system to tackle and reduce socio-economic inequalities.
- Improve health outcomes through embedding Population Health Management insights and intelligent data evaluation.
- Improve diversity and inclusion of our workforce through our Equality, Diversity and Inclusion strategy and development of a SWL anti-racism framework in line the NHS Observatory report of Health and Race 2022.