

Lambeth CCG Equalities Strategy

April 2015



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1. Introduction from Dr Paul Heenan, clinical lead on equalities, Governing Body member

We are proud to present our equalities strategy and supporting plan. This covers the services we commission, the workforce we employ, our leadership team, and the way that we can influence our partners to achieve the best that we can for the people of Lambeth.

Our equality strategy sets out our approach on how we will promote equality and diversity, both internally and externally, work with a range of stakeholders to eliminate unlawful discrimination and be open and accountable to the public.

As part of developing this strategy we completed an Equality Delivery System of our existing equality objectives, set in 2012 and completed an Equality Impact Assessment of our new 5 year strategy “Healthy Together”. We know from the Equality Delivery System a key action for 2015/16 will be the collation and analysis of equalities data by our providers to enable us as commissioners to understand the services we are commissioning and identify any areas for improvement.

The Equality Impact Assessment of “Healthier together” concluded that the new 5 year strategy would have a positive impact on local people and made 32 recommendations for consideration. Of these recommendations those likely to have the highest impact include systematic collation of equalities data, a systematic approach to completing EIAs at programme board level, strengthening our engagement approach to ensure engagement across the protected characteristics and targeted training/support for the workforce and leadership to further develop capacity to support the equalities programme of work.

A new set of equality objectives have been drafted and consulted on with the wider public at an equalities stakeholder event on the 23rd April. We are working with London Borough of Lambeth to agree a set of joint equality objectives that will ensure a targeted approach across LBL and the CCG to maximise our potential impact for Lambeth communities. Alongside this we have made a joint commitment with Guys & St Thomas NHS Foundation trust to take forward key areas of joint work and are currently scoping the potential to work together on improving services and outcomes for people with learning disabilities.

An equalities work plan has been developed (see section 8.3) to demonstrate how we will implement this strategy. The Governing Body will receive regular updates on the progress of this strategy and progress will be monitored via the Engagement, Equalities and Communications Committee (EEC).

2. About us

Lambeth is a vibrant inner London borough that has a richly diverse and relatively young population. High numbers of people move in and out of the borough each year and we continue to face numerous challenges including deprivation, higher than average unemployment and population density, poor quality housing and crime. All of these have an impact on the health of Lambeth people. Some have a greater impact on people with one or more 'protected characteristic', we know for example that it is harder for people with disabilities to secure paid employment and that they are therefore more vulnerable to poor housing, poverty and ill health.

Lambeth Clinical Commissioning group is made up of 47 general practices covering a population of 366,574. For 2015/15 Lambeth CCG has been allocated over £400 million to spend on healthcare during 2015/16 on its resident population. We have made progress in recent years to improve the health and wellbeing of our local population. Avoidable deaths from the major killers such as cancer, heart disease and stroke are falling. Crime in Lambeth has fallen significantly for a number of years, educational attainment and skills levels continue to improve, teenage pregnancy has halved and our public space is the cleanest it has ever been. Lambeth therefore is a borough which has much to celebrate, and these achievements demonstrate that by working together we can continue to have an impact for good for all of our citizens to ensure that they experience the highest levels of health and wellbeing. Detailed information about the health of Lambeth's population is contained within our Joint Strategic Needs Assessment (found at [Lambeth JSNA](#)).

2.1 Our roles as commissioner

NHS Lambeth CCG came into existence in April 2013 and has continued much of the good work previously taken forward by Lambeth Primary Care Trust (PCT). However Lambeth Clinical Commissioning Group (CCG) is different to the previous Primary Care Trust and whilst we continue to commission a range of health services for Lambeth residents some services are now commissioned by others, including NHS England, London Borough of Lambeth (the local council), or Public Health England. London Borough of Lambeth is now responsible for commissioning a range of health and well-being services including services that contribute to meeting the CCG equality objectives. As commissioners of the local health care services we are required to:

- Assess the health needs of people living in Lambeth;
- Design and purchase services to meet the needs identified;
- Monitor the quality of health services;
- Plan services to meet future health needs; and
- Fulfil our commitment to be a fair employer.

NHS Lambeth CCG has worked closely with Lambeth Council and other key stakeholders through the Lambeth Health and Wellbeing Board to ensure that collectively that we maintain our focus on promoting and equality and human rights and ensure the principles and values remain at the forefront of our work. All partners of the Lambeth Health and Wellbeing Board remain committed to this vision. An example of this commitment is the London Borough Lambeth and Lambeth CCG joint commitment to develop joint equality objectives with the aim of working together to strengthen the potential outcomes and achieve maximum impact on equalities and diversity across Lambeth. For more information about how we commission services, including our one-year and five-year plan is available here: [CCG Plans](#)

3. Mission, Vision and Values

The mission, vision and values of Lambeth CCG were formed from the BIG Lambeth Health debate that Lambeth carried out during 2013 to develop and agree a new five year strategic plan for the CCG called “Healthier Together” and model new ways of working and communication with the citizens of Lambeth.

3.1 Mission

“To improve the health of and reduce inequalities for Lambeth people and to commission high quality health services on their behalf”.

3.2 Values

- We will always tell the truth
- We are fair
- We are open
- We recognise our responsibilities to service users and the wider public
- We act responsibly, *with and for our members*, as a public sector organisation

3.3 Vision

People centred – We will work to co-produce services, built around individuals and population needs, enabling people to stay healthy and manage their own care

Prevention focussed – We will prioritise prevention of ill health and the factors that create it, enabling people to live longer and healthier lives

Integrated – We will commission services in a way that brings service provision together around the needs of people and reduces boundaries and barriers to care.

Consistent – We will promote high quality, accessible, equitable and safe services and reduce variation and variability in provision

Innovative – We will use 21st century technologies to provide better services, better information and to promote choices.

Deliver best value – We will ensure we live within our means and use our resources well.

Our Strategic Vision is being delivered through an integrated system of health and social care across Lambeth. This vision for integrated health and care is shared across Lambeth Clinical Commissioning Group (CCG), Lambeth Council, Southwark CCG and Southwark Council, General Practice within Lambeth and Southwark, Kings College Hospital NHS Foundation Trust, Guy’s and St Thomas’ NHS Foundation Trust and South London and the Maudsley NHS Foundation Trust.

This approach gives us an unique opportunity to embed equalities and diversity beyond the core work of Lambeth CCG. Integral to the success of our approach will be to embed equality and diversity at the heart of all business of the CCG and be an ambassador for this approach in all partnership forums that we are members of.

3.4 Corporate objectives

Lambeth CCG is committed to placing equality and diversity at the heart of its business. This is reflected in our approach to our corporate objectives where we have equality and diversity awareness threading through each objective, identifying how equalities and inequalities can be addressed as part of implementation and an explicit corporate objective on delivering equalities.

4. Lambeth

Lambeth is one of thirteen inner London borough that has a richly diverse and relatively young population, it is densely populated with high levels of mobility in and out of the borough each year.

The key 'equalities and diversity' messages are summarised below, more detail is given in the following sections:

Table 1: Key message for Lambeth

Protected characteristic	Key message
Age	The Lambeth population is comparatively young. This is due to the numbers of working age adults rather than a high number of children and young people
Disability	Estimated 18,000 working age residents who have a moderate or severe physical disability in the borough, and 36,000 who have a common mental disorder.
Gender reassignment	There are slightly more women than men resident in Lambeth but this varies by age group. In the age group 25 to 50 there are slightly more men, in the over 50s, there are more females than males.
Marriage & civil partnership	Lower levels of married residents than comparable areas but ranks Lambeth ranks 6th highest in the country for registered same-sex civil partnerships
Pregnancy & maternity	There are around 4 to 5,000 births in Lambeth every year.
Race	Lambeth is hugely diverse in terms of people's ethnic and cultural background. Lambeth has a high proportion of people from non-White British ethnic groups, but fewer groups are represented than in the more diverse boroughs in London.
Religion & belief	Christians make up 53% of the resident population and Muslims 7%
Sex	There are slightly more women than men resident in Lambeth. There are differences within different age groups.
Sexual orientation	Lambeth has one of the largest populations of men who have sex with men (MSM) in the UK
Socio economic	The population of Lambeth is one of the most deprived in the country, a 1/3 of children are living in poverty

4.1 Age

Lambeth has a relatively young age profile compared to the whole country and around 52% of the population are in the age group 20-44 years, compared with 34% in England in that same age group. Consequently, Lambeth has a smaller proportion of older people when compared to England.

Lambeth has a young age profile due to the numbers of people of working age, rather than large numbers of children and teenagers (0-19 year olds represent 21% of the population and 51% of residents are aged 20-44 years).

For children living in Lambeth there are challenges, one in three children attending Lambeth schools is eligible for free school meals (31% for primary and 31% for secondary). This is comparable with inner London but higher than nationally¹. Around a third (35.5%) of children in Lambeth live in poverty².

Lambeth is worse than the England average for several social conditions that can adversely affect the wellbeing of children and young people including immunisations of children in care; children achieving a good level of development within Early Years Foundation Stage; 16-18 year olds not in employment, education, or training; first time entrants to the criminal justice system; family homelessness; and children in care.

Lambeth has historically had a higher than average infant mortality rate. The infant mortality rate has declined from 7.1 per 1,000 live births in 2001-03 to 6.5 in 2009-2011. Lambeth is significantly worse than the England average in infant mortality.

There are challenges for the other age profiles. Lambeth's older population (aged 60+) is projected to grow by 27% in the next 10 years (2014-24), compared to an 11% growth across the whole population³ and there are significant differences between ethnic groups.

Whilst the 60+ population is projected to grow by 27% overall, the black Caribbean 60+ population is projected to grow by 38%, from around 5,000 to 6,700. This is compared to an all-age decrease in the black Caribbean population of 4.6%, from 28,600 to 27,000.

Similarly, the black African population is projected to grow by 10.9% overall, but the 60+ population is projected to increase by 82%.

The white population is projected to grow much less.

4.2 Disability

There are many measures related to disability, each with a slightly different emphasis. For example, some focus on disability as a barrier to economic activity, rather than the extent to which day to day activities are limited, or the kind of care needed. Comparisons would not be meaningful unless the same measure was used.

About 37,000 people in Lambeth say their day-to-day activities limited by a long term illness or disability, about 17,000 limited a lot, and 20,000 limited a little. About 60% of people with a limiting

¹ Lambeth State of the Borough 2014

² Children living in households receiving in-work or out-of-work benefits (NI 116) 2008.

³ GLA 2012 Round Ethnic Group Population Projection

health condition are aged over 50. About 12% of residents aged 50-64 have a limiting health condition, as do 27% of 64-74s, 46% of 75-84s and 64% of over 85s.

Data from the Lambeth residents survey⁴ found that 12-16% of adults classify themselves as having a long term limiting illness or disability; 2-3% of young people aged 11-19 years classify themselves this way.

The PANSI system⁵, produced by the Department of Health, projecting data from the Health Survey for England to a borough level suggests that there are 18,000 working age residents who have a moderate or severe physical disability in the borough, and 36,000 who have a common mental disorder.

Table 2: Predicted numbers of disabled people (2014)

Physical disabilities (18-64 years)	
Moderate physical disability	14,361
Serious physical disability	3,662
Serious visual impairment	145
Moderate or severe hearing impairment	5,637
Profound hearing impairment or deaf	43
Males long term sick or disabled	4,887
Females long term sick or disabled	4,181
Mental disabilities (18-64 years)	
Common mental disorder	35,906
Antisocial personality disorder	789
Psychotic disorder	892

Source: PANSI, Department of Health

4.3 Gender reassignment

National estimates suggest that there are 20 transgender people per 100,000 people in UK. This would suggest that there are 50 to 60 transgender people in Lambeth⁶.

4.4 Marriage and civil partnership

2011 Census data tells us that Lambeth has lower levels of married residents than comparable areas: 26.2% of our residents are married compared to 31.2% for inner London and 39.8% for London as whole. Only Islington has a higher proportion of single people than Lambeth, and only Islington has a lower proportion of married people at 24.8%.

In 2011 the Census asked the question about whether couples are part of a civil partnership for the first time. Lambeth ranks 6th highest in the country for registered same-sex civil partnerships at

⁴ Lambeth Residents Survey 2014

⁵ <http://www.pansi.org.uk/>

⁶ Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution, Gender Identity Research and Education Society, 2009.

0.8% or 2,060 couples (compared to 0.4% average for London and 0.7% for Inner London). According to official returns from the Lambeth register office, between 600 and 800 marriages and under 100 civil partnerships take place in the borough each year. This is in line with other similar boroughs like Southwark and Lewisham and further investigation is underway to see whether the drop in marriages for 2012 is a Lambeth specific trend or something seen in other boroughs as well.

The Lambeth register officer believe it is likely that these figures are an underestimate as some establishments are not timely in returning marriage and civil partnership statistics to the council. The Register office is undertaking work to explore how best to encourage marriage and civil partnership returns to be completed through the equality monitoring policy.

Table 3: Marriage and civil partnership data

	2009	2010	2011	2012
Marriages	635	758	641	475
Civil Partnerships	92	86	79	90

4.5 Pregnancy and maternity

There are around 4 to 5,000 births in Lambeth every year. This suggests that there are, at any one time in Lambeth, between 6,000 and 9,000 Lambeth residents are currently pregnant or on maternity leave.

4.6 Race

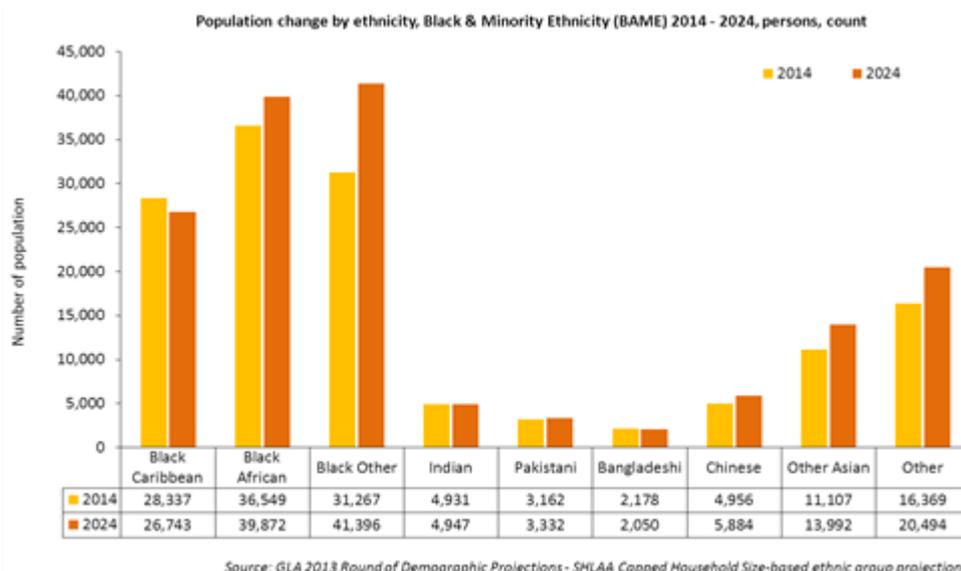
Lambeth has an ethnically diverse population with the Black, Asian and Minority Ethnic (BAME) community accounting for around 43% of the total population. Over 96,000 (approximately 30%) people are classified as Black with almost equal proportions of Black African (12%) and Black Caribbean (9%)⁷.

Lambeth has a high proportion of people from non-White British ethnic groups, but fewer groups are represented than in the more diverse boroughs in London.

Around 40% of Lambeth residents are White British or Irish, in line with inner London (43%). Lambeth's largest non-white ethnic group is black African (11.5%), followed by black Caribbean (9.8%). Lambeth has the second largest proportion of black Caribbean people in London (9.5%) after Lewisham (11%). Lambeth has a very small Asian population compared to many places in London. Only 7.8% of Lambeth residents are from Asian backgrounds (including Chinese), much less than the inner London average (14.5%).

⁷GLA 2013 Round Ethnic Group Projections SHLAA

Graph 1: Lambeth ethnic groups



Lambeth has residents from all around the world. 60% of Lambeth residents were born in UK, overwhelmingly England. There are 117,000 Lambeth residents born outside UK, which is 38% of the population.

Table 4: Place of birth worldwide

	Place of birth (non-UK)	Number	%
1	Europe	42,514	14
2	Africa	28,715	9.5
3	America and Caribbean	15,968	5.2
4	South and Central America	9,352	3.1
5	Australia/New Zealand	6,166	2
6	South Asia	5,377	1.8
7	South East Asia	4,032	1.3
8	Eastern Asia	2,807	1.0
9	Middle east	1,704	0.5

There are 42,500 Lambeth residents born in Europe outside UK, 14% of the population.

Table 5: Place of birth within Europe

	Place of birth	Number	%
1	Portugal	6,992	2.3
2	Poland	6,934	2.3
3	Ireland	5,808	1.9
4	France	3,667	1.2
5	Italy	3,679	1.2
6	Germany	2,338	0.8
7	Spain	2,130	0.7
8	Lithuania	603	0.2
9	Romania	705	0.2
10	Turkey	595	0.2

The Lambeth residents who were born in Africa (28,700) make up 9.5% of the population and come mostly from Nigeria, Ghana and other Central/West Africa countries.

16,000 Lambeth residents were born in America and the Caribbean, 5.2% of the population. 9,300 Lambeth residents were born in South and Central America, 3.1% of the population, and 6,100 Lambeth residents were born in Australia and New Zealand (2% of population). Residents born in South and South East Asia, Eastern Asia and Middle East make up 4.6% of the population.

Lambeth's child population is more diverse than the population as a whole. 39% of the population as a whole is from a White British background, compared to 25% of people under 20. 14.3% of pupils in Lambeth schools are from a White British background, compared to 25% of the population aged 5-17. Approximately 140 different languages are spoken by families in the borough, with the most common languages after English being Portuguese (7% of pupils), Spanish (5%), Somali (4.5%), French (3.7%), Yoruba⁸ (3.6%), Akan/Twi-Fante⁹ (2.8%), Polish and Arabic (both 2.4%) and Bengali (1.5%).¹⁰

There are 3,587 people who live in Lambeth who were born in the UK but whose main language is not English, 1.2% of all usual residents aged 3 and over. Of these 86% can speak English well or very well (735 and 2,347 respectively). 348 cannot speak English well (9.7%) and 157 cannot speak English (4.4%).

4.7 Religion and belief

60% of people in Lambeth stated that they have a religion and a quarter of residents stated that they did not. Those that stated that they have a religion were overwhelmingly white British (60%), white other (15%), and 9% of mixed ethnic groups.

Christians make up 53% of the resident population and Muslims 7%. These are the two largest groups of residents by religion, which have differing Ethnic profiles. Lambeth's Christian population is about 34% white British, 18% other white, 15% black African and 13% black Caribbean. The Muslim population is about 31% Asian, 33% black African and 10% other ethnic group.

⁸ Nigeria

⁹ Ghana

¹⁰ Lambeth School pupil survey 2013.

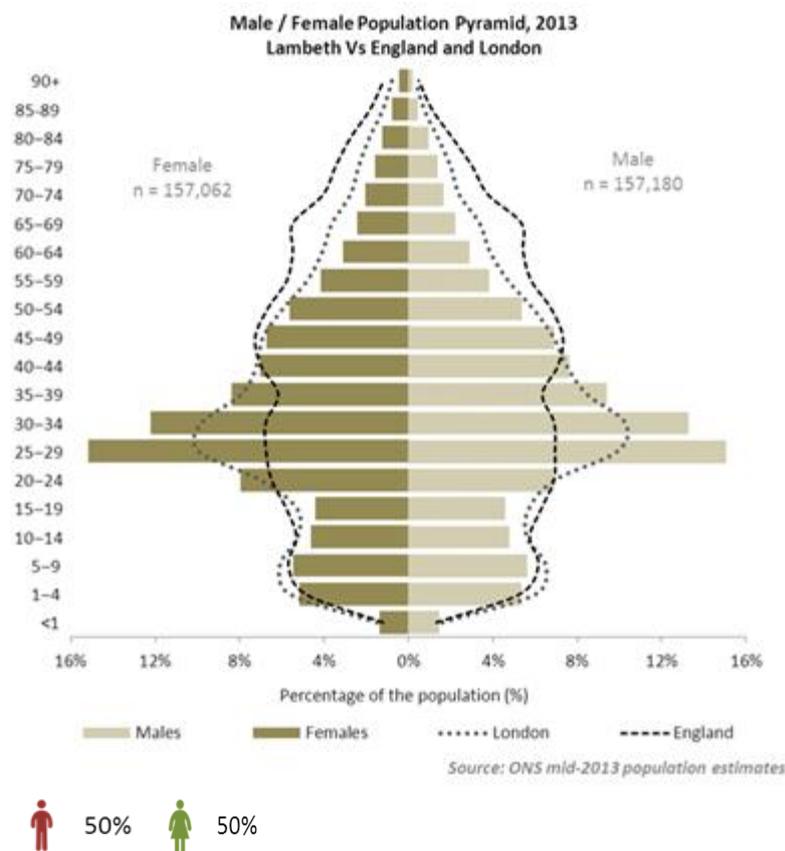
Table 6: Population by religion

Christian	160,944	53.1%
No religion	84,803	28%
Religion not stated	26,501	8.7%
Muslim	21,500	7.1%
Buddhist	2,963	1.0%
Hindu	3,119	1.0%
Other religion	1,682	0.6%
Jewish	1,134	0.4%
Sikh	440	0.1%

4.8 Sex

There are slightly more women than men resident in Lambeth – around 155,400 females compared to 154,700 males¹¹. However there are differences in the age profile of the males and females in Lambeth. The young working age population, from around 25 to 50, is about 51% male and 49% female. For all ages over 50, there are more females than males. 53% of people aged 50+ are female, 47% male.

Figure 1: Population pyramid



¹¹ Office National Statistics, 2011 Census

4.9 Sexual orientation

Recent data that suggests that Lambeth has one of the largest populations of men who have sex with men (MSM) in the UK¹². The Lambeth State of the Borough report (insert link) estimates that between 3 to 5% of respondents to the Lambeth Residents Survey identified themselves as lesbian, gay or bisexual. The report acknowledges that this is likely to be an under representation.

4.10 Socio economic deprivation

Compared to other parts of the UK, including inner city areas, the population of Lambeth is one of the most deprived in the country (the 9th most deprived borough in London and the 29th most deprived in England). 36.7% of Lambeth live in the most deprived areas in England and this includes about 31.6% (17,400) children that are living in poverty. Residents are more likely to experience poor health and greater need for health services. The gap in rates of early (premature) death between the least and the most healthy in the borough and the gap between our overall rate and that of the national rate is higher than the national average.¹³

5. Equality and diversity priorities and challenges

The key challenge for Lambeth CCG is to ensure that the totality of our local communities experience equitable health outcomes across the borough. In doing so we need to ensure:

- The needs of our local population are identified through effective analysis of diversity and inclusive engagement
- We meet the health and social care needs of our diverse population, both patients and carers through effective and efficient commissioning, partnership working and good governance
- We continuously analysis the impact of our policies and programmes on different protected groups in the community; and our workforce
- We maintain openness and transparency through providing equality information about what we commission and the outcomes achieved to address health inequalities

5.1 Our commitment:

We recognise that to ensure that we make a difference to the totality of our local communities we need to have clear, specific objectives in place that can be tracked and measured. Underpinning this is our commitment, to how we intend to work with the local communities to ensure that together we maximise the impact for all.

We commit to:

Actively promote fairness in all services to achieve a healthier Lambeth

¹²Men who have sex with men: estimating the size of at-risk populations in London primary care trusts, Health Protection Agency (HPA), 2010.

¹³For more information on the population of Lambeth please see the latest published Joint Strategic Needs Assessment at <http://moderngov.lambeth.gov.uk/mgConvert2PDF.aspx?ID=19029>

- Engage communities that do not necessarily come forward either for services or to contribute to service improvements
- Earn the trust and confidence of all communities
- Ensure that our staff are skilled, informed and confident to promote equality and diversity and challenge discrimination effectively where it occurs
- Ensure we have a highly talented workforce to commission services which employ people from all communities and backgrounds
- Participate actively in partnership working to promote equality and to challenge discrimination
- Be open and transparent about our progress

5.2 Leadership and Governance

The CCG Chair, Dr Adrian McLachlan, has made a clear commitment to ensuring that equality and diversity is at the heart of the business of the CCG. The Governing Body lead for equalities Dr. Paul Heenan actively promotes the equalities work in a public engagement events, Governing Body seminars and meetings, and provides the clinical leadership when advising on joint areas of work for example with Guys & St Thomas and London Borough of Lambeth. The Director of Governance and Development, Una Dalton is the Executive Lead for Equality and provides support to workforce and leadership development.

In 2014 we completed both an Equality Delivery System (EDS) and an Equality Impact Assessment of the new five year strategy “Healthier Together”. The outcomes of both were presented to the Governing Body in public in January 2015. The Governing Body noted the findings of both reports and agreed the recommendations, delegating the monitoring task of implementation to the Engagement, Equalities and Communications sub-committee of the Governing Body.

5.3 Our staff

As a CCG, we currently employ 51 staff. This means that we are not required by law to publish staff equality data. However, we have made a commitment to be transparent and are committed to attracting, retaining and developing a diverse and skilled workforce.

As part of our Equality Delivery System (EDS) exercise we collated the equality data of our staff to ensure that our workforce reflects the diversity of our population and identify any areas for improvement. We know that our workforce is a fair representation of the ethnicity of Lambeth, but recognise that this representation is not reflected throughout all levels within the staff team.

We know that Lambeth CCG when compared to London and national CCG’s has a better representation of staff with a disability. However we also acknowledge that this level does not reflect the proportion estimated in the Lambeth population.

Through the EDS assessment we were able to identify a number of areas to focus on to improve support to staff, for example support to people with disabilities in recruitment and in employment.

We actively work to remove any discriminatory practices in our work, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. In the EDS completed in 2014 we were grading as Excelling for workforce. This does not however mean that we cannot improve further, and this strategy includes a dedicated equality objective on workforce and a corresponding action plan.

5.4 Communications and Engagement

We are committed to transparency and openness and recognise that individual members of the public and sections of the community may experience barriers in accessing information and services. Our Communications Strategy encourages the use of a wide range of communication methods to promote access to information and will ensure the engagement process is open and accessible to all.

The Communications strategy sets out how we will establish mechanisms for:

- Engaging with, and listening to, patients, carers, diverse groups and other stakeholders
- Having a means of ensuring that patients' experiences are taken into account when commissioning decisions are made
- Communicating with stakeholders to ensure that people are kept informed of developments and have access to information they need, when they need it.

We are committed to fully involving all sections of the community in the development of our objectives and associated action plans. We will continue to strive to give every opportunity to our key stakeholders to comment on health services in Lambeth to inform priorities for action. This includes:

- Finding out what barriers people face and taking steps to remove them
- Asking if people are satisfied with health services e.g. through surveys, focus groups
- Setting priorities and planning changes
- Monitoring and reviewing current data and provision
- Reviewing and revising the Equalities strategy and implementation plan
- Providing feedback on how people's views have influenced our decisions and actions.

5.5 Partnership working

We have good working relationships with London Borough of Lambeth. Our joint commissioning arrangements are delivered by a team of commissioners who cover children and adults as part of the Integrated Commissioning teams.

Other partnership activity across the wider system includes working with Southwark Clinical Commissioning Group (CCG) and Southwark Council as part of the Southwark & Lambeth Integrated Care programme (SLIC), our local providers Guys & St Thomas, Kings College Hospital and South London & Maudsley.

We are also committed to supporting the work across the south east London CCGs to support implementation of a south east London wide Equalities Strategy.

6. Building on previous work

6.1 Joint Strategic Needs Assessment (JSNA)

The Lambeth JSNA uses the six policy objectives identified in the Marmot Review to demonstrate how inequalities affect our local people and what we are doing to reduce them and it identifies health and wellbeing issues experienced by people and ways in which these could be addressed.

Information from the JSNA has been used to develop a Health and Wellbeing Strategy for Redbridge which will be produced by the Shadow Health and Wellbeing Board.

6.2 Healthier Together 5 year plan

Following the establishment of Lambeth CCG we made a commitment to engage with our local communities and to develop a new way of working that placed equalities at the heart of our business and propelled Lambeth CCG and its partners to work in a way that maximised our collective impact for the whole of Lambeth's community.

6.3 2014 EDS exercise

The Equality Delivery System2 (EDS)¹⁴ is currently an optional approach to support the NHS to deliver on the Public Sector Equality Duty for patients, the public and staff. It builds on the Equality Delivery System that was launched in 2011. It applies to people afforded protection by the Equality Act 2010 from unfavourable treatment because of the following specified 'protected' characteristics. In 2014 we commissioned independent support to evaluate our progress on our equality objectives using the updated EDS methodology (EDS2). The assessment which included extensive community input assessed progress on achieving the equality objectives as **"Developing"**. This means that the CCG were able to demonstrate evidence that the majority of people in three to five of the protected groups fare as well as people overall.

The full Equality Delivery System reports and findings can be found on the Lambeth Equality and Diversity page at: [Lambeth CCG Equality and Diversity](#)

¹⁴ NHS Equality Delivery System can be found at <http://www.england.nhs.uk/ourwork/gov/edc/eds/>

Table 7: EDS grades for Lambeth CCG 2012 Equality Objectives

		EDS Goal					Overall Grade
		1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	1.2 Individual people’s health needs are assessed and met in appropriate and effective ways	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
Equality Objective	HIV	D	D	D	D	D	D
	Alcohol	D	A	A	A	D	A
	Smoking	A	D	D	A	A	A
	Childhood Obesity	A	A	D	D	A	A
	Mental Health	A	D	U	D	D	D
	CVD	D	D	U	D	D	D
	Diabetes	A	D	U	A	D	D

6.4 Equality Impact Assessment of the “Healthier” Together Strategy

Equalities Impact Assessments are tools that enable public bodies to set out how they are discharging their obligations in meeting the Public Sector Equality Duty.

In 2014 Lambeth CCG completed an Equality Impact Assessment of its five year plan “Healthier Together”. The findings provide a snapshot of steps that have informed clinical commissioners and programme leads in reducing health inequalities, progressing equalities and engaging protected groups, taking account of the needs of carers and people living in socially and economically deprived circumstances. The full report has been collated to provide understanding about how the vision of the “Healthier Together” Strategy could be achieved for patients and populations across the London Borough of Lambeth in a fair and equitable manner and can be found here: [Healthier Together EIA](#)

The report reached 8 conclusions and makes 32 recommendations. In summary the report states that some programmes and/or work streams have been able to evidence an understanding and application of an “equalities” lens through much of their work, giving confidence that these programmes and/or work stream will make a positive contribution to equalities in Lambeth.

The Integrated Care for Adults: Long Term Conditions work stream, the Integrated Mental Health Services and the Integrated Services for Children and Young People (including Maternity) Programme, are cited as examples where extensive efforts have been made to identify and meet the health needs of priority protected groups for, example, older people, disabled people, young people, children and pregnant women. However, in some programme/work stream areas, respondents were not able to share details that would have engendered similar confidence and, across the board, some protected groups appear to have received relatively little attention.

Respondents provided or made references to a variety of (mostly) qualitative and (little) quantitative information. Some of it was highly positive (for example, the Equality Report 2014) and relevant but there were omissions that illustrated potential gaps.

The report concludes that there are many examples of good practice and that we could significantly improve our ability to make a positive impact on equalities through a more systematic approach to completing equality/equity audits, engagement with protected groups, data collection and performance monitoring. These key recommendations have been incorporated into this equality strategy.

7. Achievements on the 2012-2015 Equality Objectives

7.1 Overall equality objective:

“To improve life expectancy in Lambeth, narrowing the within-Lambeth gap in premature death between men and women and reducing the gap in premature death between Lambeth and nationally; men will live 17 months longer and women 7 months longer and the gap in life expectancy between the most and least deprived will be reduced by 2 months.”

Since 2011 we have seen an improvement in life expectancy for males of over 7 months and 2.2 years for females. We have already achieved our goal of women living 7 months longer and have been significant headway on achieving 17 months for men and we are reducing the gap in life expectancy.

7.2 Goal 1 Serious Mental Illness

Increasing numbers of people with Severe Mental Illness have given up smoking. The physical health checks undertaken by SLaM includes testing for diabetes and GPs invite all their patients with severe mental illness for an annual physical health check which includes testing for diabetes and provides advice and support to maintain healthy lifestyles. In Lambeth over 90% of people with severe mental illness receive a health check from their GP each year.

The IAPT service has successfully focused on the two priority areas of people with long term conditions and people over 55 years of age.

7.3 Goal 2 Cardiovascular disease

In 2011 equity profile work was completed across 51 practices in Lambeth looking at the total % of patients on the blood pressure register with their blood pressure controlled to 150/90. Improvements since then have seen practice variation reduced with a significant improvement in the numbers of practices having increased the number of patients with hypertension known to them

7.4 Goal 3 Diabetes

A primary care clinician education programme took place during 2012-13 across a range of community health care professionals and aims to reduce variation in care across Lambeth. Practices were set measurable goals for equity and equality. The outcome of this work has seen contributed to significant improvement for people living with diabetes in Lambeth. Previously ranked 19th in London, Lambeth is now ranked 9th on blood glucose control for diabetic patients.

7.5 Goal 4 HIV

HIV care and support services were reviewed in 2012 and included detailed equalities analysis. Action plans are in place and the Service User reference Group has been established.

7.6 Goal 5 Smoking

Smoking remains the biggest contributing factor to preventable ill health and premature death in Lambeth. Over the last 10 years we have supported over 15,000 smokers in their bid to quit, with approximately 40% remaining quit at four weeks. In the same period we have seen smoking prevalence drop by 1% to 20.1%, which is similar to the England average.

7.7 Goal 6 Childhood obesity

Over a period of five years, the only area in England to sustain annual reductions in obesity in year 6 children. Public Health England has identified the work Lambeth is doing to address childhood obesity as an example of good practice and intends to disseminate the approach as a national case study. In 2013 the Lambeth Healthy Weight Care Pathway service model was winner of an European award and in 2014 winner of the Maternity Services Awards for the Lambeth Breastfeeding Strategy.

7.8 Goal 7 Alcohol

In 2013-14 approximately 550 people accessed alcohol treatment at local drug and alcohol services within the borough and 875 accessed Lambeth alcohol recovery centre within Guys & St. Thomas A&E. A programme of training in 'brief interventions' has been implemented across acute, community, pharmacy and mental health services which includes the Identification and Brief Advice (IBA) tool for staff to use to identify if a person has a potential alcohol problem and to motivate them to do something about it.

8. Lambeth CCG Equality objectives 2015-18

During 2014 Lambeth CCG completed an Equality Delivery System (EDS) assessment of the progress it had made on the equality objectives set in 2012. We also completed an Equality Impact Assessment of our new 5 year plan "Healthier Together". The findings and recommendations have informed the objectives and action plans listed below.

8.1 Equality Objectives:

Objective 1: Equality data	To use data more effectively to promote equality in all decisions made by the CCG.
Objective 2: Engagement	To strengthen stakeholder, community and patient engagement and work in partnership to advance equality and reduce health inequalities.
Objective 3: Health Inequalities	Please see detail in the next table
Objective 4: Workforce	To maintain a well-supported, empowered motivated and engaged workforce.
Objective 5: Leadership	To ensure that leadership is inclusive at all levels.

8.2 Health Inequality objectives

Programme	Objective
Children & Young People including maternity	Focussed on children and young people: To improve the transition of care for those receiving mental health services
Adults	Focussed on adults profiled by age, sex and ethnicity: To obtain a baseline assessment of three of the nine protected characteristics within the financial year 2015/16 of people registered in Lambeth GP practices with uncontrolled hypertension (defined as a systolic blood pressure ≥ 160 mmHg and/or diastolic blood pressure ≥ 100 mmHg)
Mental Health	Focussed on people with serious mental illness (disability): Reduction in the number of people with severe mental illness who are currently smokers
Staying Healthy	Focus by socio economic group: Proportion of smokers from routine and manual groups who set a quit date and are quit at four weeks
Primary care (1)	Focussed on disability and age: To improve primary care access and patient experience for vulnerable adults and their Carers (increase annual health checks for specific groups identified e.g. people with Learning disabilities, Dementia, Long Term Conditions).
Primary care (2)	Focus on fostering good relationships: Increase Patient/Public engagement and empowerment (Support development of Lambeth PPG Network, Increase training available to patient/public in Lambeth)

8.3 Implementing the Equality objectives

The CCG’s Equality Objectives will be implemented through an annual action plan. The CCG Board will receive progress reports on the Action Plan and will be responsible for reviewing the Objectives on an annual basis.

Equality objective	Action	Lead	Timeline	EDS outcome	Outcomes/Measure of success
Objective 1: Equality data & information To use data more effectively to promote equality in all decisions made by the CCG	Review of its existing Equality Impact Assessments to identify continuing equality issues in commissioning appropriate and responsive services	Programme SROs	Q1-Q2	1	A user-friendly Equality Impact Assessment Tool which has been trialled with commissioners
	Use the agreed template for completion of Equality Impact Assessments as a screening tool for considering and demonstrating the implications of programme proposals on equality.	Programme SROs	Q1	1	An agreed screening tool trialled with commissioners that clarifies if a full EIA screening is required
	Programme boards to decide which priority commissioning areas should be screened using the Equality Impact Assessment template and its associated guidance	Programme SROs	Q2	1	Completed, updated EIA of priority commissioning areas
	EIA template and its associated guidance to be updated for all protected groups, including carers across the range.	CCG Equalities lead	Q1	1	Up-to date EIA template
	Programme boards, together with the CCG BI team and CSU, to establish where there is scope to systematically improve: i) The collection of data across the range of protected characteristics; and ii) Disaggregation of data to permit a greater level of detail relevant to access and experience.	Programme SROs	Q1	1	Collation & analysis of equalities data to inform commissioning & inclusion in the IGC performance report tracking progress on the equality objectives
	CCG BI team to work with primary care providers to establish equalities data reporting	Head of Performance /	Q1	1	Collation & analysis of equalities data to inform development of

Equality objective	Action	Lead	Timeline	EDS outcome	Outcomes/Measure of success
		BI			primary care initiatives
	Require providers to submit equality analysis with quality data reviewed by either the Governing Body or the Quality and Clinical Governance Committee.	Programme SROs	On-going	1	Evidence of equality data and analysis informing decision making through governance process
	Require providers to capture, report and analyse complaints data is by complainant profile and analyse this data (gender, age, ethnicity & disability)	Programme SROs	On-going	2	Regular analysis of equality profile data of complaints part of complaints reports to Governing Body / Integrated Governance Committee.
	Do a thematic analysis of complaints so that equality themes can be identified where relevant.	AD Governance & Quality	On-going	2	Thematic analysis of complaints, with a clear identification of equality themes where relevant. Included into 2015/16 Annual Report.
	Ensure equality analysis is reviewed as part of the contract and quality monitoring process	Programme SROs	On-going	2	Equality analysis will be reported quarterly as part of the quality reports.
	Work with the CSU and the providers to improve data monitoring (e.g. KPIs)	Head of Performance / BI	Q1-Q2	1	Evidence of equality data collected by providers
	Improve equality data monitoring for service planning, commissioning and monitoring outcomes and experience.	Programme SROs	Q1-Q2	1	Evidence of equality data and analysis informing commissioning decision processes
	Identify how using the contracting cycle can better enable the analysis and reporting of data on the services it commissions.	Programme SROs	Q2	1, 2	Improved equality data and monitoring in the 2016/17 contracts
	Provide training to staff on equality data monitoring.	Joint ADs Organisational Development	On-going	3	Evidence of improved staff awareness and competencies on equality

Equality objective	Action	Lead	Timeline	EDS outcome	Outcomes/Measure of success
	Carry out equality analysis of policies and programmes (e.g. QIPP).	CCG Equalities lead	Q1-Q2	1	Evidence of an understanding of the impact of QIPP on protected characteristics
Objective 2: Engagement To strengthen stakeholder engagement and work in partnership to reduce inequalities	Programme boards to further develop the CCG's stakeholder database to identify voluntary, community or charitable organisation's that	Programme SROs	Q2	2	Evidence of engagement with communities with protected characteristics
	(1) are managed by or (2) mainly provide services for people with shared protected characteristics, carers, people living in socio-economically deprived environments		Q2	2	
	Programme boards to build a log of the engagement activities they undertake with people from protected groups, carers, and people living in socio-economically deprived environments	Programme SROs	Q2	2	Comprehensive engagement log covering all protected characteristics
	Programme boards to develop a mixed programme of layered engagement centred on both dedicated conversations with prioritised communities that share particular protected characteristics and conversations with a broader mix of population groupings.	Programme SROs	Q1-Q2	2	Evidence that engagement considers communities with protected characteristics
	Align Engagement and Equality Strategies	Head of Engagement / CCG Equalities lead	Q2	2	Evidence that engagement considers communities with protected characteristics
Objective 4: Workforce To maintain a well supported, empowered motivated and engaged workforce.	Review and consider options for improving co-ordination and developing equalities capacity and capabilities strategically across the five programme areas.	CCG Equalities lead	Q2	3	Evidence that staff have improved understanding of equalities
	Use the annual performance appraisals to showcase examples of strong equalities performance and identify development needs in building equalities and cultural competences.	Head of Performance / BI & CCG Equalities lead	On-going	3	Provides examples of best practice and evidence for development needs
	Develop and implement equality and diversity policies	CCG Equalities lead &	On-going	3	Evidence of best practice in CCG policies

Equality objective	Action	Lead	Timeline	EDS outcome	Outcomes/Measure of success
		Director Governance & Development			
	Publish equality data on workforce including recruitment and leavers.	CSU on behalf of the CCG	On-going	3	Evidence included in the annual EDS
	Explore and implement workplace well-being initiatives (explore partner initiatives)	CCG Equalities lead	Q2-Q3	3	Evidence of improved support to staff with protected characteristics and all staff
Objective 5: Leadership	Consider an equality champion for each of the 9 protected characteristics	CCG Equalities lead	Q2	4	Improved understanding at leadership level of equalities
	Include as Zero tolerance in the BAF - comply with the PSED, in particular the aims of the General Duty	Director Governance & Development	Q1	4	Evidence of commitment to equalities as a corporate objective
	A training programme for the governing body on the protected characteristic groups in Lambeth and challenges	Joint ADs Organisational Development	Q3	4	Improved understanding at leadership level of equalities

8.4 Monitoring and Review

The Engagement, Equalities and Communications group will monitor the delivery of our equality Objectives and implementation plan on a quarterly basis, providing a summary of progress to the Integrated Governance Committee, the Governing Body and the public, ensuring it is made available in accessible formats.

The Engagement, Equalities and Communications group will oversee and challenge our approach to engagement activities to ensure our work is inclusive of the population we serve.

8.5 Publishing Equality Information

We are committed to publishing a range of equality information to help our local resident's gain a greater understanding of the decisions we are making and why they are being taken. In line with good practice, we will aim to ensure our published equality information:

- Is available on-line and up-to-date.
- Is easy to find, clearly linked together and (ideally) available in one place.
- Covers both potential and actual service users.
- Provides information on the core functions of the organisation.
- Includes evidence on how equality impact is assessed, particularly with regard to the most relevant functions and policies.
- Is accessible to everyone and available in relevant alternative formats and languages, where required.