

1. Introduction and Background

About this summary report are action plan:

The Equality Delivery System (EDS2) is a specific equalities reporting framework for the NHS. It has four goals and 18 outcomes. From April 2015, EDS2 became mandatory for NHS organisations including CCGs. The 2015/16 CCG Assurance Framework states:

“A CCG will need to demonstrate: Robust implementation of EDS2 to help meet the Public Sector Equality Duty and improve their performance for people with characteristics protected by the Equality Act 2010; and assurance, through the provision of evidence, that their Providers are doing the same.”

In 2015, NHS Southwark Clinical Commissioning Group (the CCG) undertook a comprehensive EDS2 self-assessment across the four goals and 18 outcomes in relation to the nine protected groups by law (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) In summary:

- On goal one (better health outcomes), the CCG is **amber (developing)**
- On goal two (improved patient access and experience), the CCG is **amber (developing)**
- On goal three (a representative and supported workforce), the CCG is **green (achieving)**
- On goal four (inclusive leadership), the CCG is **amber (developing)**

This summary report below uses the NHS England template headings.

Action plan 2016/17

The action plan attached to the EDS2 summary report sets out the CCG’s response to:

- The gaps and risks identified by the CCG’s EDS2 self-assessment
- The Emerging actions from the equality and diversity [stakeholders’ workshop](#) (1 Dec 2015)
- The recommendation to refresh the CCG’s four-year equality objectives following the publication of the fourth year [equality objectives progress report 2016](#)

	Development and sign off progress	Date
1	Quality and Safety Sub-committee (QSSC)	8 March 2016
2	Equality and Human Rights Steering Group (EHRSG)	23 March 2016
3	Integrated Governance and Performance Committee (IGP)	31 March 2016
Author	Harjinder Bahra, Equality and Human Rights Manager	

1. NHS Organisation name:

NHS Clinical Commissioning Group

2. Organisation’s Governing Board lead for EDS2:

Malcolm Hines, Chief Financial Officer

3. Organisations EDS2 lead (name/email):

Harjinder Bahra, Equality and Human Rights Manager, hbahra@nhs.net

4. Level of stakeholder involvement in EDS2 in, grading and subsequent actions:

For external assurance of the CCG’s approach, on 1 December 2015, the CCG held an equality and human rights stakeholders’ workshop with invited local people and organisations that broadly represented the nine protected groups. A number of actions emerged from the workshop that are informing the CCG’s equality and human rights action plan for 2016/17. The stakeholders’ workshop report can be found by following the link on the page:

<http://www.southwarkccg.nhs.uk/about-us/equality-and-diversity/>

5. Organisations equality objectives (including duration period):

The CCG’s four-year equality objectives were chosen as part of the authorisation process in 2012. They reflect the key equality priorities pertinent at that time. These are:

1. Equality Objective 1 – Engagement and Patient Experience
2. Equality Objective 2 – Learning Disability
3. Equality Objective 3 – Mental Health
4. Equality Objective 4 – Provider Contracts
5. Equality Objective 5 – Care Homes in Southwark

The 2016 equality objectives report can be found by following the link on the page below:

<http://www.southwarkccg.nhs.uk/about-us/equality-and-diversity/>

Goal 1: Better health outcomes		
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities		
Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Amber (developing)	Age Marriage and Civil Partnership Pregnancy and maternity Religion or Belief Sex	Examples of how the CCG is working on this outcome include: <ul style="list-style-type: none"> having in place a Joint Strategic Needs Analysis (JSNA), which identifies the health and wellbeing needs of Southwark’s population to inform the commissioning of local health and wellbeing and social care services commissioning an Extended Primary Care Service for all Southwark people (8 am to p.m. 7 days a week 365 days a year and delivered through two GP federations)

		<ul style="list-style-type: none"> • developing an approach to integrated commissioning and provision through the Southwark and Lambeth Integrated Care programme (SLIC) to change the way services are delivered and improving the lives of local people through truly integrated care • developing an approach to outcomes based commissioning which is described in Southwark’s Five Year Forward View in order to develop services that address the complexities of individual’s lives • developing local care networks – these are a multi-specialty community team bringing together doctors, nurses, social workers, housing support workers, home care workers and therapists who together towards shared goals in a clear jointly agreed way, communicate with one another, have access to excellent specialised networks, and share responsibility and accountability for improving the health and wellbeing of their population • developing a healthy weight management service to tackle the high prevalence of people who are obese or overweight • engaging with and mapping the mental health and wellbeing needs of the black, Asian and minority ethnic communities (BAME) to inform better commissioning for this community • developing a primary care mental health model in order to transform adult mental health services • developing the joint Children and Young People’s strategy to enable better start in early life, safety and stability, choice and control from childhood to adulthood <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that outcomes are reported for all protected characteristic groups.</p>
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1.2 Individual people’s health needs are assessed and met in appropriate and effective ways

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Amber	Age	Examples of how the CCG is working on this outcome include:

<p>(developing)</p>	<p>Disability Marriage and Civil Partnership Pregnancy and maternity Religion or Belief Sex</p>	<ul style="list-style-type: none"> • Development of care planning in primary care for patients with diabetes, hypertension and respiratory long term conditions. • Working with acute providers through contractual incentives to develop care planning • Working with SLAM through contractual incentives to develop Recovery and Support planning approach where users are supported to define their own goals based on their personal needs and aspirations • Development of a series of programmes to support self-management for those with long term conditions • Development of Personal health budgets (PHBs) – person-centred pathways for people with long-term conditions and continuing care, including children <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that all needs for services are described according to relevant characteristics or are met equally across protected characteristic groups</p>
	<p>1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p>	
<p>Grade</p>	<p>Protected characteristics that fare well</p>	<p>Evidence drawn upon for the rating</p>
<p>Amber (developing)</p>	<p>Age Disability Marriage and Civil Partnership Pregnancy and maternity Sex</p>	<p>Examples of how the CCG is working on this outcome include:</p> <ul style="list-style-type: none"> • Development of local care networks – these are a multi-specialty community team bringing together doctors, nurses, social workers, housing support workers, home care workers and therapists who together towards shared goals in a clear jointly agreed way, communicate with one another, have access to excellent specialised networks, and share responsibility and accountability for improving the health and wellbeing of their population • Development of care navigation pilots in primary care to support user and patients in accessing a range of services • Development of Southwark’s joint mental health

		<p>strategy which incorporates inclusive transitions in mental health care pathways</p> <ul style="list-style-type: none"> Improving transition from one service to another is also incorporated into the Our Healthier South East London (OHSEL) programme <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that transitions between services are met equally across protected characteristic groups</p>
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1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse		
Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Amber (developing)	<p>Age</p> <p>Marriage and Civil Partnership</p> <p>Pregnancy and maternity</p> <p>Religion or Belief</p> <p>Sex</p>	<p>Examples of how the CCG is working on this outcome include:</p> <ul style="list-style-type: none"> working with safeguarding leads on preventing female genital mutilation (FGM), including the joint annual conference (23 March 2016) by Southwark Safeguarding Children’s Board and Southwark Safeguarding Adult’s Board on FGM ensuring that safeguarding partnerships and procedures are in place and safeguarding lead are well informed and trained in this area chairing monthly Clinical Quality Review Group (CQRG) meetings with providers and led by clinicians which includes reporting and discussions on never events, serious incidents and complains establishing the Quality and Safety Sub-committee (QSSC) in 2014, which is tasked with monitoring and improving the quality, safety, equality and compassionate care outcomes from providers establishing the Equality and Human Rights Steering Group (EHRSG) developing a Provider Quality Site-Visit Framework to promote, quality, safety and human rights <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that all protected characteristic groups’ safety is prioritised in the same</p>

		way as we do not have a full data set
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities		
Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Amber (developing)	Age Gender Reassignment Marriage and Civil Partnership Pregnancy and maternity Race Religion or Belief Sex	<p>Although the CCG does not commission screening and vaccination services, it does promote and support local and national programmes. Examples of how the CCG is working on this outcome include:</p> <ul style="list-style-type: none"> • Localising national campaigns to reach and benefit all communities through paper media, website, twitter and working with partnership organisations and stakeholders • Healthy weight management service to tackle the high prevalence of people who are obese or overweight • The development of the Joint Health and Wellbeing Strategy • The launch of the health and wellbeing hub <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that all protected characteristic groups benefit in the same way from health promotion services</p>

Goal 2: Improved patient access and experience

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Amber (developing)	Age Disability Marriage and Civil Partnership Pregnancy and maternity	<p>The CCG is constantly striving to improve equality of access to healthcare services for our diverse population. Examples include:</p> <ul style="list-style-type: none"> • commissioning an Extended Primary Care Service for all Southwark people (8 am to p.m. 7 days a week 365 days a year and delivered through two GP federations) • development of local care networks – these are a multi-specialty community team bringing together doctors, nurses, social workers, housing support

		<p>workers, home care workers and therapists who together towards shared goals in a clear jointly agreed way, communicate with one another, have access to excellent specialised networks, and share responsibility and accountability for improving the health and wellbeing of their population</p> <ul style="list-style-type: none"> • having in place and promoting an Individual Funding Requests (IFR) policy and process, when healthcare falls outside existing contracts and commissioning arrangements • identifying more patients with dementia than ever before, and the CCG achieved the 2014/15 dementia diagnosis target • Southwark talking therapies services saw the highest number of patients of any CCG in London in 2014 ensuring that hundreds more people with anxiety and depression have received treatment compared to previous years <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that all protected characteristic groups have equal access to services or equal levels of experience of services</p>
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2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Amber (developing)	Age Marriage and Civil Partnership Pregnancy and maternity Sex	<p>The CCG has put in place a number of initiatives to ensure that people are informed and supported to be involved in their own care, including:</p> <ul style="list-style-type: none"> • Development of care planning in primary care for patients with diabetes, hypertension and respiratory long term conditions. • Working with acute providers through contractual incentives to develop care planning • Working with SLAM through contractual incentives to develop Recovery and Support planning approach where users are supported to define their own goals based on their personal needs and aspirations • Development of a series of programmes to support self-management for those with long term conditions

		<ul style="list-style-type: none"> Development of Personal health budgets (PHBs) – person-centred pathways for people with long-term conditions and continuing care, including children <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that all protected characteristic groups are as informed or supported as they would like to be.</p>
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2.3 People report positive experiences of the NHS

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Green (Achieving)	Age Disability Marriage and Civil Partnership Pregnancy and maternity Race Religion or Belief Sex	<p>Patients, family and friends having generally reported positive experiences when using primary care, hospital and community care services via patient experience data from national surveys, provider surveys and soft data through engagements, twitter, NHS Choices and patient opinion. Examples include:</p> <ul style="list-style-type: none"> 82.9% of the patients responded as ‘very good’ or ‘fairly good’ to the question, ‘overall, how would you describe your experience of your GP surgery?’ 70.9% of the patients responded as ‘‘very good’ or ‘fairly good’ to the question, ‘overall, how would you describe your experience of making an appointment?’ 89 per cent of both inpatients and outpatients reporting that they were satisfied with their visit to our hospitals and the quality of care they received 93 per cent of inpatients and outpatients said that they always had confidence and trust in the staff treating them. Between 92 and 99 per cent of patients reporting that ward environment and bathroom facilities areas were very clean or fairly clean <p>The CCG cannot fully assure itself because we do not have full information on whether all protected groups report positive experiences of the NHS</p>

2.4 People’s complaints about services are handled respectfully and efficiently

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
	Age	The CCG is responsible for managing complaints

Amber (developing)	Disability Marriage and Civil Partnership Pregnancy and maternity Sex	<p>about directly commissioned services, but provider complaints are also monitored by the CCG at the monthly CQRG meetings. Examples of complaints include:</p> <ul style="list-style-type: none"> • During 2014/15, there were 26 formal complaints to the CCG, compared with 19 in 2013/14 • Of these 26 complaints, 12 related to CCG directly commissioned services, compared with four in 2013/14 • Of the 12 complaints, five related to access and eligibility, five to commissioning decisions and two to policy and process. • No specific trends have been identified from the themes of the other 14 complaints received by the CCG which did not relate to services directly commissioned by the CCG <p>The CCG is currently assessing itself as amber in this area as we cannot assure ourselves that all protected characteristic groups are accessing the complaints services or that their complaints are handled as respectfully as other groups..</p>
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Goal 3: A representative and supported workforce
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Green (Achieving)	Age Disability Pregnancy and maternity Race Religion or Belief Sex Sexual Orientation	<ul style="list-style-type: none"> • The recruitment and selection processes conform to 'NHS Jobs', which is a dedicated national online recruitment service for the NHS • Although the CCG's workforce is quite small, nevertheless it is 'broadly' representative of at least six of the nine protective groups. • There are gaps, however, in that some staff do not disclose disability (14% do not wish to state) and sexual orientation (21% do not wish to state) • There is no staff data available on gender reassignment, marriage and civil partnership • The CCG can be assured that staff members from most (at least six) protected groups fare well compared with their numbers in the local

		<p>population and/or the overall workforce</p> <p>At this point in time, however, the CCG cannot fully assure itself because we do not have full information on whether complaints from all protected groups are handled respectfully and efficiently</p>
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations		
Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Purple (Excelling)	Age Disability Gender Reassignment Marriage and Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual Orientation	<ul style="list-style-type: none"> Equal pay has been set nationally as part of 'Agenda for Change' The CCG allocates posts to pay bands – staff are placed in one of nine pay bands on the basis of their knowledge, responsibility, skills and effort needed for the job <p>The CCG is assured that staff members from all protected groups fare well in relation to equal pay for work of equal value</p>
3.3 Training and development opportunities are taken up and positively evaluated by all staff		
Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Green (Achieving)	Age Gender Reassignment Marriage and Civil Partnership Pregnancy and maternity Race Religion or Belief Sex	<p>The CCG is diligent in ensuring that all staff are provided with training, learning and development opportunities. Examples include:</p> <ul style="list-style-type: none"> The 2015 Learning and Development Brochure has been published giving CCG staff comprehensive access to 'non mandatory' learning and development training, coaching and mentoring opportunities Generic management training was made available via the South East Commissioning Support Unit. Southwark CCG was a high user and participants found the courses useful Training opportunities are include in the fortnightly staff bulletin, on the staff zone and by email to all

		<p>staff.</p> <ul style="list-style-type: none"> The CCG has held a number of all staff development days throughout 2015 Around 90% of staff have completed their mandatory training in 15/16 59% of the respondents to the staff survey reported positively that there were opportunities to develop their career at the CCG 65% of the respondents to the staff survey agreed that their line manager creates opportunities for their professional growth 65% of the respondents to the staff survey agreed that they had access to the correct learning and development materials when necessary. 50% of the respondents to the staff survey also thought that their recent learning and development activities had helped improve their chances of career progression Appraisal levels remain high for Southwark CCG, with 86% of the respondents to the staff survey having had one. This compared to the south east London CCGs' average of 76% <p>At this point in time, however, the CCG cannot fully assure itself because we do not have full staff data across all protected groups</p>
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source		
Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Green (Achieving)	Age Disability Gender Reassignment Marriage and Civil Partnership Pregnancy and maternity Race Religion or Belief Sex	<ul style="list-style-type: none"> The CCG is diligent in ensuring that when at work, staff are free from abuse, harassment, bullying and violence from any source According to 2015 Southwark CCG Staff Survey, there was not a single incident of discrimination of any nature within the work environment including in relation to the nine protected groups However, 19% of respondents (seven people) to the staff survey said that they have experienced bullying at work in the last 12 months – however, no staff or colleague formally reported the above bullying incidents to the CCG. A working group was set up to explore this issues and a number of actions have been put in place including

	Sexual Orientation	<p>promoting the bullying and harassment policy and how to report bullying</p> <p>At this point in time, however, the CCG cannot fully assure itself because we do not have full staff data across all protected groups.</p>
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3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Green (Achieving)	Age Disability Gender Reassignment Marriage and Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual Orientation	<p>The CCG is diligent in ensuring that flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives:</p> <ul style="list-style-type: none"> • There is a flexible working policy in place with a number of different flexible working options. • As of July 2015 27% of staff were working part-time and 73% full-time • According to the 2015 staff survey, there was an increase in staff requesting flexible working arrangements compared to the 2014 survey • Flexible time for prayers is accommodated provided that such practices do not compromise the CCG's legitimate business aims, Health and Safety or increase risk factors for patients or colleagues. A multi-faith room is available for staff at Tooley Street. <p>At this point in time, however, the CCG cannot fully assure itself because we do not have full staff data across all protected groups.</p>

3.6 Staff report positive experiences of their membership of the workforce

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Green (Achieving)	Age Disability Gender Reassignment Marriage and Civil Partnership Pregnancy and maternity	<ul style="list-style-type: none"> • The CCG is diligent in ensuring that staff report positive experiences of their membership of the workforce along with a good working environment • The CCG signing-up to the Mayor of London's Workforce Wellbeing Charter • When asked if they would recommend the organisation as a place to work 86% of respondents to the 2015 staff survey answered positively, compared to 74% in 2014 - this is

	Race Religion or Belief Sex Sexual Orientation	<p>above the overall NHS (67%) and South East CSU Area (65%) comparators</p> <ul style="list-style-type: none"> • 97% of the respondents to the 2015 staff survey felt safe and secure in their working environment • 83% of the respondents to the 2015 staff survey agreed that they had a comfortable work space • 92% of the respondents to the 2015 staff survey agreed that their work space was clean and 69% thought that they had the right equipment to do their job • 73% of the respondents to the 2015 staff survey agreed that their immediate manager takes a positive interest in their health and well-being. • 70% of the respondents to the 2015 staff survey agreed that their organisation is committed to staff health and well-being. <p>At this point in time, however, the CCG cannot fully assure itself because we do not have full staff data across all protected groups.</p>
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Goal 4: Inclusive leadership
4.1 Governing body members and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Green (Achieving)	Age Disability Marriage and Civil Partnership Pregnancy and maternity Religion or Belief Sex Sexual Orientation	<p>The CCG's Governing Body and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.</p> <p>The CCG appointed a number of Clinical Associates to leadership roles in integration, End of Life, Obesity and Mental Health providing leadership roles outside of the Governing Body</p> <ul style="list-style-type: none"> • The CCG clinical leadership is involved in patient, community, voluntary sector and council groups across Southwark and have contributed to, presented and led discussion at a number of partnership and events, including: <ul style="list-style-type: none"> ○ partnership work on reducing domestic violence and contribution to the multi agency approach to improving adults and children safeguarding. ○ leading discussions at the Southwark

		<p>Pensioners' Forum</p> <ul style="list-style-type: none"> ○ giving the opening address at the Health and Vitality Fair as part of Black History month ○ leading discussion at the dementia tea party ○ facilitating focus groups on developing the healthy weight service ○ presenting at a public meeting on Our Healthier South East London ○ presenting and leading discussions at the child-minders and early years workers' conferences ○ attending locality patients participation groups ○ chairing locality GP meetings and leading practice visits <p>At this point in time, however, the CCG cannot fully assure itself that people across all protected groups are being reached by the body members and senior leaders.</p>
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4.2 Papers that come before the governing body and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Amber (developing)	<p>Age</p> <p>Disability</p> <p>Marriage and Civil Partnership</p> <p>Pregnancy and maternity</p> <p>Race</p> <p>Religion or Belief</p> <p>Sex</p>	<ul style="list-style-type: none"> • The CCG set up a small working group in 2015 to ensure consistency across Governing Body and committee papers in terms of identifying equality related risks. • All cover sheets of papers for the Governing Body and all prime committees include a section for identifying equality related risks and how they should be managed. • Equalities is included in the board Assurance framework which is presented at every Governing Body meeting. • There are a number of equality analysis or equality impact assessment reports with mitigated action on identified gap/risk that are formally presented and signed of by major committees. For example: <ul style="list-style-type: none"> • Dulwich Community Health Services (March 2013) • Primary and community care strategy (February 2013)

		<ul style="list-style-type: none"> Extended primary care access (January 2015) IAPT Procurement Process (May 2015) Management of weight service (June 2015) Adult Mental Health Transformation (May 2015) <p>At this point in time, however, the CCG cannot fully assure itself that people across all protected groups are being reached through equality analysis and engagement.</p>
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination		
Grade	Protected characteristics that fare well	Evidence drawn upon for the rating
Purple (Excelling)	Age Disability Gender Reassignment Marriage and Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual Orientation	<ul style="list-style-type: none"> There is reasonable evidence to suggest that the CCG's middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination Respondents to the 2015 staff survey said that non of them had experienced any discrimination from members of the public, managers or colleagues over the last 12 months. The CCG is assured that staff members from all protected groups fare well

4. Risk factors

There is no discernable risk to the CCG in this area. The CCG is fully compliant with the 2015/16 CCG Assurance Framework in implementing the mandated EDS2.

5. Conclusions and Recommendations

The CCG continues to make good progress in promoting equality, protecting human rights and reducing health inequalities. Following the CCG's EDS2 self-assessment in 2015, an external stakeholders' workshop was arranged to seek external assurance of our approach in this area. The CCG is in the process of developing an equality and human rights action plan for 2016/17 that takes into account the emerging actions from the workshop and to address equality gaps and risks identified in the EDS2 self-assessment.

Equality and Human Rights Action Plan 2016/17

Item	Objective	Action	Lead	Time Scale	Review
1	Map and review use of data across CCG, in terms of demographic data relating to access, outcomes and experience	Establish a working group to establish: <ul style="list-style-type: none"> • what good use of data would look like, using JSNA as a starting point • what data exists • what data providers provide to commissioners • what the CCG currently uses • whether there is any additional data the CCG requires 	Malcolm Hines (MH) Mark Kewley (MK)	April 2016 – March 2017	
2	Review GP interpretation services	Review general practice interpretation services with Lambeth and Lewisham CCGs: <ul style="list-style-type: none"> • review data • review patient experience data (e.g. Healthwatch focus groups) • engage local patients and community groups • engage with practice staff 	Jean Young (JY) Rosemary Watts (RW)	April – Sept 2016	
3	Develop a train the trainer health care navigators' training programme for community leaders	Develop training with community leaders and Healthwatch, building on findings from current care navigation pilots, to : <ul style="list-style-type: none"> • provide community leaders with skills and knowledge to support their communities to use NHS and other services for the right reason at the right time 	Rosemary Watts (RW) Jennifer Werner (JW) Michelle Clearly (MC) Healthwatch	April – Sept for planning Sept onwards for delivery	

5	Organise protected learning time (PLT) for GP practice staff on equality and human rights	Develop and deliver a PLT workshop for GPs and practice staff on the practical application of equality and human rights in everyday practice	Jonty Heaversedge (JH) Harjinder Bahra (HB) RW	To be confirmed	
6	Develop equality, human rights and health inequalities guidelines	Develop practical equality, human rights and health inequalities guidelines for commissioners for use across the commissioning cycle, including refresh of the equality analysis templates	HB	May – July 2016	

