

Questions awaiting response from event on 25 May 2021.

Health Inequalities: Have we made progress?

Outstanding questions for all speakers

1. Organisational development: Equality and diversity

Congratulations on the wonderful work undertaken so far during and post COVID-19 to address health inequality within your internal infrastructure.

Q1.1. How many of the people consulted on your work to address health inequality internally live in Greenwich and come from the diverse communities affected?

ANSWERS

Oxleas NHS Foundation Trust	43% of our workforce overall are from Black, Asian and minority ethnic communities and many of them live locally. We have 40 Black, Asian and minority ethnic staff volunteers from across our six main Directorates on our Building A fairer Oxleas Action Plan Group. Of these 10 work in Greenwich services.
Lewisham and Greenwich NHS Trust	N/A
South East London Clinical Commissioning Group	Royal Borough of Greenwich and SE London CCG have put a huge amount of effort in engaging with and involving people across our diverse communities in partnership since the beginning of the Covid-19 pandemic. Colleagues across the organisations have worked together to develop positive relationships with a wide range of community organisations and influencers, extending their reach despite the challenge of being unable to meet up in person. Projects include Community Champions, Deep engagement work (neighbourhood champions), communities of interest (we have well-established Nepalese and Somali communities of interest and work is underway with West African, East African, Caribbean, Bangladeshi, Pakistani, Afghani, Eastern European, Roma and people with a disability).
Royal Borough of Greenwich	

Q1.2. How representative is your organisation of the communities it serves - at strategic and leadership levels, board, governors, directors responsible commissioning decisions, trustees, and senior management roles? Please provide a breakdown.

ANSWERS

Oxleas NHS Foundation Trust

Oxleas as at March 2021:

Band	Percentage of Black, Asian and minority ethnic staff	Percentage of White staff
Band 2	53.6%	46.4%
Band 3	38.1%	61.9%
Band 4	31%	69.0%
Band 5	63.9%	36.1%
Band 6	55.9%	44.1%
Band 7	37.9%	62.1%
Band 8a	31%	69.0%
Band 8b	21.3%	78.7%
Band 8c	19.1%	80.9%
Band 8d	23.8%	76.2%
Band 9	12.5%	87.5%
VSM	29%	71.0%

Lewisham and Greenwich NHS Trust:

The Trust has an ethnically diverse workforce. Black, Asian and Minority Ethnic (BAME) employees make up 53% of the Trust's permanent workforce. This diversity is reflected in the Trust's permanent and temporary workforce.

Approximately, 41% (3,120) of the Trust's temporary workforce are bank workers only whilst the other 59% (5,050) also hold substantive contracts.

BME workers make up 53% of temporary staff. They also make up about 60% permanent staff with bank assignments. In contrast, there are fewer white temporary workers at 42% versus their make-up of the local population (62%).

Ethnicity	L&G Residents		Headcount Permanent Workforce		Headcount Temp Workforce		Permanent Staff with Bank Assignment	
	Number	%	Number	%	Number	%	Number	%
White	258622	62%	3177	45%	1312	42%	1981	39%
Black	17399	4%	1975	28%	897	29%	1556	31%
Asian	44765	11%	1042	15%	437	14%	848	17%
Chinese & Other	87828	21%	496	7%	169	5%	433	9%
Mixed	9298	2%	224	3%	166	5%	166	3%
Not Stated	0	0%	91	1%	139	4%	66	1%
Total	417912		7005		3120		5050	

At a strategic and leadership levels 17% are from a Black ethnicity, with 12% from Asian background. Our board, governors, director's responsible commissioning decisions, trustees, consists of 75% white, 20% Asian and 5% Black. This year the Trust appointed its first black None-Executive Director, Edleen John. She is the International Relations, Corporate Affairs and Co-Partner for Equality, Diversity and Inclusion Director at The Football Association. We hope this will be the first of many appointments.

Below is a chart showing a breakdown of ethnicity within the Trust by Directorate. The chart highlights that there is a good ethnicity mix amongst our divisions as we feel it important to reflect our patients and the community we serve.

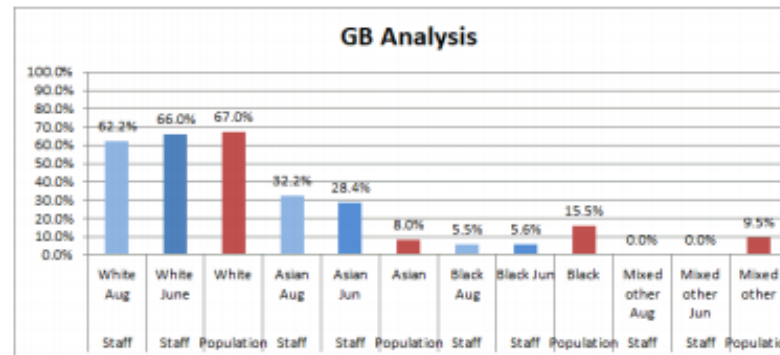
Division/ Directorate	White	Black	Asian	Chinese & Other	Mixed	Not Stated
Allied Clinical Services	53%	22%	15%	5%	4%	1%
Corporate Services	57%	23%	11%	3%	4%	1%

		Estates & Facilities	60%	28%	6%	1%	3%	3%	
		QEH Medicine	34%	32%	23%	8%	1%	1%	
		Surgery & Cancer	39%	26%	18%	13%	3%	1%	
		UHL Medicine & Community	27%	42%	16%	9%	4%	2%	
		Women Children & Sexual Health	59%	26%	8%	3%	4%	1%	
		Workforce Profile	44%	28%	15%	7%	4%	3%	
South East London Clinical Commissioning Group	<p>Breakdown as of June 2021:</p> <ol style="list-style-type: none"> The CCG's workforce identifying as Asian has decreased by 1.25% (to 13.29%) since August but is still significantly above the south east London population of 8% The CCG's workforce identifying as black has increased by 2.1% (to 18.7%) since August and remains above the south east London population of 15.5% The proportion of Black, Asian and Minority ethnic staff in the three highest categories (H Asian or Asian British – Indian, M Black or Black British – Caribbean, N Black or Black British – African) has increased from 72.7% to 77.39% 								

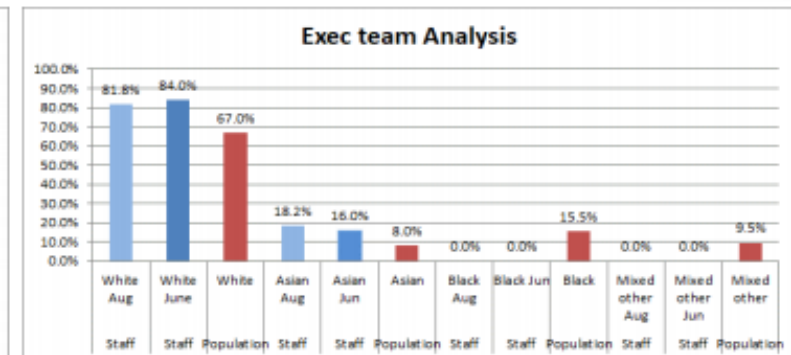
South East London CCG's workforce ethnicity by band compared to the South East London population, adjusted for unknown ethnicity and vacancies (2 of 4)



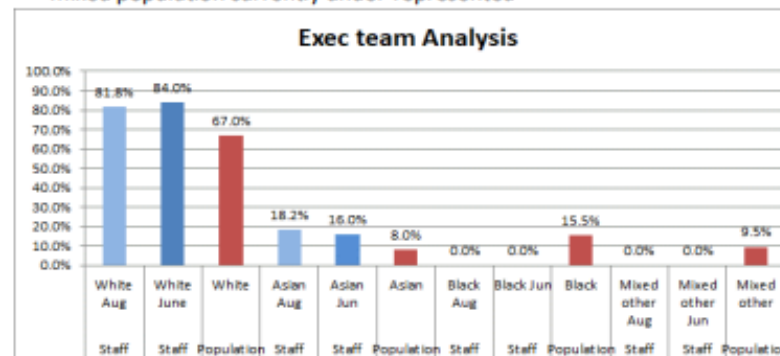
South East London
Clinical Commissioning Group



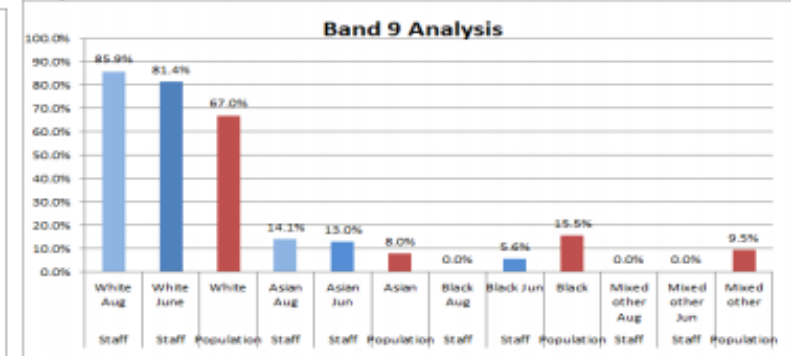
The Asian population is currently significantly over-represented within the GB, with the white staff close to the population and the black and mixed population currently under-represented*



The white and Asian populations are currently over-represented within the executive team with the black and mixed population currently not represented



Including the executive team, the CCG's VSM workforce over-represents the white and Asian population with no representation of the black or mixed other population



Within band 9s, the white and Asian population are again over-represented with the black and mixed other population under-represented*

Note: there is 1 white member of the Governing Body & executive team who is not an employee of the CCG and is not therefore included in this analysis. There are 3 members of the GB whose ethnicity has not been declared. There is 1 band 9 employee whose ethnicity is unknown

Royal Borough of Greenwich		Council Wide	Chief Officers
	Asian	7%	2.9%
	Black	21.9%	8.6%
	Mixed	3.9%	-
	Other	0.5%	-
	Total	33.3%	11.4%
	White	65.1%	88.6%
	Not declared	1.5%	-

Q1.3. Regarding equality and diversity, and inclusion – race-based hair discrimination affects black people in workplaces. Is your organisation involved and in support of the Halo collective? <https://halocollective.co.uk/>

ANSWERS

Oxleas NHS Foundation Trust	We are not involved with the Halo Collective currently, however this is something we will now support as many of our Black staff have raised this issue and we recently covered it in a film we made about microaggressions – ‘In Each Other’s Shoes’. We are therefore aiming to support this initiative and review HR policies related to it.
Lewisham and Greenwich NHS Trust:	The details of the Halo collective have been shared with our Black, Asian and Minority Ethnic network to review and consider if this is an initiative that the Trust would benefit from implementing. Black employees represent 28% of permanent staff and 29% of temporary staff across the Trust. The network’s initial thoughts are that hair discrimination has not been a cause for concern within the Trust.
South East London Clinical Commissioning Group	NHS South East London CCG has regular discussions with its workforce via monthly staff race equality forums. One of the topics staff are due to learn more about and discuss is Black hair and hairstyles. This topic has also been discussed at our Beyond BAME staff group. Discussions from our staff engagement will help us to determine the inclusive actions our organisation needs to take.
Royal Borough of Greenwich	Not at this point however this is something that will be taken to the EDI group for consideration

Q1.4. What EDI training is provided to staff? Has this changed in the light of the BLM movement?

ANSWERS

<p><u>Oxleas NHS Foundation Trust</u></p>	<ul style="list-style-type: none"> • Equality and Human Rights e-learning is mandatory for all staff. This was reviewed in 2020 and updated. • We have commissioned a range of training on cultural intelligence and inclusive leadership that started in October 2020 with the Executive team and in March 2021 for Greenwich managers. We are offering training to all managers in ‘Comfortable Being Uncomfortable, talking about race’ from June 2021. We have created a film about microaggressions called ‘In Each Other’s Shoes’ which we take out to teams to use in a team discussion and is available for all staff to view on our intranet.
<p>Lewisham and Greenwich NHS Trust:</p>	<p>As a Trust we offer EDI Mandatory training to all new starters. We have also implemented the following programmes:</p> <ul style="list-style-type: none"> • Coaching programmes for under-represented groups • Accredited coaching training for senior leaders • Job shadowing opportunities prior to interview • Career development workshops • CV prep, interview prep and career guidance • Equality advocate and recruitment training for all hiring managers <p>Some of these programmes were already in our equality action plan; however the conversations taking place surrounding how you deliver the training, the impact to our workforce etc. changed.</p>
<p>South East London Clinical Commissioning Group</p>	<p>The CCG increased its equality and diversity training when the organisation merged from six organisations into one statutory body in April 2020. This increase in training was also in response to feedback from our Beyond BAME staff group, who were established just before the death of George Floyd. Training was also increased to align with the actions from the NHS People Plan, which sought to address the impact of COVID-19 on BAME staff in the NHS. Staff have to undertake mandatory ‘equality and diversity in the workforce’ training every three years and there are a number of other ways staff are encouraged to learn more about equality, diversity and inclusion agenda, for example:</p> <ul style="list-style-type: none"> • Via staff network and champion groups • Via all-staff briefings e.g. in March more than 300 staff took part in unconscious bias training, undertaken by actors • Via monthly race equality forums e.g. discussions from external speakers and staff (including GPs and other clinical leadership) • Via away days e.g. using external companies to run sessions on the 10 behaviours of inclusion, allyship and unconscious bias • Via mentoring and reverse mentoring • Appraisals – where staff are encouraged to include at least one annual EDI objective

Royal Borough of Greenwich

- Before the pandemic the Council provided EDI e learning and drama classroom based training 'Equality in the workplace' (separate sessions for managers and staff). The sessions included several scenarios based on the protected characteristics. This programme was put on hold following the onset of the pandemic. Further to the BLM movement, the Council's launch of new equality objectives, a race equality charter and a robust EDI implementation plan, a full review of the EDI training programme is in progress.
- Training is currently being rolled out around harassment and bullying, recruitment and selection, let's talk about race and tackling racism. We are due to launch 'Active Bystander' training this month which will include interactive practice based case scenarios.
- The Council has taken memberships with Stonewall and the Business Disability Forum which offer advice and training.

In development:

Race and Racism

- Systemic and structural racism: to be delivered by inhouse staff

Visible and Invisible Disabilities (a combination of the following)

- Introduction to disability in the workplace
- Disability Smart: attendance management
- Disability Smart: performance management
- Barrier free recruitment
- Creating a barrier free customer experience
- Managing workplace adjustments

LBGTQ+

- First Steps to LGBT Inclusion
- First Steps to Trans Inclusion
- Introduction to allyship
- Championing LGBT Inclusion as a Senior Leader
- Cross agency Diversity Champions Programme

Q1.5. Has staff moral increased as the result of the EDI training and development? Please provide a breakdown showing how many staff (at what levels) have attended EDI training in the past year, measures of staff morale, and how you have attributed to EDI training?

ANSWERS

Oxleas NHS Foundation Trust

Our NHS Staff Survey results for 2020 (survey carried out autumn 2020) show:

- Morale has improved slightly compared to 2019 (1,599 responses)
- Equality, diversity and inclusion has stayed the same overall (1,610 responses)
- Our staff engagement score has improved slightly compared to 2019 (1,613 responses)

EDI training remains at 95% completion.

Lewisham and Greenwich NHS Trust:

Our Trust compliance rate for Equality and Diversity training is currently 94.5% with 6,172 existing staff completing Equality and Diversity Training within the last 3 years.

Over the past 12 months 3,021 staff have completed Equality and Diversity Training.

Breakdown of Equality & Diversity Training Completions by Staff Group 1 June 2020 to 1 June 2021		
Staff group	Number of Completions	% o by staff group
Add Prof Scientific and Technic	120	4%
Additional Clinical Services	685	23%
Administrative and Clerical	438	14%
Allied Health Professionals	256	8%
Estates and Ancillary	8	0%
Healthcare Scientists	18	1%
Medical and Dental	417	14%
Nursing and Midwifery Registered	1079	36%
Total	3021	100%

	<p>Training is delivered to all new staff at Trust Induction (virtually during covid) by EDI Leads/Trust Execs who deliver the session ‘Equalities – valuing everyone’. New starters are also required to complete online learning prior to their start date with the Trust. Classroom training has been limited in the Trust over the past 12 months in response to Covid-19, so existing staff are required to update their Equality and Diversity training (3 year update period) by completing training via the LGT Online Learning Portal where they can access the LGT study guide, eAssessment and resources as well as Health Education England’s eLearning for Health nationally recognised eLearning.</p> <p>We also provide ‘Equality Advocate Interview Training’ to Band 6 and above staff to make sure our recruitment processes are fair and equal for all. Equality Advocates will be on the panel for interviews/assessments at Band 8a and above, to ensure that EDI considerations are always on the agenda.</p> <p>It is impossible to attribute an increase in staff morale entirely to EDI training and Development. Our most recent staff survey was completed by over 50% of Trust staff and the scores for morale has largely remained the same with a slight decrease from 6 out of 10 to 5.9 out of 10.</p>
<p>South East London Clinical Commissioning Group</p>	<p>There has been a consistent attendance at staff race equality forums and a genuine interest in the workforce race agenda. Overall, staff survey results have improved – particularly around morale. The Beyond BAME staff group continue to look at the WRES staff survey data to ensure there is more equity in our results. Another important outcome of our engagement and organisational development in relation to equalities is the increase in black, Asian and minority ethnic staff in more senior roles (see answer to question one).</p>
<p>Royal Borough of Greenwich</p>	<p>Course attendance: Harassment and bullying 2019/20: 371 2020/21: 215</p> <p>Let’s talk about race and tackle racism: 2020/21: 59</p> <ul style="list-style-type: none"> ▪ The feedback is all positive with staff saying they feel more knowledgeable and confident in talking about and challenging discriminatory behaviours. ▪ The organisation is intending to carry out a further, full staff survey, likely towards the end of the year, which will include a specific focus on EDI.

2. Intersectionality

Q2.1. How are health inequalities being addressed for those experiencing the intersection of Black Asian and Minority Ethnic & Disability?	
ANSWERS	
<u>Oxleas NHS Foundation Trust</u>	We have active staff networks for Black Asian and minority ethnic staff and staff with disabilities and long-term health conditions. The staff network Chairs and Vice Chairs meet together regularly to discuss joint working. In July 2020 we adopted a Health and Wellbeing Passport which covers disability, being a carer and staff needing adjustments for religious observances during the working day. In March 2020 we set up a multi-faith / quiet reflection room on the ground floor of Pinewood House - our trust main offices. This provides access for prayer and quiet reflection to benefit staff wellbeing.
Lewisham and Greenwich NHS Trust:	Our health inequalities programme is designed to identify areas of inequalities and then put in place actions to address these. We explore where inequalities might exist in a number of ways: for example through feedback, reviewing data on outcomes and access, and through research data. We then consider the best actions to improve the situation. This would include addressing issues related to all factors affecting inequalities, including intersectionality. A recent example of work to improve the experience of patients with disabilities is we have introduced the ‘sunflower lanyards’ scheme which allows people with hidden disabilities to signal that the wearer needs additional support, help or a little more time. If the questioner has a specific example in mind of intersectionality affecting care at LGT, please let us know.
South East London Clinical Commissioning Group	NHS South East London Clinical Commissioning Group (CCG) is committed to promoting equality and diversity for the people of south east London. As part of that commitment, we are making equality and human rights everyone’s business within the CCG. As part of our work to build an inclusive culture where all can achieve their potential, we are pleased to report on the Workforce Race Equality Standard (WRES). SEL CCG 2019-20 WRES Report and Action Plan can be found here . South East London Public Sector Equality Duty Annual Report can be found here .
Royal Borough of Greenwich	

3. Service user involvement

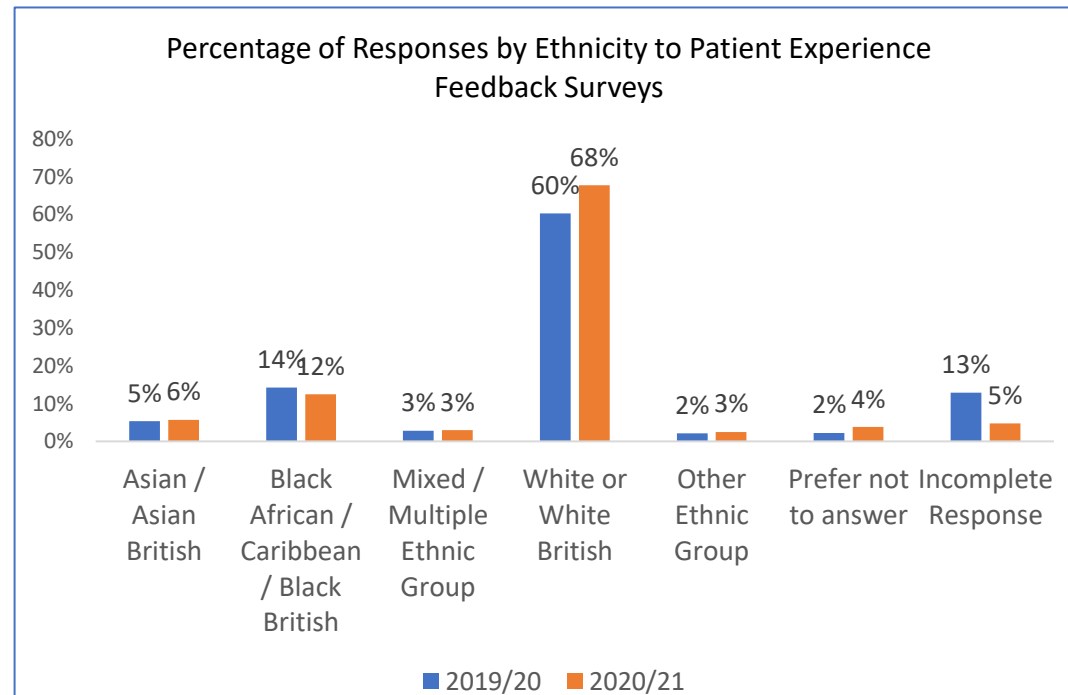
Q3.1. Before COVID, what proportion of feedback (complaints, comments, and compliments) was received specifically from the Black Asian and Minority Ethnic community in Greenwich (service users, Black Asian and Minority Ethnic community groups, and grassroots service providers). What progress has been made with this feedback?

ANSWERS

Oxleas NHS Foundation Trust

We started reporting patient experience feedback by ethnicity during 2019/20, at a trust-wide level. Going forward we are committed to monitoring this at a service level to identify gaps and difference in experience.

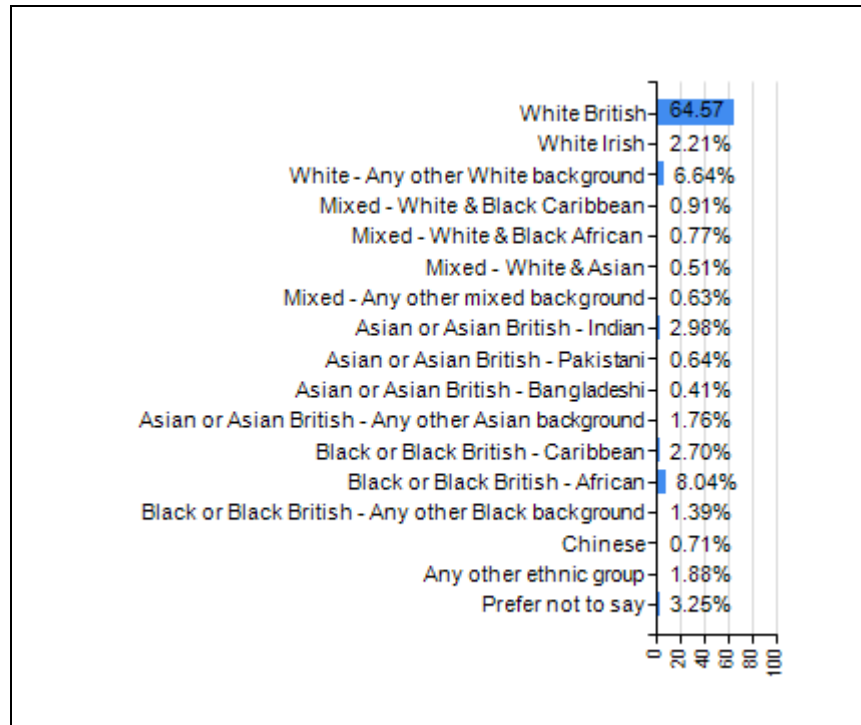
Our data comparing 2019/20 to 2020/21 is below:



**Lewisham and Greenwich
NHS Trust:**

Prior to the acquisition of the electronic survey system in May 2019, it was a challenge to analyse survey feedback demographic data with the system in place at the time at the time. The Trust has worked with the survey provider to create a feature which now allows analysis of survey feedback by demographics.

Survey data:

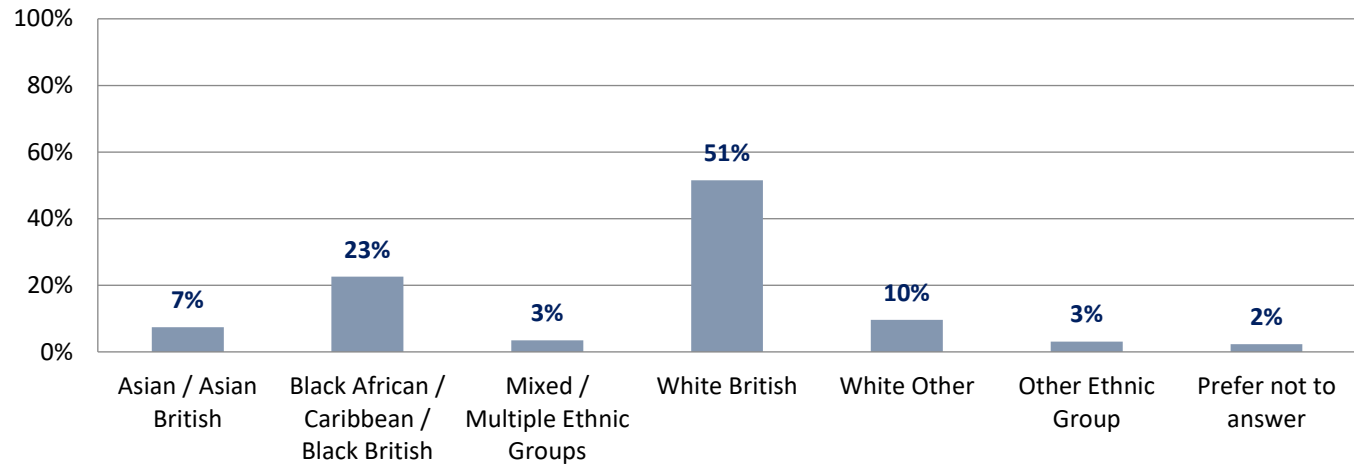


Complaints Data

Ethnic Group	Percentage
Not Recorded/Blank	24.65%
Bangladeshi - Asian Or Asian British	0.28%
Black African - Black Or Black British	2.49%
Black Carribbean - Black Or Black British	2.63%

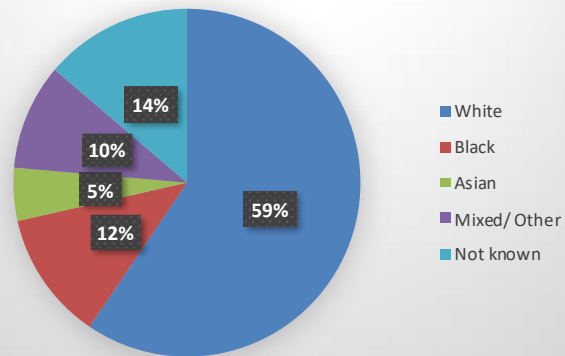
	British - White	19.53%
	Chinese - Other Ethnic	0.28%
	Irish - White	0.28%
	Not Stated	29.36%
	Other Asian - Asian Or Asian British	0.83%
	Other Black - Black Or Black British	0.42%
	Other Ethnic Category - Other Ethnic	1.66%
	Other Mixed - Mixed	0.69%
	Other White - White	1.52%
	Pakistani - Asian Or Asian British	0.14%
	PALS Use Only - Inappropriate To Ask	14.54%
	White & Black African - Mixed	0.28%
	White & Black Carribean - Mixed	0.42%
South East London Clinical Commissioning Group	N/A as SEL CCG as an organisation only started on 1 st April 2020.	
Royal Borough of Greenwich		
Q3.2.: Over the last year, what proportion of feedback (complaints, comments, and compliments) has been received specifically from the Black Asian and Minority Ethnic community in Greenwich (service users, Black Asian and Minority Ethnic community groups, and grassroots service providers). What progress has been made with this feedback?		
ANSWERS		
<u>Oxleas NHS Foundation Trust</u>	For 2019/20 our feedback for Greenwich is set out in the graph below for adult and mental health services:	

Greenwich Directorate - Patient Ethnicity Breakdown



This compares well to our mental health caseload demographics, although we don't have the ethnicity recorded for 14% of our patients:

Greenwich mental health caseload 2019-20

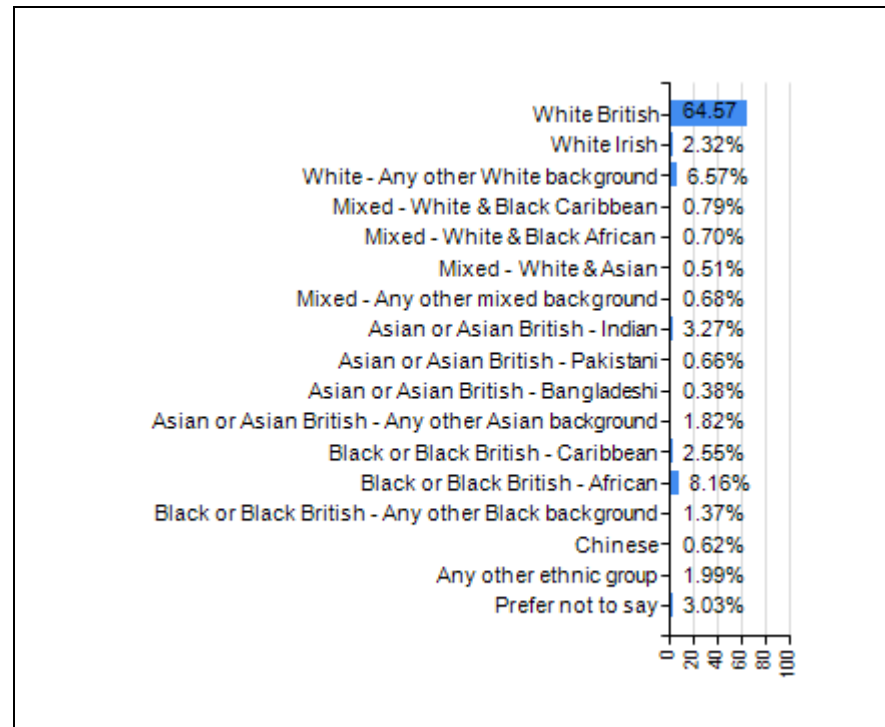


We do collect data on the ethnicity of patients who raise concerns and complaints, but we don't have sufficient data to identify themes or trends.

Lewisham and Greenwich NHS Trust:

1 June 2020-31 May 2021

Survey data is collected by site not specific to the borough so there may be some Lewisham and Bexley resident who accessed services at Queen Elizabeth Hospital. These results are based on patients who received care at Queen Elizabeth Hospital. A review of demographic data to identify health inequalities will be undertaken as part of our wider workstream to address health inequalities which was delayed due to change in priorities during the pandemic to meet service needs.



Complaints Data

Ethnic Group	

	Not Recorded/Blank	43.57%
	Bangladeshi - Asian Or Asian British	0.42%
	Black African - Black Or Black British	1.90%
	Black Caribbean - Black Or Black British	1.48%
	British - White	13.82%
	Chinese - Other Ethnic	0.11%
	Indian - Asian Or Asian British	0.11%
	Irish - White	0.42%
	Not Stated	19.73%
	Other Asian - Asian Or Asian British	0.84%
	Other Black - Black Or Black British	1.58%
	Other Ethnic Category - Other Ethnic	1.48%
	Other Mixed - Mixed	0.74%
	Other White - White	2.32%
	Pakistani - Asian Or Asian British	0.11%
	Inappropriate To Ask	10.97%
	White & Black Carribean - Mixed	0.42%
South East London Clinical Commissioning Group	<p>When a complaint is raised it is part of the CCG standard process to undertake equality monitoring. The individual raising the complaint is asked to complete and return an equality monitoring questionnaire. Unfortunately, the return rate for completion of this information is extremely low – there were 0 returns in relation to Greenwich borough complaints for 2020/21. We do not collect equality monitoring data in relation to general enquiries.</p> <p>Since 1st April 2020 and following the merger of the 6 previous SEL CCGs the Patient Experience Team have been responsible for management of formal complaints and general (PALS) enquiries. For the period 1/4/20 – 31/3/21 a total of 8 formal complaints were raised in relation to Greenwich borough. All complaints are investigated by a senior member of the relevant team and a response provided. This will include a summary of the scope and findings of the investigation as well as details of any actions/ learning etc. It may also help to explain that when complaints are received details of the concerns are logged on a confidential database and used to create thematic reports for quality and monitoring purposes. This ensures that the feedback we receive drives improvement and is reflected in service development.</p>	

Royal Borough of Greenwich	
Q3.3. How can METRO-GAD (Greenwich Association of Disabled People) and other organisations get involved or included as experts in your co-production?	
ANSWERS	
<u>Oxleas NHS Foundation Trust</u>	<p>Individuals can volunteer as service user representatives for a range of involvement opportunities. We'd welcome METRO-GAD promoting this opportunity to local people.</p> <p>The patient experience team at Oxleas are always looking to recruit enthusiastic, passionate individuals who want to volunteer their time to help us co-facilitate the interactive Service Experience Evaluation (SEE) days. If you would like to know more about what the day involves, how we can support you to be a part of the day and how to apply, please contact 'SEE' lead Aisha Abdullah via email or call 01322 625703</p> <p>Oxleas has a very active Lived Experience Practitioner (LXP) programme. Lived Experience Practitioners work with people who have been diagnosed with mental health conditions.</p> <p>They are people who have experienced their own mental health problems and can draw upon their lived experience of mental health challenges and their personal recovery journey, to develop empathic relationships and support recovery for Oxleas mental health service users.</p> <p>They work across our directorates, boroughs (Bexley/Bromley/Greenwich) and teams. Lived Experience Practitioners are both volunteers and paid.</p> <p>To find out more, contact: Japleen Kaur – japleen.kaur@nhs.net 0208 301 9487</p>
Lewisham and Greenwich NHS Trust:	
South East London Clinical Commissioning Group	<p>We are very keen to work with the many volunteers and community organisations across Greenwich and we welcome working with Metro GAD and other organisations to co-produce and ensure services are accessible to all residents within the borough including people with disabilities. South East London CCG – Greenwich is keen to work in partnership with local voluntary sector organisations and Greenwich residents in developing our programmes and implementing services. If you would like to get involved please get in touch with our Communications and Engagement team by emailing Iuliana Dinu: iuliana.dinu@nhs.net or calling 0203 0499042.</p>

<p>Royal Borough of Greenwich</p>	<p>There are a number of co-production structures already existing in HAS, as well as some short-term pieces of co-production work, which we are looking to build on towards developing a more strategic approach to co-production across the Directorate.</p> <p>Examples of existing co-production structures in HAS include:</p> <p>Dementia reference group: A group made up of and chaired by people with dementia and their carers. Led by a consultant with a high level of knowledge and expertise in relation to dementia. Group members are volunteers. Over the last three years, a key focus area for the reference group has been to develop and influence what a Dementia Friendly Borough should look like. Group member activity includes awareness campaigning, training and carrying out environmental audits that include both physical locations and organisation’s leaflets/literature and websites. The group's chairperson is also a member of the local Dementia Action group.</p> <p>LD partnership forum, people’s parliament and MPs: This structure has been running for over 10 years. A ‘people’s parliament’ (or ‘citizens forum’ more recently) of learning disabled residents that elects MPs who lead on the following areas in paid roles; health, housing, jobs, choice and control, moving on and safeguarding. The MPs work with a lead officer to develop an action plan in each area. These are then reported on at the LD Partnership Forum which is chaired by the Lead Member. Key officers and partners attend this regular forum.</p> <p>There are also shorter term programmes currently in progress in HAS that local organisations and residents can get involved with enabling ‘test and learn’ environments for co-production.</p> <p>These include the Public Health MHCLG Programme which is focusing on working with our most ‘at risk’ communities to keep them safe from covid. The 100 Day Challenge is currently working with people with learning disabilities and their carers, as well as relevant local organisations to redesign day services.</p> <p>METRO-GAD, DPAC and other organisations representing disabled people have recently been involved in the Public Health MHCLG Programme, including co-developing and chairing workshop sessions, representation on the steering group and EOI digital panel.</p> <p>METRO-GAD and DPAC have also historically been involved with developing the Direct Payments service in Greenwich, including the development of a handbook for residents, as well as setting up a peer support network for those in receipt of direct payments.</p>
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	<p>METRO-GAD and Greenwich DPAC have also been regularly meeting with Cllr Williams, Sarah Mclinton and relevant officers in relation to developing our local co-production approach. More recently, this has included inputting into the new vision for Health and Adult Services which places a huge emphasis on co-production (working together) in the future, as well as a definition of co-production agreed by METRO-GAD and Greenwich DPAC.</p> <p>A potential direction in terms of next steps could be the development of a strategic ‘experts by experience/reference’ group which represents the breadth and diversity of HAS service users, including carers. Their role would include involvement in decision making and reaching out to their communities to ensure two-way dialogue, representation and feedback mechanisms. This group would likely require a co-ordinator role as an individual employed by the Council or via an appropriate community organisation.</p> <p>We will approach relevant organisations/groups including METRO- GAD for feedback on this and next steps.</p>
<p>Q3.4. Real co-production and partnership require meaningful respect by paying service users for their time. What plans do you have to pay service users for co-production activities?</p>	
<p style="text-align: center;">ANSWERS</p>	
<p><u>Oxleas NHS Foundation Trust</u></p>	<p>We have opportunities for paid service user involvement. Please contact Japleen Kaur – japleen.kaur@nhs.net 0208 301 9487</p>
<p>Lewisham and Greenwich NHS Trust:</p>	<p>The Trust recognises the value of coproduction and partnership in service delivery and actively involves service users in a volunteer role in stakeholder events such as inspections – (PLACE, Patient User Groups on wards and departments -pre-covid), projects such as Quality Improvement-QI, contract and tender reviews, service redesign and focus groups within cancer, maternity and sexual health. We are actively working to have a pool of service users to support this to ensure involvement at the onset.</p> <p>Our patient user groups PWF and PUG have been involved in co-producing the QI training package for patients and carers. The training has been piloted with PUG and PWF members including a member who has a hearing impairment. The training will soon be rolled out to patients and carers who may wish to take part in a future QI project. They are also supporting the review of patient information.</p>

South East London Clinical Commissioning Group (SELCCG)	<p>Last year at a south east London level we involved local people to work with us over the summer and we developed our approach to engagement. Working together, the members of the digital and non-digital engagement task and finish groups developed the principles for engagement in order to inform our engagement work in a timely way. We hope that a south east London-wide policy that provides a framework for compensating patients and the public who get involved with our work will be produced soon.</p>
Royal Borough of Greenwich	<p>As referred to above, learning disabled MPs are currently paid for their time, whilst the dementia reference group uses a volunteering policy for its members as is common to other advisory groups in the council. There is some budget allocated for volunteer expenses.</p> <p>It will be important to develop and define a criteria/policy for when, what and how we reward and recognise service users for their time and involvement. This is a piece of work/policy that needs development as we do not currently have an existing policy in HAS or for the organisation as a whole in this area.</p> <p>Whilst we absolutely value the input and experience of residents, it is not realistic within our budget constraints to pay people to give their views. Rather these would need to be more action-oriented roles that are recruited to or elected with community input. Some advisory/reference groups have requested a spending budget rather than being paid themselves for their time.</p>

4. Improving outcomes for seldom heard groups.

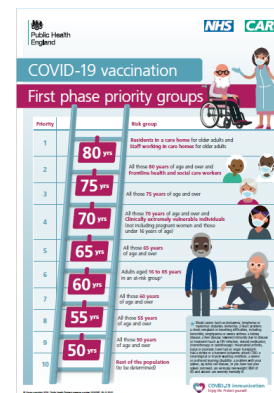
<p>Q4.1. We need to carry out more research in developing treatment of reproductive health. Fibroid affects mainly women of Afro-Caribbean heritage. The removing the reproductive organs seem to be the only option available.</p>	
<u>Oxleas NHS Foundation Trust</u>	<p>Oxleas community gynaecology service follows recognised guidelines on the management of reproductive health in all women. E.g., guidelines published by the Royal College of Gynaecologists & Obstetricians, NICE and British Association for Sexual Health & HIV. This would include the medical management of symptoms related to fibroids. Surgical interventions are not undertaken within this service. The service is currently not attached to an academic research unit for the purposes of conducting clinical research into reproductive health.</p>

Lewisham and Greenwich NHS Trust:	
South East London Clinical Commissioning Group	<u>N/A</u>
Royal Borough of Greenwich	
Q4.2. Not all services are collecting ethnicity data – across all your services, what proportion of service users do you have ethnicity data on? What steps are being taken to improve this. For commissioners – is it part of the contract that services collect ethnicity data and if so – how is this monitored?	
<u>Oxleas NHS Foundation Trust</u>	We do collect data on service user and patient ethnicity, but this varies across services. The Greenwich data shows we didn't record the ethnicity for 14% of service users in 2019/20. This is a priority area in our Board strategy for 2021-2024.
Lewisham and Greenwich NHS Trust:	N/A
South East London Clinical Commissioning Group	As part of our commissioning process we request that all our service providers collate monitoring and equality data. All service providers report on ethnicity data of the service users as part of their monitoring quality reports. Information must be supplied from providers to fulfil the contract requirements.
Royal Borough of Greenwich	
Q4.3. If anything good is on offer – it doesn't come to us first. If Black communities are a small part of the UK population. why the obsession in vaccinating these communities?	
<u>Oxleas NHS Foundation Trust</u>	We have followed the government priority list for the vaccination programme based on risk levels related to age, ethnicity and health conditions. Early on there was data showing that some communities were not getting vaccinated at the same rate as others. The NHS is committed to ensuring all those eligible to get vaccinated are able to do so. We've worked with community leaders, religious leaders and our staff to make sure that there aren't barriers preventing people from getting vaccinated if they wish to.
Lewisham and Greenwich NHS Trust:	N/A

**South East London Clinical
Commissioning Group**

Since December 2020, when the COVID-19 vaccination started, we have been focused to ensure that all our residents across south east London, including Greenwich, have access to the Covid-19 vaccine and received useful information to respond to their concerns and address their barriers to accessing the vaccine.

We have followed the guidance in prioritising our population based on risk levels related to age, ethnicity and health conditions. We have been engaging with all our communities to facilitate easy access to the vaccine as well as working closely with community champions and faith leaders to build vaccine confidence in all communities.



We have been working with health and care partners from across south east London and developed a COVID-19 vaccine information resource - www.nhsvaccinefacts.com. The website has been developed in response to research with local people who said they wanted more information about the vaccine and its safety and efficacy. Data in south east London has revealed variation in the take up of the COVID-19 vaccine in some communities in south east London. The reasons for this variation include concerns about the safety and efficacy of the vaccine. The vaccine facts website provides information and stories so that people can get information they need to support their decision making around the vaccine. The resources have been research and developed with people from south east London and scientific and medical information has been approved by local clinicians and public health professionals.

Royal Borough of Greenwich	
Q4.4. Getting home ventilator spares was a problem during the pandemic, what can be done locally to ensure vital supplies are available to home patients?	
<u>Oxleas NHS Foundation Trust</u>	In terms of ventilator spares and the issue with supply - this would have to be addressed by the lung function lab at the QEH, where all patients seen on home ventilation and supplies for their machines are co-ordinated by them. Oxleas is not commissioned to support a home ventilation service in the community, and during the COVID-19 pandemic we extended our service to support patients needing discharge early on home oxygen.
Lewisham and Greenwich NHS Trust:	N/A
South East London Clinical Commissioning Group	During the peaks of the Covid-19 pandemic ventilator supplies saw a significant increase in demand, which did put additional pressure on supplies. We are confident that we are able to respond to any spikes in demand much more effectively in future. During the second wave we quickly set-up pulse oximetry at home and virtual ward services to enable people to monitor oxygen levels and receive treatment at home where required.
Royal Borough of Greenwich	<u>N/A</u>
Q4.5. At the Lewisham and Greenwich Trust meeting today (25/05/2021) mental health attendances at A&E are unacceptably high. Revocation of CTOs will only add to acute pressures particularly among the Black Asian and Minority Ethnic community. Could you confirm that this issue will be investigated urgently and remedies put in place?	
<u>Oxleas NHS Foundation Trust</u>	Our AMHP service (Approved Mental Health Practitioners) will take an action to review our data around CTO revocations in the last year to ascertain if this is the case in Greenwich. We can then discuss our findings with our senior management teams and at our multi-agency liaison meetings and review what can be done differently.
Lewisham and Greenwich NHS Trust:	N/A
South East London Clinical Commissioning Group	<u>N/A</u>
Royal Borough of Greenwich	<u>N/A</u>

Q4.6. In the light of disproportionated impacts and Covid-19 deaths in residential institutions, is there a strategy for deinstitutionalization in place?	
<u>Oxleas NHS Foundation Trust</u>	In Greenwich we have been working together to develop our 'Home First' Model with a clear focus on organising services to enable more people to receive high level of care at home. The Enhanced Health in Care Homes (EHCH) programme was developed as part of the NHS Five Year Forward View to pilot new approaches to providing 'wrap around services' for residents who needs can only be met in care settings and our 'Home First' Model and pathways are available to all residents in these settings.
Lewisham and Greenwich NHS Trust:	N/A
South East London Clinical Commissioning Group	<p>The work on Home first and Enhanced Care in Care Homes (see Oxleas section above) is jointly being undertaken with input from CCG and Oxleas, as well as working with RBG.</p> <p>The Learning Disability & Autism Programme for SEL, has a key aim to reduce the number of people in residential inpatient settings, and was set up in national response to the Winterbourne Review. We are making good progress in reduce the number of people in long term residential care, including prevention of admission through better care treatment and review. We have a specific programme of mortality reviews, known as LEDER, where we follow up regarding all deaths. We can provide further information on this if helpful.</p>
Royal Borough of Greenwich	<u>N/A</u>

5. Accessibility for patients with disabilities

Q5.1. Do you have plans to install changing places facilities at your venues (Accessible toilet facilities with hoist & adjustable changing bench)?	
<u>Oxleas NHS Foundation Trust</u>	<p>QMH is registered on the Changing Places Toilet website under 'other facilities' as the toilet area doesn't fully meet the criteria to be a changing places toilet. This is because a person who is able to transfer can only do so from one side rather than both, but there is no impediment to using the hoist and there is a changing table.</p> <p>We do not have a current plan to create further Changing Place Toilets, but this requirement will feature in our planning when we undertake major refurbishments in our larger buildings.</p>
Lewisham and Greenwich NHS Trust:	

South East London Clinical Commissioning Group	<u>N/A</u> We do not provide services
Royal Borough of Greenwich	
Q5.2. Are you providing information in accessible formats e.g., easy read, braille, audio, large print, and community languages?	
<u>Oxleas NHS Foundation Trust</u>	Yes we can provide information in a range of formats and community languages. The Accessible Information Standard requires us to ask, record, flag, share and meet the communication and information needs of service users and carers related to a disability. This is recorded on RiO - the electronic patient record.
Lewisham and Greenwich NHS Trust:	We are able to do so on request and provide the following statement at the end of all patient information we produce: If you would like this information in another language or another format such as braille, large print or an electronic or audio file, please contact the Patient Advice and Liaison Service (PALS): University Hospital Lewisham on 020 8333 3355 or email pals.lewisham@nhs.net Queen Elizabeth Hospital on 020 8836 4592 or email pals.qeht@nhs.net
South East London Clinical Commissioning Group	<p>We are committed to providing information in accessible formats for all patients' information we produce. For all our programmes we have been able to produce alternative formats on request.</p> <p>For the Vaccination Programme we worked with clinicians and local community leaders and produced over 40 videos in many different community languages, e.g., Nepalese, Somali, Urdu, Chinese, etc. The full playlist so far contains 47 films. Useful information in accessible formats and community languages are available on our SELCCG website: COVID-19 vaccination - Public resources - South East London CCG (selondonccg.nhs.uk).</p> <p>In response to research with local people who said they wanted more information about the vaccine and its safety and efficacy we developed a website providing comprehensive, easy to understand content with videos and text. It uses case studies with local people who explain why they decided to have the vaccine and why it is so important. www.nhsselondonvaccinefacts.com</p>
Royal Borough of Greenwich	The Royal Borough of Greenwich has recently launched its Equality and Equity Charter; a pledge for equality across Royal Greenwich. Included in the commitments are to create a fairer borough through promoting inclusion, participation and equal access and eliminating barriers.

As an organisation Royal Greenwich commits to working with partners and the community to make our information, services and products more accessible and inclusive.

Royal Greenwich corporate communications aims for all content produced to use a written style which is straightforward and easy to understand. Easy read versions of documents are increasingly being produced by the organisation. Braille and large print versions of documents are available upon request.

Royal Greenwich website content is checked for plain English and holds the internet crystal mark award. The web pages have been built to conform as closely as possible to the web accessibility initiative's AA standard. Text sizes and colour schemes can be modified to best suit users needs.

The Royal Greenwich Interpreting Service (RGIS) provides access to British Sign Language interpreters and advice on how to access Language Line.

The service currently provides interpretation and translation services in 102 different languages. This list is growing the changing needs of the borough's diverse population are monitored. The pool of registered translators and interpreters are professionally qualified and are regularly tested for competency.

Services include:

- face to face interpreting
- written translations
- British Sign Language interpreters
- audio transcription
- advice on how to access Language Line
- telephone interpreting
- British Sign Language interpreting duty.

You can also contact the Royal Borough using sign language with the SignVideo service.

Available languages

We have five interpreters covering the languages:

- Albanian
- Cantonese
- Vietnamese
- Mandarin
- Hindi
- Punjabi
- Gujarati
- Urdu
- British Sign Language

For other languages we use freelance interpreters who are trained to a high standard.

We can provide this service on weekdays from 7am to 7pm, and in the evenings and at weekends as requested.