

Equality Objectives: 2013 - 2016

Introduction

This document sets out progress against the Equality objectives of NHS Hounslow Clinical Commissioning Group (CCG) 2013-16.

NHS Hounslow CCG is committed to embedding Equality and Inclusion in everything that we do, but more specifically, how we:

- Commission services on behalf of our residents
- Recruit and support the development of our staff
- Proactively engage and supported all our residents particularly given the diversity of our population and service users

Our work on embedding equality into the commissioning of health services is underpinned by engagement with our stakeholders. We believe that engagement with and drawing on the expertise of residents, patients, services providers and third sector organisations, is critical in shaping services that are of high quality, value for money and reflect the needs of our diverse populations.

The involvement and active participation of stakeholders helps us to meet our public equality duties by:

- Identifying at an early stage in the design and development of services, whether the service is free of unlawful discrimination or impacts adversely on any group of service users of stage of development
- Advancing equality by ensuring that services are accessible to all who need the service
- Fostering good relations by drawing people from different communities to work together collaboratively with commissioners - and the wider health and social care workforce - to identify solutions to local health challenges.

Progress update: January 2014

Since the publication of our equality objectives in October 2013, the focus has been to establish the structures to support the delivery of the equality objectives, starting with an Equalities Reference Group across the CWHHE Collaborative of CCGs to support peer learning and review of equality plans and progress. Equalities training had been carried out for existing team members earlier in 2013 and a seminar with our

Governing Body has been arranged February/March 2014. The commitment to delivering the key areas of our equality objectives has been included within our Commissioning Intentions for the coming financial year. We have started making initial steps towards setting baselines and regular reporting to support monitoring of key targets. An update on the different objectives can be found below in this document. The Equality Delivery System 2 (EDS2) grading system has been applied to the progress achieved thus far.

Equality Delivery System 2 (EDS2) Grading Key:

Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall
Staff members from all protected groups fare poorly compared with their numbers in the local population and/or the overall workforce OR evidence is not available	Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce	Staff members from most protected groups fare well compared with their numbers in the local population and/or the overall workforce	Staff members from all protected groups fare well compared with their numbers in the local population and/or the overall workforce
There are no examples of a strong and sustained commitment	Only some of the examples show a strong and sustained commitment	Many of the examples show a strong and sustained commitment	All of the examples show a strong and sustained commitment

Objective	Action	How	Lead / Timescale	Outcome	Expected progress by January 2014	Progress Update as at January 2014
<p>National Equality Delivery System Goal 1: Better Health Outcomes for All</p>	<p>Supporting the physical health needs and emotional wellbeing of carers by considering differences in provision for different protected characteristic groups</p>	<p>Development of personal health budgets using information from Carers</p> <p>To offer short break services to Carers that meet their individual needs</p> <p>To continue to raise awareness amongst GPs of the needs of Carers and the Carer support services that are available</p> <p>To continue to offer Carers assessments especially to Carers of service users living with the experience of dementia</p>	<p>Head of Joint Commissioning</p> <p>October 2013 – March 15</p>	<p>Carers feel less isolated and more supported to look after their own physical and emotional needs</p>	<p>No equality information available yet, however, ensuring schemes are set up and/or in place.</p>	<p>No equality evidence available for:</p> <p>Progressing Personal Health Care budgets as a pilot prior to 1st April launch with 3 clients and using input from families.</p> <p>Contracted short breaks in place as part of section 256 funding.</p> <p>Funding allocated for GP learning around Carers support services.</p> <p>Combined approach to</p>

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						<p>supporting Carers being developed with the local Council. CCG Governing Body have agreed with the Council to hold a seminar to review and enhance the Carers Action Plan.</p>
	<p>Improve service provision for people with Learning Disabilities by considering the different barriers faced by different protected characteristic groups</p>	<p>To continue to work with primary and secondary care to improve both access to and experience of mainstream health services for people with learning disabilities</p> <p>To improve the local services and response to people with LD</p>	<p>Joint Commissioning Manager (Learning Disabilities)</p> <p>October 2013 – March 16</p>	<p>People with Learning Disabilities are able to access services when they need it</p>	<p>Equality information available for some groups and systems are reviewed and in place to ensure equality information is captured for all groups.</p>	<p>Some equality evidence available for:</p> <p>Increasing investment into our Learning Disabilities team to improve therapy and psychological support to</p>

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		<p>experiencing a mental health crisis.</p> <p>To increase the percentage of LD patients who have had a GP annual review.</p>				<p>people in 14/15.</p> <p>Piloting the LD service referring directly into the Care Navigators service to provide support when experiencing a mental health crisis.</p> <p>Re-run the LD training for all practices in Hounslow, which was well attended. This involved equalities group sensitivities including signing cards for LD patients.</p> <p>Updated and</p>

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						<p>reviewed the LD template within SystemOne so it is more inclusive of equalities groups.</p>
	<p>Improve outcomes for mental health patients by shifting settings of care and considering the potential negative impact for different protected characteristic groups</p>	<p>Creating access to better, more integrated care outside of hospital</p> <p>Reducing unnecessary hospital admissions and lengthy inpatient stays where clinically appropriate</p> <p>Enabling effective working of professionals across boundaries to ensure patients receive care in the most appropriate setting</p>	<p>Joint Commissioning Manager (Mental Health)</p> <p>October 2013 – March 16</p>	<p>Mental health patients should experience services in a seamless manner in the new setting of care being commissioned</p>	<p>No equality information available yet, however, ensuring schemes are set up and/or in place.</p>	<p>No equality evidence available for:</p> <p>Primary Mental Health Care Nurses (PMHCN) recruited and patients being transferred to the care of their GP and PMHCN.</p> <p>Two year programme running from 13/14 - 14/15 to reduce unnecessary</p>

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						<p>hospital admissions and length of inpatient stay.</p> <p>Joint Commissioning Manager for Mental Health working with Supported Housing Commissioning Manager to develop a range of supported housing across the borough.</p> <p>CCG supporting the Council in reviewing requirements of the providers of mental health day opportunities to</p>

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						ensure service availability 7 days a week and across the borough.
	<p>Improve Children and Adolescent Mental Health Services (CAMHS) by understanding how different protected characteristic groups interact with services</p>	<p>Tier 1 – work with the voluntary sector to support patients with needs outside of the Tier 3 (family therapy etc)</p> <p>Tier 2 - Strengthening Tier 2 services by reviewing the role of and need for a Paediatric Liaison service such as the one at Ealing to help reduce A&E presentations.</p> <p>Commission a Tier 3 plus service that will reduce admissions via A&E to Paediatric inpatient stay and</p>	<p>Joint Commissioning Manager (Mental Health/CAMHS)</p> <p>October 2013 – March 16</p>	<p>Fewer emergency admissions by CAMHS patients of all protected characteristic groups</p>	<p>Equality information available for some groups and systems are reviewed and in place to ensure equality information is captured for all groups.</p>	<p>Some equality evidence available for:</p> <p>CAMHS Tier 3 specification developed and is to be included in the contract negotiations with West London Mental Health Trust for 14/15.</p> <p>The Equalities Impact Assessment for the specification has been informed by the</p>

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		then Tier 4 placements plus also facilitate early discharge from Paediatric in-patient beds				<p>assessment undertaken as part of the Hounslow Children’s Plan 2012 -2015. A Hounslow context has been included in the specification.</p> <p>Strengthening A&E psychiatric liaison for CAMHS.</p> <p>CCG and Council are developing a new commissioning structure to support integrated commissioning including children’s</p>

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						services for the first time.
	Improve cancer screening uptake for hard to reach community groups	Community engagement and targeted public awareness campaigns	Senior Strategy Implementation Manager October 2013 - March 2016	The provision of a more inclusive cancer screening service	No equality information available yet, however, ensuring schemes are set up and/or in place.	No equality evidence for: Supporting NHSE to deliver improved cancer screening within the Hounslow community. Meeting set up for 23/01/2014. PH support has been identified to provide prevention and promotion support. Target Somali women as known hard to reach group for cancer

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						screening. Consider other hard to reach groups.
National Equality Delivery System Goal 2: Improved Patient Experience and Access	Work with providers through the Clinical Quality Groups meetings to agree actions for improving patient experience data collection and analysis on Ethnicity, Religion, Sexual Orientation and Disability	Agree where equalities data can be applied to data collections and stagger the provision of this data Contracts reflect equalities data collections as agreed	CWHE AD Patient Experience and Equalities October 2013 - March 2016	Patient Experience Trend report include analysis of data per equality strand, gaps in data are addressed. Data is robust enough to highlight disparities in patient experience within and between different groups.	Equality information available for some groups and systems are reviewed and in place to ensure equality information is captured for all groups.	Some examples of commitment to equalities: HCCG has been working in partnership with the CWHE Collaborative CCGs to engage with patients, carers and frontline staff in order to produce a definition and framework for measuring patient experience. As a result 2 Key Events are

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						<p>planned for January</p> <p>Patient Experience in Contracts workshop. The purpose of the workshop is to:</p> <p>Identify and agree shared Patient Experience priorities across the collaborative for inclusion in the contracts, these would include a baseline for capturing data from key equality groups</p> <p>Developing an integrated reporting mechanism: Providers</p>

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						<p>meeting The purpose of the meeting is to agree an integrated Patient Experience Reporting Mechanism</p> <p>The outcome would provide a framework that would enable providers to produce, on a quarterly basis, an integrated report using patient experience data (quantitative and qualitative) informed by the patient experience matrix which has been</p>

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						developed directly from consultations with patients, service users and carers.
	Hold providers to account on their patient experience strategy by inviting them to present the impact of the patient experience improvement work conducted at the Patient and Public	Each provider presents at least once annually at the Hounslow CCG PPE Committee	HCCG Head of Quality Annually	System in place to provide assurance to the CCG and members of the public that providers are addressing patient experience issues for all equalities	Equality information available for some groups when providers present at PPE.	Some examples of commitment to equalities: The following providers have presented at the HCCG PPE committee during 13/14:

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	Engagement (PPE) Committee and invite the Hounslow Community Network Equalities Subgroup to participate in providing scrutiny.	Hounslow Community Network Equalities Subgroup attends Hounslow CCG Patient and Public Engagement Committee when providers are presenting	HCCG Head of Quality February 2014	groups.		<ul style="list-style-type: none"> - WLMHT - WMUH - HRCH <p>Engagement, patient experience and equalities were discussed with each provider with a request to expand equalities data collected and to present this information at next year's meeting.</p>
National Equality Delivery System Goal 3: Empowered , Engaged and Well Supported Staff	Improve workforce data monitoring- Ensure that equality and diversity Monitoring data is up to date for all CCG staff and Governing Body Members.	Identify gaps in equality and diversity data and develop approach to encourage staff members to submit data and record where staff members	HR/ CWHH AD Patient Experience and Equalities October 2013 - March 2016	Up to date workforce data to enable the CCG to effectively assess the development needs of their staff in particular those with caring	No equality information available yet, however, working towards objective.	No equality evidence for: HR is working to develop a workforce report by end of January. Next

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		do not wish to provide this information.		<p>responsibilities, those with disabilities and those from BME communities.</p> <p>Up to date information on the Governing Body members to ensure that the profile of the members reflects the diversity of the GPs in the local area as well as the diversity of the local population.</p>		steps will be to review the report and identify any arising actions.
<p>National Equality Delivery System Goal 4: Inclusive Leadership At All Levels</p>	To improve equalities issues addressed across the CCG.	Set up a CWHH Collaborative wide Equalities Reference Group to oversee the development and implementation of the Equality Action	CCG Governing Body Equality Champions / CWHH CCG AD Patient Experience and Equalities	Governance and reporting arrangements are in place to ensure that CCG can effectively demonstrate	Some examples of commitment are available.	<p>Some examples of commitment to equalities:</p> <p>CWHH Collaborative wide Equalities</p>

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		<p>Plan. The ERG will report to the CWHH Quality & Patient Safety Committee</p> <p>Develop and deliver a programme of Equality Training and support to the Governing Body, staff and patient leaders to embed equality considerations into the CCG Commissioning Plans and assurance processes.</p> <p>Embed Equality in CCGs business planning. In particular, strengthening the CCGs Commissioning Intentions.</p>	<p>December 2013</p> <p>October 2013 – March 2015</p> <p>October 2013 – March 2015</p>	<p>compliance with the Equality Act 2010.</p> <p>Governing body members and patient leaders are skilled and supported to act as gatekeepers for ensuring that plans and proposals presented at CCG Governing body meetings take into consideration equality requirements.</p>		<p>Reference Group established.</p> <p>Governing Body seminar on equalities is booked for February. CCG Team undertook equalities training in 2013. Future training will be established for new members of the team.</p> <p>Equality Analysis is due to be undertaken on availability of final draft. In depth Equality</p>

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						Impact Analysis will be conducted on individual services being redesigned and/or procured.