

## **Introduction**

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
- How we recruit and support the development of our staff
- How we 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.

## **Background**

### **Equality Act 2010 and Public Sector Duty 2011**

The Equality Act requires all CCGs – as public bodies – to comply with the Public Sector Equality Duty. The Act covers nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity

- Race
- Religion and belief
- Sex
- Sexual orientation

### **The Statutory Public Sector Equality Duty (PSED)**

The PSED came into force in April 2011 and covers 3 key aims:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those that do not
- Foster good relations between people that have protected characteristics and those that do not share them

The Equality Duty is further supported by 2 specific duties which and require CCGs to:

- **Publish annually** – on or before 31<sup>st</sup> January 2014 - relevant proportionate information demonstrating compliance with the Equality Duty.
- Produce **Four yearly equality objectives** to be published on or before 13<sup>th</sup> October 2013

The PSED requires all CCGs to demonstrate how they have proactively considered equality implications in their:

- At every point of the commissioning cycle from strategic planning to procurement and monitoring and evaluation.
- Organisational Development plans and in particular their Employment functions

### **The Equality Delivery System (EDS)**

The EDS is a toolkit that has been developed to support NHS organisations to drive up equality performance and embed it into mainstream business. NHS organisations in consultation with staff, patients and stakeholders, can grade their performance against four specific equality and diversity goals:

- Goal 1: Better health outcomes for all;
- Goal 2: Improved patient access and experience;

- Goal 3: Empowered, engaged and well supported staff;
- Goal 4: Inclusive leadership at all levels.

## **The Health and Social Care Act 2012**

The Health and Social Care Act, states that Clinical Commissioning Groups must, in the exercise of their functions, have regard to the need to: Reduce inequalities between patients with respect to their ability to access health services;

- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;
- Promote the involvement of patients and their carers in decisions about provision of the health services to them;
- Enable patients to make choices with respect to aspects of health services provided to them.

## **NHS Hounslow CCG Population Profile**

Hounslow is the ninth largest borough in London, situated geographically between the Thames, Heathrow Airport and central London. The environment and the population of Hounslow are diverse. Each of the local wards and communities differ greatly in character, with unique needs, challenges and priorities. Hounslow's population in 2011 was estimated at 239,748 people.

The population is relatively young, with over half under 35 years of age. However, there is a significant and growing older population in the borough, with the proportion of those aged over 65 years expected to rise in line with national projections. Birth rates are increasing and higher than the London and national averages. This combined with growing life expectancy will increase the demand on Hounslow's healthcare systems.

Hounslow's population is diverse, with 43% identifying themselves as being of Black, Asian or Minority Ethnic origin, compared to 34% in London as a whole. Around 46% of children in Hounslow speak English as their first language; other commonly spoken languages include Punjabi, Urdu, Somali, Polish, Arabic and Hindi.

The population of Hounslow is extremely fluid, with an annual turnover of 18%. This presents challenges in monitoring key elements of health such as childhood immunisation. Hounslow is ranked 118 out of 354 boroughs in England, from most deprived to least deprived. About 8% of Hounslow's population live within the 20% most deprived areas in England on the national scale of deprivation; while about 5.8% live in areas ranked in the 20% most deprived in London.

Hounslow's rates of life expectancy are slightly lower than those for the South East Region, but not significantly worse than the England average. However, there is variance within Hounslow: the life expectancy of children born between 2007 and 2009 ranges from 74-89 years for males and 78-84 years for females. The difference between the ward with the longest male life expectancy (Heston East) and the shortest (Isleworth) is 15 years; while the gap between the longest (Turnham Green) and shortest (Feltham North) female life expectancy is six years.

The relationship between life expectancy and various indicators of deprivation is well known; and predictably, both Isleworth and Feltham North fall into the 30% of most deprived areas in England.

### **Developing our Equality Objectives 2013-16**

We have developed our equality objectives through a process of involving the local population and the Governing Body and our neighbouring CCGs. Specifically we have reviewed the needs of our population in respect of equality and diversity via key sources of information:

- Profile of the population of the 'protected characteristics' of the CWHH CCGs areas
- Joint Strategic Needs Assessment for Hounslow
- Engagement activity

Hounslow CCG, London Borough of Hounslow and North West London Commissioning Support Unit staff were consulted on the equality objectives within the weekly 'all staff' meeting where staff discussed how they could deliver the objectives.

The Quality, Patient Safety and Equality Committee agreed the objectives and will monitor their implementation.

Hounslow CCG Governing Body agreed and signed off the objectives.

Health Watch were invited to comment on the objectives.

The work has been developed through working closely with the CWHH Collaborative equalities lead to ensure consistency across the neighbouring CCGs.

## Implementing our Equality Objectives

Although the below are four-year objectives, our intention is to annually review progress on the objectives and actions to identify any new information and emerging needs and issues in the CCG area and adjust our objectives and/or actions to respond and meet these needs.

NHS Hounslow CCG Equality Objectives will be implemented using the Action Plan below:

Objective	Action	How	Lead / Timescale	Outcome	Comments
<b>National Equality Delivery System</b> <b>Goal 1: Better Health Outcomes for All</b>	Supporting the physical health needs and emotional wellbeing of carers by considering differences in provision for different protected characteristic groups	Development of personal health budgets using information from Carers  To offer short break services to Carers that meet their individual needs  To continue to raise awareness amongst GPs of the needs of Carers and the Carer support services that are available  To continue to offer Carers assessments especially to Carers of service users living with the experience of	Head of Joint Commissioning  October 2013 – March 15	Carers feel less isolated and more supported to look after their own physical and emotional needs	Operating Plan will need to detail equality work

Objective	Action	How	Lead / Timescale	Outcome	Comments
	<p>Improve service provision for people with Learning Disabilities by considering the different barriers faced by different protected characteristic groups</p>	<p>dementia</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 experiencing a mental health crisis.</p> <p>To increase the percentage of LD patients who have had a GP annual review.</p>	<p>Senior 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>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>Head of Joint Commissioning</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>	

Objective	Action	How	Lead / Timescale	Outcome	Comments
		<p>Enabling effective working of professionals across boundaries to ensure patients receive care in the most appropriate setting</p>			
	<p>Improve Children and Adolescent Mental Health Services (CAHMS) 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&amp;E presentations.</p> <p>Commission a Tier 3 plus service that will reduce admissions via A&amp;E to Paediatric inpatient stay and then Tier 4 placements plus also</p>	<p>Head of Joint Commissioning</p> <p>October 2013 – March 16</p>	<p>Fewer emergency admissions by CAHMS patients of all protected characteristic groups</p>	

Objective	Action	How	Lead / Timescale	Outcome	Comments
		facilitate early discharge from Paediatric in-patient beds			
<b>National Equality Delivery System Goal 2: Improved Patient Experience and Access</b>	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	CWHH AD Patient Experience and Equalities  October 2013 - March 2014	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.	
	Hold providers to account on their patient experience strategy by inviting them to present the impact of the patient experience improvement	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	

Objective	Action	How	Lead / Timescale	Outcome	Comments
	work conducted at the Patient and Public 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	patient experience issues for all equalities groups.	
<b>National Equality Delivery System Goal 3: Empowered , Engaged and Well Supported Staff</b>	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 do not wish to provide this information.	HR/ CWHH AD Patient Experience and Equalities  October 2013 - March 2016	<p>Up to date workforce to enable the CCG to effectively assess the development needs of their staff in particular those with caring 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</p>	

Objective	Action	How	Lead / Timescale	Outcome	Comments
				the members reflects the diversity of the GPs in the local area as well as the diversity of the local population.	
<p><b>National Equality Delivery System</b>  <b>Goal 4: Inclusive Leadership At All Levels</b></p>	<p>To improve equalities issues addressed across the CCG.</p>	<p>Set up a CWHH Collaborative wide Equalities Reference Group to oversee the development and implementation of the Equality Action Plan. The ERG will report to the CWHH Quality &amp; 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>CCG Governing Body            Equality Champions /            CWHH CCG AD            Patient Experience            and Equalities</p> <p>December 2013</p> <p>October 2013 –            March 2015</p>	<p>Governance and reporting arrangements are in place to ensure that CCG can effectively demonstrate 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</p>	<p>Equality Analysis toolkit will include equality profile of each borough / CCG.</p> <p>The Equality Profile will be updated annually and used as the basis for undertaking Equality Analysis on CCG plans and policies</p> <p>CCGs have committed to identifying resources to deliver</p>

Objective	Action	How	Lead / Timescale	Outcome	Comments
		Embed Equality in CCGs business planning. In particular, strengthening the CCGs Commissioning Intentions.	October 2013 – March 2015	equality requirements.	