Islington Clinical Commissioning Group

Equality Objectives Setting for 2013/14

Introduction:

Islington Clinical Commissioning Group must set Equality Objectives to ensure it addresses need gaps within its local community. Legally, we must set one objective. However, it is proposed we set three objectives which are meaningful to us as an organisation and valuable to the communities we serve. It is acknowledged that these three objectives will not address all of the needs gaps within Islington but focus Islington CCG's monitoring on some of the key needs gaps.

The exercise of developing our equalities objectives has been undertaken using the Equality Delivery System (EDS) which is a Department of Health tool. The tool has 18 outcomes (nine of which are pertaining to patient and communities). The tool encourages users to have a deliberative approach which brings community groups together to highlight where they see gaps and needs within their communities.

Developing Objectives for Islington CCG

Through the Joint Strategic Needs Assessment and Health and Wellbeing Strategy local health needs and inequalities have been identified. The information and insight that these strategic documents give was then used to inform a process of engagement with people drawn from our local community. In partnership with the Islington Local Involvement Network (LINks) a workshop afternoon was arranged. LINks were crucial in helping to identify key members and organisations who would be able to explore and focus on the equality needs gaps within Islington.

At the meeting we had representation from 12 different community groups and individuals within Islington. This included representatives from HIV groups, mental health, BME communities, frail and elderly, disabled, the Faith Forum, and people with other Long Term Conditions.

The CCG is encouraged to focus the equality objectives on nine protected characteristics; characteristics identified as being open to discrimination and thus protected by law. These are

- Age
- Belief and religion
- Sex
- Sexuality
- Disability
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Race

The group were encouraged to consider these characteristics alongside the evidence and priorities for health and health services in the borough and their own personal experiences. Collectively the group was asked to develop a short list of areas for potential action.

18 Outcomes and grading:

The community groups felt that when grading services it was difficult to rate anything above or below amber. They felt that there were some areas of high quality and some areas which could be improved within each of the outcome measures. They felt there was no one outcome which was wholly terrible or exemplary. There was variation across the outcomes – which although could not be reflected in the grading system were reflected in the discussion and subsequent chosen objectives.

Goal	Narrative	Outcome	Grades
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	

Suggested areas for focus

There were several key areas which were highlighted and recommended within the meeting. These were areas where it was felt there was significant community need.

The areas were:

- Access and information (including signposting, promotion and prevention) barriers due to language, culture and disability
- Mental Health
- Carers
- Integrated care – a smooth and seamless service between all services
- Learning disabilities

Out of these learning disabilities is already an equality objective which it is advised is kept as an objective for 13/14, along with the staff objective. The staff objective is an additional equality objective which looks at an organisation's attitudes to its staff. ICCG does not legally need a staff objective but it is best practice to do so.

The other areas identified – highlight health inequalities along with inequality gaps which directly fit into the nine protected characteristics. It is, therefore, proposed an objective is adopted which will address access to primary care services through training for front line staff - an area community groups directly referenced.

The three equality objectives we propose, therefore, are:

Objective	**Action**	**Expected Outcome and Timescale**	**Name of Directorate/Team and Lead Individual**
Access barriers due to language, cultural or disability within GP practices.	An ongoing training programme throughout the year which addresses both customer service (patient experience) at the front of house in GP practices and specific training on communications barriers.	Ongoing. Monthly monitoring of staff training in practices.	Involvement and Engagement Officer Head of Primary Care

Commission hospitals in North Central London to improve access to healthcare for people with a learning disability, and people on the autism spectrum	Undertake a range of actions including the provision of care plans and accessible information for learning disabled and patients on the autistic spectrum.	People with learning disability have ready access to healthcare. People with autism are included with people with learning disability in their access to healthcare Reported on quarterly by the Trusts that adopt it	Director of Quality & Integrated Governance
Improve the data about our staff to identify patterns of potential discrimination and publish this data in the next Annual Equality Report.	To undertake self assessment of data. Identify potential data gaps and to close or narrow them. Publish staffing data in the Annual Equality report through the intranet and external websites	Data gaps identified. Process in place to eliminate or reduce gaps Staff data published	Director of Quality and Integrated Governance

We can also monitor signposting and information barriers for those with language, cultural or disability unmet need – through the work being done on Single Point of Access, directory of Services, integrated care communications and the ongoing engagement with patient within integrated care.

The other areas highlighted were around how we tackle health inequalities and access for our entire communities within Islington. These are:

- Mental Health
- Carers
- Integrated Care.

These are important areas which the community would benefit from regular feedback on. It is, therefore, proposed we continue to monitor and give regular feedback on the work being carried out on these areas.