

MEETING:	Patient and Public Participation Committee
DATE:	4 th January 2018
TITLE:	Equality and Diversity progress report 1617
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Purpose

This report is for ASSURANCE

This report provides assurance and identifies any consequent risks to the Committee

Overview:

The report provides a progress update on the CCG Equality Objectives and the equalities community research for the year.

Equality Objectives:

- To encourage a more effective interpreting service for the Islington community within both primary care and acute services
- Improve accessibility for Learning Disability (LD) patients
- The leadership of CCG to make a more explicit commitment to all aspects of Equality and Diversity throughout the year.

Issues to be considered:

Progression of the Equality Objectives, areas for further development and any current gaps in meeting the objectives.

Recommendation for Equalities Objectives 2016/17

1. Introduction

The Clinical Commissioning Group (CCG) want to ensure that they have a healthcare system in Islington which is equal for all people to use, whatever their background or social situation in life. As part of this process, Islington Clinical Commissioning Group ensures all community engagement projects identify and work with the demographic groups most affected by the change and those who experience barriers to accessing services and undertakes yearly community research with those groups who face barriers to accessing services, face the highest health inequalities and are vulnerable. This approach is reflected in one of our four objectives:

1. To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010.

The report reviews the community research from 16/17 and our staff engagement, and reviews the progress of our Equality Objectives (which are set for 4 years).

The Equality Objectives have been developed through work with the CCG partners at the Council as part of the annual Joint Strategic Needs Assessment, which provides an evidence base and framework for commissioning health and social care services. As part of commissioning work, the CCG also looked beyond the JSNA, to include views groups who are well known to experience significant health inequalities.

Over the past year Islington CCG have spoken with 342 people through the community research and support project commissioned by Islington CCG through a consortium of 10 Islington based refugee and migrant organisations and one organisation and five of their partners that works with deprived communities to hear their views about health services. Additionally, 266 people were signposted and given extra information. 116 were given more intensive support into other services.

Our Objectives:

Objective	Action	Timescale and Expected Outcome	Directorate/ Team and Lead Individual
To encourage a more effective interpreting service for the Islington community within both primary care and acute services	<ul style="list-style-type: none"> • To support the implementation of the HealthWatch recommendations • To monitor the use of language line service • To monitor the requests through voluntary organisations for interpreting • To implement any necessary remedial action. • To work with Trusts to improve patient experience of accessing interpreting support 	<p>October 2018</p> <p>Every 3 months: to see an improvement through year.</p> <p>Every 3 months.</p>	<p>Primary care commissioner/ Director of Commissioning</p> <p>With support from HealthWatch and Engagment lead</p>
Improve accessibility for Learning Disability (LD) patients	<ul style="list-style-type: none"> • Improvement in administrative processes that support patients to access services, attend appointments and receive information in an appropriate format 	October 18	Commissioning/ Quality and primary care

Objective	Action	Timescale and Expected Outcome	Directorate/ Team and Lead Individual
	<ul style="list-style-type: none"> Link to Wellbeing partnership Learning Disability workstream 		
The leadership of CCG to make a more explicit commitment to all aspects of Equality and Diversity throughout the year.	<ul style="list-style-type: none"> Topic at team briefs Awareness raising of Equality and Diversity training Re-implement staff survey Organisational Development staff working group held – with response from organisation where appropriate Deliver WRES and paper to Governing Body Development of OD action plan 	October 18	OD Lead / Engagement Lead

2. Work undertaken this year:

This year an Organisational Development specialist has been recruited to Haringey and Islington CCG to carry out engagement work with staff and undertake specific actions to support staff overall in the workplace and address issues of equality.

Staff:

As part of our equality work with staff we undertake the Workforce Race Equality Standard (WRES) tool. This year three recommendations have been agreed to address the gaps within the organisations. Some key points WRES highlighted:

- There has not been any change in the ethnic make up of our staff since 2016. BME staff are still underrepresented (17%) compared with the local population (30%). A quarter of our staff have not disclosed their ethnicity.
- Although a significant percentage of BME candidates apply for jobs, this is not reflected in those who are called for interview or appointment:

Ethnicity	Applications	Shortlisted	Appointments
White	309	63	14
BME	506	56	4
Not disclosed	46	4	1

The WRES recommendations are:

Recommendation 1

It's recommended that the CCG should develop a WRES action plan for 2017-18 by aligning both with the CCG and NCL priorities.

Recommendation 2

The CCG should carry out a staff survey in the current financial year and develop an action plan based on the survey results.

Recommendation 3

Improve data recording on staff, office holders and GB members by improving self-disclosure- and start monitoring of diversity data on all internally recruited posts.

Recommendations 4

Work with other NCL CCGs to develop a staff support strategy- and set up staff support networks.

The above actions have been included in the Organisational Development Strategy and action plan . The CCG has begun to address the above actions. In addition to the above recommendations the CCG is implementing a pool of BME member staff members across Haringey and Islington to sit on recruitment panels of roles 8b and above. Recruitment training which includes, unconscious bias training has been offered to all staff involved in recruitment across both CCGs. To date 14 staff have been trained, with a further training date in January 2018. .

Progress of Community Equality Objectives:

Improvement in administrative processes in Acutes:

Administrative processes, particularly, within acute services for many of our local community are repeatedly raised as an area for improvement. We are working with our Quality team (and feeding in the patient and community feedback we receive yearly) to develop ways we can work with our Acutes to improve administrative processes.

Improving quality of services within our acute providers has proven challenging when we have been seeking to address their internal processes. This year we have addressed this through several pieces of work. These are:

- We have already collated a list of general service points which has been shared with all workstream leads across North London health and care partners – and the Wellbeing Partnership. These have been shared with leads who are from both provider and commissioning organisations. These points highlight key points that cut across services which our patients have repeatedly told us cause them to have poor patient experience.
- We have also raised these points through the North London Health and Care Partners communications and engagement group (of which Islington CCG is a part) and shared the points across the Partners workstream leads.
- This year within Islington CCG the engagement lead has worked with the quality team to develop a system to share, explore and action quality information and insights. Practically this will include:
 - A mechanism by which GPs can feedback patient concerns
 - Mechanisms such as GP surveys to collect further evidence pf patient concerns to present to Acute providers
 - To pick up these issues through our Clinical Quality Review Groups and at the Quality Committee through a yearly report on qualitative patient experience feedback.

Additionally, these points were raised once again at the November Islington Patient Group, delivered by HealthWatch Islington, with a specific focus on communication and interpreting support for British Sign Language patients. Islington Director of Commissioning is addressing these points with Whittington Health and we can update this Committee when discussions are concluded in January. GP practices currently use the Council delivered BSL service which has very good patient experience. The CCG and Whittington are now exploring if patients can bring their GP interpreter with them into hospital – this means they are already familiar with the patient and their condition, and the patient is confident and comfortable with the interpreter.

Learning Disability Wellbeing programme and Learning Disability partnership work

The Wellbeing Partnership has identified Learning Disability services and support as a key area where joint working can improve quality of services across both boroughs. There are six key areas which the workstream will focus on. These are:

- Full review of the impact of implementing a joint programme of work that ensures that all GP learning disability registers are up to date and that as many people as possible, with a learning disability, get an annual health check and quality focused multi-disciplinary health action plans.
- Develop options for a new aligned or integrated Learning Disability partnership infrastructure.
- Assess and develop an operational and commissioning 'Progression model' approach, aligned to and informed by the Positive Behaviour Support programme in Haringey.
- Assess and develop a 0- 25 and 25+ service model for implementation across options to compliment and strengthen the Progression model approach in recommendation 3
- Develop options for a new aligned or integrated commissioning, market management and brokerage model options.
- Develop a plan for a joint approach to developing supported housing models, as part of the wider pathway of developments that seek to support the independence of people with a Learning Disability.

The Business Case has now been agreed and work has begun on it.

Locally we are also undertaking some specific projects. These are:

- Increasing numbers of annual health checks and health action plans which come from this.
 - As part of this, the CCG have engaged with practices and created a pack for practices to use to support patients into the practice. The pack includes an invitation letter for annual health checks in easy read.
- Islington Review of unexpected deaths – this is a mortality review to understand why someone died (there will be three reviewers in Islington from the acute trusts and Islington Learning Disability partnership).
- Health & Wellbeing Board are looking at the health themes from service user experience
- Building on the engagement within Islington which runs through our groups
- A health hub has been set up for people with Learning Disabilities in Drayton Park. Learning Disability service users can attend for health checks such as blood pressure. It has been running for a year and supports people who either can't access or don't feel comfortable going to a GP. The clinic allows the person enough time, rather than needing to book a GP double appointment.

Interpreting services

We are still undertaking the promotion and monitoring of interpreting services support through Language Line in GP practices. This is not having as large an impact as we would like and while there has been a small improvement in uptake it is not significant. It seems as it is not a contractual or legal requirement there are little incentive for practices to utilise the service effectively. We will continue to promote Language Line and we are also working with local community groups to raise awareness of patient's rights when asking for interpreting support.

It has been recognised by the Whittington, Moorfields and Royal Free Hospitals that their interpreting service was not meeting the needs of the local population. They are, therefore, going through a procurement exercise across all three with the Royal Free leading. This will be to procure a new interpreting

service which better meets the patient needs – patient experience has fed into the initial phase of the procurement.

The CCG does not know how far patients have been involved in the next steps of the procurement i.e. sitting on a panel etc. We are, however, finding this information out from our lead at the Whittington Health.

Key themes from Community Research 1617:

3. Update on community research key points:

Below are some of the key recommendations which came out of this year's community research.

- The CCG should consider greater scrutiny of uptake and quality of interpreting in hospital services, including whether face-to-face or phone based and whether patient is offered a choice of gender. The CCG should extend this quality monitoring to the service offered in primary care.
 - As hospital interpreting is currently being re-commissioned the CCG should ask hospitals what patient involvement there has been in the procurement, and how patient feedback on existing interpreting services has informed the specification.
 - The CCG should produce and disseminate information on the range of Service specialisms and expertise
 - Waiting times
 - Clear information on the choices available
 - Patient reviews
 - Location
 - Details on what they could expect if they accessed the service
 - Reports on performance
 - Information should be disseminated in the ways suggested using a variety of media including digital and other formats. The CCG should also consider what role community organisations could play in promoting this information
 - The CCG Should seek to further build on the high approval ratings and levels of trust that pharmacies enjoy from the community to develop new pathways for health services to be delivered from these settings. This should involve looking at ways of incentivising pharmacies to work more collaboratively with community organisations to promote and deliver these services locally.
 - Health settings could be more customer/patient focused in communicating to users of their services about delays in accessing services whether this is in relation to appointments or waiting times. Proactively informing people in advance of expected timescales and providing alternative solutions around how patients can get the help they need would go a long way in improving patient experience.
 - The attitude, customer care and communication skills of healthcare professionals and other staff is really important to people and has a large impact on their experience of services. People want to be treated with decency, respect and kindness. Feedback tells us that many services are not meeting patient's customer care expectations.
1. **The local community has highlighted particular barriers can be faced when trying to use services which can be exacerbated if they have a barrier to communicating.** As a standard all services should be able to communicate basically with someone in a manner which is comfortable to the person. Some specific examples include:
- Look someone in the eye as you talk to them
 - Smile and be polite
 - Be patient if the person is struggling to communicate
 - Offer interpreting if this is needed

Points on holistic care and wellbeing are often raised particularly within *inclusion health groups*. While we aren't addressing this area specifically in this document it was important to highlight the areas:

- There is a willingness among the local population to engage in activities with a focus on preventing health problems, supporting their own health and wellbeing and managing their own conditions. However, we know that barriers exist which prevent some from taking these steps. Time, not knowing what there is and financial barriers are stated as the biggest problems
 - Free and subsidised health and fitness activities should be more widely funded and promoted for residents on low incomes
 - Where possible activities should be located in the community venues so that they are more accessible to those who may have difficulties travelling to mainstream fitness centres
 - Specialist fitness instructor led sessions should be made available to those with long term health conditions or disabilities
 - CCG should work with community organisations to organise group activities for those who prefer to exercise with others
 - CCG should work with practices to host more social welfare service within practices where practical or in nearby community venues where practices do not have the space. More work need to be done to build referral links between practices/ pharmacies and providers of non-medical support services.