

Overview:

This report presents a recommended set of equality objectives for 15/16. The EMT is asked to consider and approve these. In doing so this report:

- Provides an update on progress of 14/15 objectives.
- Describes the process by which 15/16 objectives were arrived at.
- The 15/16 Equality Objectives.

The objectives are:

- To encourage a more effective interpreting service for the Islington community within all primary care services
- To work with Trusts to identify areas for improvement within the equalities data collected.
- To improve the way in which comments and complaints are captured, supported and monitored in the Islington healthcare system.
- The leadership of CCG to make a more explicit commitment to all aspects of Equality and Diversity throughout the year.

Recommendation for Equalities Objectives 2015-16

1 Introduction

CCG Vision

To develop a new partnership between patients and their clinicians that together commissions health services of high quality and good value for money and meets the needs of the population of Islington.

CCG Objectives

- Ensuring every child has the best start in life,
- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities,
- Improving mental health and wellbeing, and
- Delivering high quality, efficient services within the resources available.

The 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 is required to review its Equality Objectives for the year ahead, and review those of 2014-15.

Public sector organisations are mandated to use a tool called the Equality Delivery System 2 (EDS2) to help develop the equalities objectives. This is a national tool developed by the Department of Health. Its methodology includes the use of 'inclusion health groups.' Inclusion health groups refer to groups identified as having to face significant health inequalities.

The CCG has used the tool, framed by our objectives and mission, and based on the achievements of the year gone to recommend equality objectives for this year. The following sections describe these elements.

The original recommendations were made to the Patient and Public Participation Committee at which changes to the original recommendations were made. This paper presents the updated recommendations for adoption.

2 Summary analysis of 2014-15 Equality Objectives: Equalities Objectives Assessment 14/15

The CCG had two equality objectives set for last year. They have been substantially achieved but there are some recommendations for building on these achievements.

Equality Objective one: *Understanding the current situation for Islington community who need to use interpreting services within primary care services.*

Healthwatch Islington undertook a piece of research to support this objective. They worked with local GP practices to understand their use of Language Line. Language Line is the local interpreting service for GP practices. Healthwatch did a mystery shopping exercise and qualitative research project. They worked with the local community to understand their experiences of using interpreting services in GP practice.

The final report fed back that the support offered to people who do not speak English as a first language within GP practice did not consistently meet patient need. The CCG commissions the service Language Line for GP practices. Thus, anyone who does not speak English as a first language can access telephone interpreting within the practice, can make an appointment with a GP and be supported by telephone or face to face interpreting. Currently, the majority of practices do not make optimal use of this service. Therefore, the way in which interpreting needs are met

across practices is inconsistent. The majority of practices were reported as treating individuals with respect and dignity but unfortunately often the interpreting needs were not successfully met (e.g. a friend, family member or voluntary organisation were asked to attend for the person 's interpreting need or an interpreter could not be found).

Please see the below recommendations from the Healthwatch report. The CCG is now taking these forward with Healthwatch's support.

Recommendations:

1. For all practices to clearly display, in all consultation rooms and reception areas, the access codes for Language Line where all staff can access this information.
2. For all practices to ensure that patients' needs for an interpreter are consistently recorded, acted upon and passed to other professionals.
3. For Islington CCG to provide briefing support to GPs to understand why interpreting needs to be provided, outlining the Language Line offer, the advantages of allowing additional time for appointments, and the links with safeguarding.
 - a. This work should be focussed on all practices, but particularly those reported as not using interpreters.
 - b. Once prepared the briefing should be shared regularly through using communication channels.
4. For Islington CCG to require practices to use interpreters for registration (an opportunity to get accurate information about patients' needs).
5. Whilst GP practices get up to speed on Language Line, for commissioners to explore with the voluntary and community sector evidencing non-commissioned interpreting they are providing within the community to enable them to potentially make a case for funding this work.
6. For the CCG to understand further what the opportunities are for practices when using in-practice electronic check-in machines which can be set to operate in several languages. These could be used to support check-in and to highlight the need for an interpreter.
7. To provide guidance to voluntary sector organisations and patients on what they can expect from GP services in terms on interpreting.
8. To explore incentives for booking double appointments when interpreters are needed.
9. For the CCG to monitor whether there are any improvements in 12 months' time (from the date of this report) including exploring Patient Held Records as a way of monitoring.

Next Steps:

Islington CCG has created two briefs for GP practices and the community, highlighting best practice and how to use or access interpreting services.

The CCG will also monitor the use of language line, targeting those practices who are not using the service or using it limitedly.

The briefings will be sent out on an annual basis.

Although, a lot of work has taken place on this objective there is still more to do. This is an area which has been highlighted by the local community as needing significant focus. The effect of implementing these actions must be assessed and monitored with any redeeming actions put in place. Thus, this objective will be developed and continue to 15/16.

Equality Objective two: *Improving the collection of demographic data on the nine protected characteristics across Islington health services.*

The basis of this objective was to undertake research to discover if there were gaps within the demographic data collection by providers and ways they could be addressed.

All providers collect data on:

- Race and ethnicity
- Religious belief
- Gender
- Age
- Maternity
- Marital status

The Quality and Performance team within the CCG now works on this area. They work with Trusts, ensuring they capture and report on patient experience – included within this is Equality and Diversity monitoring. All of the major providers: Moorfields, Camden and Islington Foundation Trust and Whittington Hospital write yearly reports feeding back on the information they have collected and identifying actions.

The CCG also explored the data collected around GP practices. Currently the Evidence Hub hosts a large amount of data on each practice.

After undertaking this research, the issues do not appear to be the improvement of the types of data collected but the amount of data the Trusts are encouraged to collect and how CCG uses data to inform commissioning. With a new focus of patient experience, comments and complaints and trust's equality and delivery analysis and actions within the CCG Quality and Performance team this work is now underway for the current year and subsequently.

Recommendations:

1. To use the data gathered to assess where there are gaps in collection. To use 16/17 contracting round to address these gaps.
2. To use equalities research to inform commissioning intentions planning
3. To more effectively link community based services (through community and voluntary organisations) to primary care – thus to link GP practices to community support, identifying specific patient need (this includes demographic monitoring) and linking them to the most appropriate community service.

There is still work to do on this objective. Although Trusts have proven collection and analysis of data, the way in which the CCG work with Trusts to improve services and monitor contracts is in its infancy. Thus, it is proposed this objective is carried into 15/16 and developed focusing on how the CCG commissions and monitors services.

3 Proposed equality objectives 2015-16

The CCG's programme of engagement over the course of the year has furnished the CCG with views and insights from a broad cross-section of patient groups in Islington. Based on the evidence from working with these groups, and analysis using EDS2, three equality objectives are recommended for the coming year. These are detailed in the table below:

Evidence for the proposed equality objectives

These 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.

The CCG have a close working relationship with Healthwatch Islington, Islington's Refugee and Migrant forum and the voluntary sector. This year have carried out research work on or with:

- Manor Gardens refugee and migrant communities
- Islington Carers Hub
- Complaints research
- Interpreting services in primary care research
- Equality delivery system meeting with community organisations from across Islington.
- Staff within Islington CCG – including the Organisational Development and workforce staff group.

Through work with these groups, the CCG have heard from a wide cross section of Islington's community, including representatives from mental health, elderly people, young people, BME communities, vulnerable and homeless communities, people living with disabilities, faith groups and those with long term conditions such as COPD.

This listening and engagement work has informed the proposed objectives. The evidence gathered was presented to the Patient and Public Participation Committee.

This listening and engagement work has given important insights into barriers that these groups are experiencing. The CCG spoke with these groups specifically because, in line with the EDS 2 tool, they wanted to gain insight from inclusion health groups and from those who have the nine characteristics.

Through this feedback some key areas were identified where the community has highlighted there is significant need for improvement. These are:

- Overall services are doing well at meeting the nine protected characteristics. However, its specific services or departments where these experience falls short.
- Although, overall services are doing well it was highlighted that irrespective of the nine protected characteristics those patients who are the most vulnerable and have the most complex needs are not as well supported by the system and face more barriers. As a CCG, its important more is done to ensure that these patients do not face significant barriers when accessing and using services.
- Information: it was highlighted there needed to be more accessible information on how to use services, where to go, how to self manage and what community support is available. Currently this was seen as a barrier
- Dental care: communities do not always know how to access a dentist, that they can access a dentist or the costs.
- Transport to and from hospital (particularly for vulnerable patients): discharge was highlighted as a real problem area. It was reported patients were left waiting for a long time. This issue has now been picked up within the contract quality review groups and by the Last

Year's of Life service user group. These have been shared with providers and are currently in the process of responding and actioning.

- Advocacy for mental health and refugee and migrant communities: help accessing the system and also accessing community support was highlighted as a real need area.
- It was felt people experienced barriers to accessing the right support because they could not properly use the system.
- Interpreting for groups that need this service
- Transition between child to adult, and if a person had to use multiple services. It was reported that currently the health and social care system does not feel joined up in any way to the people using it. It was reported people feel that 'you are referred on and forgotten about. It feels as if there is little joint working.'
- Making a complaint to services was seen as an area where there are significant barriers. It was reported that people don't know how to make a complaint, are confused about whether they have, feel worried about making a complaint and don't feel the support is there from services. The complaints research work carried out with Healthwatch has gathered further insight on these issues.
- Pharmacies were seen as a key community hub for accessing health services and that more could be done to link pharmacies to community support and as an entry point for navigation to these services. Patient experience for pharmacy services was very high across communities.
- Self management was seen as a crucial issue that overlapped a lot of the other highlighted points. It was felt to support self-management, communities needed more information, more support to access community support (e.g. making every contact count in actual services) and time to be treated holistically (which could actually be done within the supportive community organisations but people needed to be navigated to these).
- Mental health and wellbeing was a key area of concern and importance for communities across the nine protected characteristics and inclusion health groups.

On top of the suggested Equality Objectives there are also work programmes in mental health in primary care and healthy living pharmacies. These will both meet some of the areas highlighted in the above list.

The mental health in primary care work programme seeks to improve access to mental health advice and support within a primary care setting. This means there will be mental health staff who will also sit within GP practices including counsellors and therapists. These staff will be free to sit within GP consultation or be available to advice practice staff. On top of this there will be peer support workers, working with practices.

There is to be a roll out of health living pharmacies across Islington. The Health Living Pharmacies links people who go to pharmacies for healthcare to wellbeing referrals and community support.

These pharmacies will have strong links with health navigators and be able to make referrals directly to the service.

Additionally, the Integrated Care Programme's focus is on better transition between health and health and social care services. There are a range of projects underway as part of this work programme to better support integrated working. Two key areas are:

Multi Disciplinary Team working: Integrated Health and Care Teams is our local approach to improving working relationships between key health and care organisations in Islington. We want to improve patient outcomes, improve staff experience and improve outcomes for the local health and care economy.

The CCG are working with Whittington Health NHS Trust, Camden and Islington NHS Foundation Trust (mental health), UCLH NHS Foundation Trust, 8 GP Practices, the London Borough of Islington and Age UK Islington to develop a model will roll out across the borough from October 2015. This model is called Multi Disciplinary Team working, where all professionals involved in a person's care and the person come together to discuss their care and wellbeing.

Integrated Health and Care Record, and Patient Held Record: The CCG is currently designing an Integrated Care electronic record. The purpose of the record is to allow services to share information on a person's care. The group that this is aimed at are those people with a Long Term Condition. These are often people who see a multitude of services. From insight the CCG has gathered a key theme was the need to not have to tell your story more than once, and that services should know what the different care is that they are providing to the person. The record ensures that all health and social care professionals have one record they can record the care given (as they would usually), the difference is that all professionals involved in the care can access it. Access is given by patient consent only.

The Patient Held Record is the patient designed Integrated Care Electronic Record. It will have exactly the same information but will be presented in a more patient friendly manner. This record is being designed with the local community.

The CCG has also worked with staff to assess equality and diversity within the organisation. As part of this work they have:

- Sent out and evaluated a staff survey
- Held a staff discussion group as part of the EDS2
- Worked on NHS Workforce Race Equality Standard

The CCG is a new organisation and this is the first year we have done the staff survey. We will use this to develop and learn for the coming years. Overall staff are satisfied with the organisation and find it a supportive atmosphere to work in but there are areas for improvement.

The areas that staff identified as needing work were:

- There is a perception that flexible working may not be supported within the organisation. This was with a specific focus on working at home. It was highlighted this could impact negatively on particular groups of staff such as carers and parents.
- Within the staff survey, although the results for staff receiving bullying and harassment were extremely low, it was not zero. This must, therefore, be looked at as a priority area. It is being addressed in the Organisational Development work plan.
- It was felt there could be more explicit support of equalities from CCG leaders
 - It was highlighted that celebration of different characteristics and religions could happen.
 - Sharing of skills and expertise across the organisation
 - Supporting those from nine protected characteristics in progression and training.
- It was felt there could be better promotion of Equality Impact Assessment process and ensuring that service changes or developments follow an engagement process which takes into account the different communities represented in Islington.

Actions to meet or in process:

- Awareness raising of:
 - Flexible working policy and guidance around exactly what is permitted within the office – an example which was highlighted was working from home.
 - Equality Impact Assessment
 - Different religious festivals
- Include Equality Impact Assessment and equalities research in the engagement guide and staff engagement training
- A suite of impact assessment tools is being designed. The aim is that the tool will be easy to use and understood by all staff, thus, increasing planning of equality impact.

- To ensure that the staff survey results on bullying and harassment are addressed in the Organisational Development work plan
- It was felt there could be better visible commitment to equality and diversity within the organisation. Staff felt this was implicit within the organisation rather than explicit. It has, therefore, been asked there is a team brief which potentially looks at some of these issues such as staff survey and more sharing of staff skills within organisation. This is also being addressed as an equality objective.

Equality Delivery System Grading:

As part of the EDS2 tool and community discussion each goal and outcome are graded (as set out below).

Grading for each outcome is based upon:

Undeveloped: people from all protected groups fare poorly compared with people overall OR evidence is not available.

Developing: People from only some protected groups fare as well as people overall.

Achieving: People from most protected groups fare as well as people overall.

Excelling: People from all protected groups fare as well as people overall.

Goal	Number	Description of outcome	Grade
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	Developing
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Underdeveloped
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing

	2.3	People report positive experiences of the NHS	Achieving
	2.4	People's complaints about services are handled respectfully and efficiently	Underdeveloped
A representative and supportive workforce	3.1	Fair NHS recruitment and selection process lead to a more representative workforce at all levels.	Excelling
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	Achieving
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.	Achieving
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	Excelling
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	Developing
	3.6	Staff report positive experiences of their membership of the workforce.	Excelling
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Developing
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Excelling
	4.3	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Achieving
	4.4	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Excelling

Proposed equality objectives 2015-16

Objective	Action	Timescale and Expected Outcome	Directorate/ Team and Lead Individual
To encourage a more effective interpreting service for the Islington community within all primary care 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. 	October 2015 Every 3 months: to see an improvement through year. Every 3 months.	Primary care commissioner/ HealthWatch/ Engagement Lead
To work with Trusts to identify areas for improvement within the equalities data collected.	<ul style="list-style-type: none"> • As part of Commissioning Intentions planning to use information for contract development and monitoring. • To work with CCG's Quality and Performance team to ensure proper monitoring takes place within Clinical Quality Review meetings • To identify any gaps in data collection of equalities data and address this through 15/16 contracting round. 	December 2015 April 2016	Quality Team / Engagement Lead
To improve the way in which comments and complaints are captured, supported and monitored in the Islington healthcare system.	<p>Providers to focus on learning from all comments and complaints, reporting on this to their Boards every quarter. The CCG, as commissioner will review these reports and triangulate with other data surrounding quality of service</p> <p>Providers to give clear information to service users about how to comment or complain in a variety of formats (web pages, posters, leaflets etc). In turn the CCG will ensure this information is available through its own communication routes</p> <p>The CCG will seek regular assurance that all staff in provider organisations receive appropriate training in managing and resolving complaints.</p> <p>The CCG will ensure that complaints processes both formal and</p>	April 2016	Quality Team

Objective	Action	Timescale and Expected Outcome	Directorate/ Team and Lead Individual
	informal are accessible to patients with a range of access needs.		
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 • Sharing of staff survey results and actions from these results: <ul style="list-style-type: none"> ○ With staff ○ With Governing Body ○ Both groups will have different responsibilities within this. • Equality and Diversity Paper to Governing Body • Report on Equality and Diversity staff data to Patient and Public Participation Committee and will report back onto this Committee. 	April 16	OD Lead / Quality and Governance Director / Engagement Lead