NHS
Ealing
Clinical Commissioning Group

EALING CLINICAL COMMISSIONING GROUP – FOUR-YEAR EQUALITY OBJECTIVES

1. Background and context

In order to comply with the requirements of the Public Sector Equality Duty (PSED), all Clinical Commissioning Groups (CCGs) must publish their four-year equality objectives by 13th October 2013.

In order to do this, Ealing CCG set up a short life project group, chaired by its Governing Board Equality Lead and including representatives of Healthwatch, Ealing Council, Public Health, Human Resources and Shaping A Healthier Future. Having reviewed the key themes of the Joint Strategic Needs Assessment (JSNA), the findings of the CCG's patient and public engagement (PPE) workstream, and other available information, the project group identified a number of equality priorities for Ealing, which have shaped the objectives set out in the table below.

It is recognised that Ealing CCG is a new organisation, which does not have access to comprehensive information on all issues relating to equalities. Therefore, although these are four-year objectives, our intention is to review progress on data-monitoring and analysis in December 2013 and, subsequently, to review the objectives and actions annually in light of any new information and emerging needs and issues in the borough.

As part of the annual review, Ealing CCG will take account of information from the JSNA, the Census, and provider monitoring information gathered by the Commissioning Support Unit (CSU).

In addition, the CCG acknowledges that these are ambitious objectives and, therefore, we will develop a monitoring template that reflects the actions that can be delivered in the first year. This will be updated annually as part of the review process.

The following objectives are set within the framework of four overarching themes of the NHS Equality Delivery System (EDS): (i) better health outcomes for all, (ii) improved patient access and experience, (iii) empowered, engaged and well-supported staff, and (iv) inclusive leadership at all levels.

2. Input from stakeholders

Ealing CCG actively sought input from a range of local community stakeholders, including voluntary sector forums and organisations, community networks, local authority partnership boards and forums, service users and carers, and other partner organisations, particularly inviting feedback on the nine protected characteristics identified in the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. Useful comments have been received and incorporated into the following objectives. Community stakeholders will be invited to participate in the annual reviews of the objectives.

3. ECCG four-year Equality Objectives

NHS Equality Delivery System themes	Equality objectives and actions	Relevance to protected characteristics	Headline indicators of success
Better health outcomes for all	**i) Improve health outcomes in the community by making earlier interventions and preventing avoidable hospital presentations and admissions, in line with the CCG's Out of Hospital Strategy.** **The focus will be on older people, people with dementia, people with diabetes, people with alcohol misuse problems and children and young people.** • Embed the engagement and support of carers in service pathways, ensuring that carers are appropriately involved in care-planning process and supported to avert crises and emergencies. • Evaluate the recently commissioned primary care service in Ealing's nursing homes and consider how this service might add value to the CQC's inspections of nursing homes. • Evaluate the impact of the Shifting Settings of Care programme on people with dementia and mental health service users who have been transferred from specialist to primary care.	All protected characteristics are relevant, but particularly: **age** (older people, children and young people), **disability** (mental health and long term conditions), and **race** (prevalence of diabetes in South Asian and other BME communities).	Positive feedback from Carers' Forum and Partnership Board. Reduced A&E presentations and admissions from nursing homes. No in-hospital dementia patients unless there is a physical health reason for admission. Smooth and safe transitions of mental health service users

	• Improve identification and support of older people with dementia in the community, particularly the earlier identification of BME older people in recognition of the correlations with other conditions prevalent in BME communities, such as heart disease, diabetes and high blood pressure, which can increase the risk of dementia. • Promote and increase self-management among diabetes patients, including the early uptake of the Right Start programme. • Pilot and evaluate the Diabetes Health Champions project in partnership with Diabetes UK. • Progress a reduction in paediatric ward attendances, non-elective admissions and outpatient attendances through a process of service re-design. • Support children with specialist and complex health needs to live with the family in the community through the provision of health support at home and at school. • Review the potential role of the voluntary sector in contributing to the Out of Hospital Strategy by delivering early interventions and preventative work in the community, including support, advocacy and counselling. • Where appropriate, seek to embed voluntary sector services in service pathways in support of the Out of Hospital Strategy. • Check the A&E, Urgent Care Centre (UCC) and emergency hospital admission data currently collected against the nine protected equality characteristics and make recommendations for other data to be collected. • Profile all emergency admissions and presentations to A&E and the UCC against the protected characteristics that are currently routinely collected in order to identify the common factors and appropriate responses. • Evaluate the impact of Intermediate Care Ealing and the Integrated Care Pathway on preventing avoidable hospital admissions. • Ensure that demographic data from the Census and JSNA and provider monitoring data from the CSU are taken account of when reviewing and updating the CCG's equality objectives and actions.		from specialist to primary care settings. Progress towards dementia identification target. Greater capacity at Right Start and increased prompt patient take-up of diabetes education. Reduced emergency presentations and non-elective admissions of children. Joint planning meeting between voluntary sector and CCG. Increased voluntary sector contribution to the Out of Hospital Strategy. A&E and UCC equalities data monitored by CSU.

Improved patient access and experience	**ii) Increase the engagement and assess the experiences of patients.** **The focus will be on people with long term conditions, users of maternity services, LGBT (lesbian, gay, bisexual and transgender) older people, users of community-based services, and people with learning disabilities.** • Ensure that providers of commissioned services undertake regular surveys of patient experience, identifying inequalities of access and experience as part of their contractual requirements, and that this is a standing item on the agendas of all contract monitoring meetings between the CSU and providers. • Consider feedback on patient experience as an indicator of the quality and safety of commissioned services. • Include a commitment to achieving quality standards, such as those recommended by the "You're Welcome" project, in contracts for services accessed by young people. • Maintain a regular CCG connection with the Older People and Long Term Conditions Consultative Forum, the Older People's and Carers' Partnership Boards, the Children and Young People's Board, the Safeguarding Children Board and the relevant voluntary sector forums in order to continue to capture patient experience and feedback. • Develop a regular CCG connection with the Maternity Liaison Committee at Ealing Hospital and the West London LGBT Forum in order to capture feedback on patient experiences. • Assess the access implications of changes to local maternity services. • Work with Healthwatch to survey the users of community health services, ensuring that the findings help to inform and shape the CCG's future commissioning intentions. • Incentivise commissioned providers to produce and use easy-read guides to services and information for all patients, including those with learning disabilities. • Roll out the learning from the Ealing MENCAP Quality Checkers project and continue to promote the use of the Treat Me Right resources for patients with learning disabilities in primary care settings, using both	All protected characteristics are relevant, but particularly: **age** (people with long term conditions, LGBT older people), **disability** (long term conditions, learning disabilities), **gender re-assignment, civil partnership, sexual orientation** (LGBT), **pregnancy and maternity, sex** (users of maternity services).	Standing equality item and monitoring areas added to the CSU's contract meetings with providers. Patient experience regularly captured through contract monitoring and reported to Quality and Safety Committee and Executive. Progress on PPE workstream reported quarterly to the PPE Committee and Governing Board. Rollout of SAHF communications through Zone Mobilisation Group. Findings of Healthwatch survey and voluntary sector projects reported to PPE Committee and Executive. Increased GP use of Treat Me Right resources and support. Increased

	projects to assess patient experience of health and social care services. • Increase the proportion of patients with learning disabilities who have access to an annual healthcheck in their GP practice. • Compare the recorded numbers of patients with a learning disability known to primary care with JSNA data on numbers known to social care, with a view to reducing any disparity. • Work with the CCG membership to establish more efficient and effective signposting for patients by making best use of the diverse voluntary and community services locally. • Work in partnership with the Shaping A Healthier Future team to ensure that patient access and experience are prioritised as part of the hospital reconfiguration. • Use all available data to ensure that the CCG understands the demography of local services and the implications for services.		percentage of LD patients receiving healthchecks. Reduced disparity between Increased signposting and referrals to the voluntary sector from primary care. Patient access and experience protected from negative impact as part of the hospital reconfiguration.
Empowered, engaged and well-supported staff	**iii) In recognition of the CCG's responsibilities as an equal opportunities employer, enable and support CCG staff to embed equalities and engagement activity as a core part of their work, and to develop their skills and careers appropriately.** • Update current Human Resources information by profiling current CCG staff in order to create a picture of staff developmental needs, areas of particular expertise, gaps, skills sets, and how closely the CCG staff reflect local community demographics. • Develop a strategy for staff development and career progression, based on the findings of the Human Resources profile. • Work with Human Resources to design and deliver local bespoke workshops for CCG staff, building on the basic mandatory training by providing practical learning on how to implement equalities and engagement practices in their day-to-day work. • Continue to contribute to the Shaping A Healthier Future workforce steering group in order to secure the right skills and human resources required to deliver hospital reconfiguration.	All protected characteristics are relevant. Once the HR profiling exercise has been completed, we will know whether some characteristics are over or under-represented.	Profile of CCG staff produced and analysed. Staff development strategy produced. Bespoke learning opportunities designed, costed and delivered. Evidence of equalities and engagement activity in all CCG projects. Greater understanding and communication of the future health workforce needs.

Inclusive leadership at all levels	**iv) Enable and support the CCG's leaders, including clinical leads, Executive and Governing Board members, network leads, and senior managers, to involve member practices, patients and the wider community in planning, decision-making and commissioning.** • Identify the CCG's leaders at the levels of the Governing Board, Executive, primary care localities and networks. • Utilise training and development opportunities, including E-Star and LETBs (Learning and Education Training Boards), to ensure that inclusive practices are rolled out by leaders at all levels within the CCG and its membership. • Promote the development of strong patient participation groups in member practices to ensure that patients are included in practice-level planning and decision-making. • Promote the involvement of existing service user, patient and self-help groups in the CCG's commissioning of local health services. • Work in partnership with the local voluntary and community sector to share good practice, update the CCG's equality objectives, build links between the CCG membership and the local community, and ensure that patients and the public are engaged in the CCG's commissioning of local health services.	All protected characteristics are relevant, but the following will be particularly relevant to inclusion in Ealing: **age** (increasing birth rates and over-65s), **disability** (predicted increase, greater survival rates and complexity), **race** (prevalence of certain conditions among BME communities).	Leadership list produced. Learning opportunities identified and promoted through Council of Members and networks. Development of PPG workstream through networks. Chairs of PPGs identified and supported. Strengthened links between the CCG leadership and the top twenty voluntary and community sector stakeholders.