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<b>Date</b>	November 2019
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<b>Title of paper</b>	<b>Progress report against local equality objectives, 2019-20</b>
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<b>Presenter</b>	Janet Cree, Managing Director				
<b>Author</b>	Bethany Golding, Engagement and Communications Manager				
<b>Responsible Director</b>	Janet Cree, Managing Director Approved report				
<b>Clinical Lead</b>	Vanessa Andreae, Vice Chair/Practice Nurse				
<b>Confidential</b>			<b>No</b>		Items are only confidential if it is in the public interest for them to be so
<b>Assurance Level Agreed by Responsible Director</b>	<b>Good</b> <input type="checkbox"/> <b>YES</b>	<b>Adequate</b> <input type="checkbox"/>	<b>Limited</b> <input type="checkbox"/>	<b>Unsatisfactory</b> <input type="checkbox"/>	

<b>The Governing Body is asked to:</b>
<b>Note</b> the report and support implementation of the action plan on pages 5-7.

<p><b>Summary of purpose and scope of report</b></p> <p><b>1. Context and background</b></p> <p>The CCG is subject to the legal requirements set out in section 149 of the Equality Act (EA) 2010 and the subsequent EA (Specific Duties) Regulations 2011. This means that the CCG must give due regard to:</p> <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.</li> <li>• Advance equality of opportunity between people who share a protected characteristic and those who do not.</li> </ul>
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- Foster good relations between people who share a protected characteristic and those who do not.

Increasingly, good inclusion practice is, in addition to considering the nine protected characteristic groups, also to consider wider groups e.g. refugees, people who are homeless, and those subject to socio-economic deprivation.

In order to demonstrate compliance CCGs are required to agree, update and publish their equalities objectives every four years, and report on these annually. All CCGs within the Collaboration last published their equality objectives between 2012 and 2013. Work began on a refreshed set of equality objectives in 2018 across the eight boroughs. In producing the NW London wide objectives outreach activity and a digital survey were undertaken, and five formal events were held across North West London (three in the boroughs and two with specific community groups).

#### **North West London equality objectives**

Reviewing JSNAs and reflecting on the feedback gained, equalities objectives have been put together for each CCG using the Equality Delivery System (EDS) framework as developed by NHS England and guided by the NHS Outcomes Framework and specific legislation; and giving due regard to local inequalities data, commissioning intentions, Joint Strategic Needs Assessments, staff OD plans and conversations with commissioners about feedback received about inequalities of access to services. The North West London equality objectives are published on the CCG website.

#### **Local equality objectives**

In addition to the North West London wide objectives, each CCG also produced local equality objectives, reflecting the unique demographic diversity and needs of our local populations. In Hammersmith and Fulham we pulled together our local objectives via a varied engagement process, which included a digital survey around equalities and a number of outreach events to hear about what matters to different community groups face to face. We heard from a wide range of groups, including Safety Net People First (led by people with learning disabilities, for people with learning disabilities), older people, young people with learning disabilities, young people from the LGBT community, people from BAME backgrounds via the Iranian Association, Midaye Somali Development Network, and BME Health Forum, Fulham Good Neighbours clients and people with physical disabilities.

The table below details the progress made to date against each of our local equality objectives.

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**2. Table detailing progress against local equality objectives**

Responsible team	Equality objective	Progress against objective to date
<b>Governance and Engagement</b>	1. To support NW London team in recruiting 500 local residents who are representative of the borough's diversity to be members of the Citizens' Panel by March 2020	In early November 2019, 1,050 residents from across NW London have been recruited, and it is anticipated that recruitment will be completed by December (with 3,200 residents recruited). Membership Engagement Services (MES) is working to ensure that the recruitment is demographically representative for each borough. The CCG engagement team has offered its support to the NW London engagement leads if any community contacts for specific groups are needed.
<b>Governance and Engagement</b>	2. To ensure that 80% of our engagement events include an element of prevention / "stay well" support and signposting, tailored to the community group	We are working with learning disability groups on an Easy read version of our service signposting leaflet, and we are translating the leaflet into the top languages for the borough. We take this leaflet to all our events. One of our local GPs has accompanied us to community group events, such as those run by the Iranian Association, to answer people's questions about service access and prevention directly. We continue to fund the Community Champions and attend their events where information is shared and a wide range of local people engaged around their health and well-being.

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<p><b>Commissioning and Delivery</b></p>	<p>3. To ensure that commissioning and provider staff understand how to make services accessible for people who are homeless (particularly to encourage GP registration, health need assessments and signposting), using the resources available in the Healthy London Partnership Homelessness Programme</p>	<p>The CCG commissions a Homeless Health Peripatetic Nurse (PPN) service in Hammersmith and Fulham. The PPN works across three hostel accommodation services and one day assessment centre, and has relevant mental health and substance misuse experience, together with being an Independent Nurse Prescriber. They deliver the following services to homeless people: full health assessments (covering physical health, mental health and lifestyle), interventions such as health promotion, blood borne virus testing (BBV), BBV results, hepatitis vaccination, weight and BMI review, harm reduction and general health review. The nurse also makes onward referrals to appropriate primary and specialist healthcare services, links in with the Groundswell health peer advocacy support service to support individuals to attend health appointments, provides health education, screening and harm minimisation programmes to hostel residents, their carers and hostel workers. The nurse works also with local GP practices to ensure all patients are registered and which surgery they are registered at is recorded.</p> <p>The CCG engagement lead has suggested that the relevant commissioning lead attend future homeless health provider meetings organised by St Mungo's to identify any opportunities for joined up working against this equality objective.</p>
<p><b>Primary Care</b></p>	<p>4. To work with interpreting services through contract review meetings to ensure that the feedback gathered through CCG community outreach is actioned by the service wherever possible</p>	<p>The CCG engagement lead has contacted the contract team lead for the interpreting and translating services contract providing the feedback from local community groups, asking what service improvement work could be undertaken going forward, and signposting to the interesting <a href="#">engagement and improvement work</a> Lambeth CCG has been doing around their interpreting and translation service.</p>

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<p><b>Quality</b></p>	<p>5. To ensure that 100% of CCG staff undertaking equality impact assessment screening have received basic training in the process</p>	<p>Contact has been made with the national and London Equality and Health Inequalities lead to identify potential resources and support available, particularly in relation to leadership training on equalities. Meetings have been held with Imperial Trust Equality / Patient Experience and Engagement Teams to identify opportunities for aligning EDS objectives across the system. A generic training programme has been developed for CCGs and a separate programme for Governing Bodies is being rolled out across the eight CCGs. The H&amp;F Assistant Director for Quality has completed a train the trainer equalities session. An EHIA Managers' Guide has been developed and launched. All equality resources are uploaded on the staff intranet to ensure that staff have access to EHIA tools and guidance, and in H&amp;F this has also been circulated by the engagement lead and via the weekly team brief..</p>
<p><b>Quality and Governance and Engagement</b></p>	<p>6. To ensure that all EHIA work has incorporated a proportionate amount of engagement activity where required, including with relevant community and voluntary sector bodies</p>	<p>The engagement team has worked to ensure that the appropriate levels of engagement work are underpinning our EHIAs. For example, our EHIA screening tool for proposals around changes to opening hours at Hammersmith UTC and changes to weekend plus hubs were underpinned with information from our pre-consultation engagement and outreach work with local community groups, and through the consultation process we were able to gather more community intelligence to complete a full EHIA.</p>
<p><b>Primary Care Team Governance and Engagement</b></p>	<p>7. To work with GP practices and local community groups in supporting staff to improve access and experience for their BAME population</p>	<p>The CCG continues to fund the Community Champions, all of whom are local residents and the majority of whom are from BAME communities. The Champions work with other local people to help improve community well-being and access to services. Social prescribing work is opening up more potential opportunities for improving primary care access for protected groups,</p>

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		and in the north of the borough a steering group has been set up by a community leader and primary care network clinical director, with a wide and diverse range of community representation, to explore these opportunities. One of our local GPs who works with the CCG on Fridays is available to attend community events and answer questions about patient rights and primary care access. This has been very popular with some groups including the Iranian community, and it is worth exploring further opportunities for this work with BAME community groups.
<b>Commissioning and Delivery</b>	8. To support the IAPT service in coproducing and piloting a tailored emotional well-being workshop for the BAME population, and advertise services directly to community groups	The IAPT service has secured additional funding to expand the service. As part of this an action plan is being developed to target increasing access to BME groups. The IAPT service is already working with Al-aman, the Iranian Association and others on a more tailored community approach. The CCG is be working closely with Sobus and community representatives to discuss BAME mental health and how to meet the needs of BAME communities.

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<p><b>Primary Care (with support from learning disability leads)</b></p>	<p>9. To increase the numbers of people with learning disabilities attending a health check (which is quality assured and includes a health action plan) to 75% by end of March 2020. The health action plans should identify achievable health outcomes.</p>	<p>Work with practices has seen an improvement on last year's performance for the same period; however, we are not currently on trajectory for 75% and no quality assurance has been undertaken.</p> <p>A draft action plan to improve performance has been produced and is subject to an engagement process with primary care commissioning and SEND DCO. In addition to this, a NW London approach to Health checks is being developed in response to the Long Term Plan with a phased achievement of short, medium and long term planning. This includes:</p> <ul style="list-style-type: none"> <li>• Baseline review of Annual Health Checks to identify variation, good practice and opportunities for improvement.</li> <li>• Begin implementing best practice for Annual Health Checks</li> </ul> <p>We are therefore seeking to move the delivery date of this work stream to March 2021 to enable us to implement a more robust and cohesive plan; while working to maximise performance in year by:</p> <ul style="list-style-type: none"> <li>- Monitoring performance on a monthly basis to improve the numbers of AHCs being completed by practices</li> <li>- Sharing this information with Primary Care Commissioners</li> <li>- Working with Primary Care Commissioners to identify training needs through practice training profiles</li> <li>- Liaising with our Community Learning Disability clinical team to review the current offer of support to GP practices</li> <li>- Identifying those patients who do not attend health check appointments to start desensitisation work earlier to maximise attendance</li> </ul>
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<p><b>Governance and Engagement</b></p>	<p>10. To ensure that the CCG is working with relevant community and voluntary sector organisations to coproduce signposting to services to ensure accessibility by March 2020</p>	<p>The engagement team coproduced clearer, more accessible service signposting leaflets with Healthwatch H&amp;F Local Committee in October 2019. We are working with learning disability groups on an Easy read version of the leaflet, and we are translating the leaflet into the top languages for the borough. We also ran the RNHS campaign in partnership with QPR FC, West London Health Partnership and Healthwatch CWL to help get out key self management and service signposting information to broader demographics of people. The campaign had 100K+ views on social media alone, and has been nominated for awards.</p>
<p><b>Primary Care</b></p>	<p>11. To ensure that 50% of local GP practices have reached a Bronze, Silver or Gold level of accreditation via the “Pride in Practice” initiative by March 2020</p>	<p>The Pride in Practice Account Managers are hard at work recruiting practices across NW London. Currently the most progress has been made in Westminster (where there is a larger LGBT population). In H&amp;F just three practices have signed up, but the Head of Primary Care and Operational Director at the GP Federation are now working to encourage more practices to get involved.</p>
<p><b>LGBT staff network</b></p>	<p>12. To develop an LGBT staff awareness training programme which could be used by any NHS organisation by March 2020</p>	<p>The NW London CCGs LGBT staff network coproduced a staff awareness training programme in two parts: a 25 minute online module, designed by Health Education England, Stonewall and the LGBT Foundation, and a 45 minute group session, which is backed by HR and has been designed by the Network in partnership with young LGBT people. On successful completion of the training, staff members are awarded a rainbow lanyard. The training has been very well received, with people commenting: “Really positive –nice to see passionate staff wanting to help others. Great job”, “Lovely slides, warm and healthy approach, felt like a safe space”, “I will amend my language and share it with my family”, etc. The network has run one session at MBR (14 registered to attend), one at Newman Street (7 registered to</p>



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		attend), one at Perceval House (10 registered to attend) and one at Brent CCG (five registered to attend). The network will deliver a Hillingdon session on 2 December and an Ealing session on 17 December.
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<b>Jargon buster</b>

<b>Quality &amp; Safety/ Patient Engagement/ Impact on patient services:</b>
<p>Outline the impact on patient services</p> <p><b>Quality and Safety</b></p> <ul style="list-style-type: none"> <li>• Delivering against equality objectives based on what we know from and of our local populations is key to ensuring that we make the right commissioning decisions to ensure quality services which meet local need.</li> <li>• Engagement and equalities activity is vital to ensuring that the CCG meet our statutory obligations under the Equality Act 2010, and our engagement and health inequality related duties under the Health and Social Care Act 2012.</li> <li>• Robust equality objectives and delivery against these are critical to delivering our overall corporate objectives and the work feeds into both Delivery Area 1 (DA1) and DA2 of the NW London Sustainability &amp; Development Plan.</li> </ul>

<b>Finance, resources and QIPP</b>
<ul style="list-style-type: none"> <li>• Delivering effectively against our statutory requirements for involvement will require input and resource from a number of CCG teams and providers, including the Primary Care Team, the Commissioning and Delivery Team, the Joint Commissioning Team, and the Engagement and Governance Team.</li> <li>• Robust engagement work is key to ensuring effective and legally compliant delivery of our QIPP schemes which are underpinned by due regard for our duties.</li> </ul>

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<b>Equality / Human Rights / Privacy impact analysis</b>
The report details how the CCG developed and has progressed against our equality objectives. We engaged with a range of community groups spanning across protected characteristic groups. The work undertaken to deliver against the equality objectives will inform and strengthen equality impact assessments both locally and across the NW London Collaboration.

<b>Risk</b>	<b>Mitigating actions</b>
<p>There may be insufficient budget for supporting community groups to engage in the coproduction work required to deliver against our equality objectives.</p> <p>Successful delivery against our equality objectives is reliant on cooperative collaboration from a range of colleagues in commissioning and the providers.</p>	<p>To achieve as much as possible within our financial constraints, and look to pull down external funding and resource where possible and needed e.g. as we have done for roll out of "Pride in Practice". To ring fence budget for community engagement.</p> <p>Engage with the relevant commissioning and provider colleagues to ensure full understanding and support in taking this work forward.</p>

<b>Supporting documents</b>
N/A

<b>Conflict of interest</b>
No conflicts were reported by the individual involved in producing this report.

<b>Governance and reporting</b>		
(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)		
Committee name	Date discussed	Outcome
Name	DD/MM/YYYY	