

Introduction

This document sets out progress against the Equality objectives of West London Clinical Commissioning Group (CCG) 2013-16.

NHS West London CCG is committed to embedding Equality and Inclusion in everything that we do, but more specifically, how we:

- Commission services on behalf of our residents
- Recruit and support the development of our staff
- Proactively engage and supported all our residents particularly given the diversity of our population and service users

Our work on embedding equality into the commissioning of health services is underpinned by engagement with our stakeholders. We believe that engagement with and drawing on the expertise of residents, patients, services providers and third sector organisations, is critical in shaping services that are of high quality, value for money and reflect the needs of our diverse populations.

The involvement and active participation of stakeholders helps us to meet our public equality duties by:

- Identifying at an early stage in the design and development of services, whether the service is free of unlawful discrimination or impacts adversely on any group of service users.
- Advancing equality by ensuring that services are accessible to all who need the service.
- Fostering good relations by drawing people from different communities to work together collaboratively with commissioners - and the wider health and social care workforce - to identify solutions to local health challenges.

Progress Update: January 2014

Since the publication of our equality objectives in October 2013, the focus has been to establish the structures to support the delivery of the equality objectives, starting with an Equalities Reference Group across the CWHHE Collaborative of CCGs to support peer learning and review of equality plans and progress. In line with our plan equalities training will be carried out for team members earlier in 2014 and a seminar with our Governing Body. The commitment to delivering the key areas of our equality objectives has been included within our Commissioning Intentions for the coming financial year.

In addition to the agreed equalities objectives outlined in this document there are also other areas of work that our CCG is undertaking which will contribute to supporting a reduction in health inequalities, for example:

- **Engagement Plan for Commissioning Intentions 14/15**

To find out from local organisations, patients, service users and carers what they think some of the biggest priorities should be for the next year and outline ideas for how to tackle the underlying issues. The CCG undertook 15 engagement events targeted local population (including Patient Participation Groups, Healthwatch, North Westminster Community Network, Kensington and Chelsea Social Council, older people's fair and youth fair) groups to help to shape commissioning intentions for 14/15. Key themes were raised on urgent care primary care; patient education and support; integrated care as well as mental health and substance misuse.

- **Primary Care Navigators Programme**

The programme is being rolled out to enable one Primary Care Navigator per 20,000 populations to support patients over 50 with long term conditions to better manage their care and reduce unplanned admissions.

- **Patient Participation Groups**

In order to enable direct feedback on services at practice level the CCG has invested in developing PPGs, there are currently 40 PPGs which have been set up and feedback directly into the CCG Patient Reference Group.

- **Primary Care Carer Navigators**

The navigators have now worked with two of our practices to help them in establishing processes and the knowledge to better identify and support carers and are now starting to work with two further practices.

- **Implementing our Equality Objectives**

It is recognised that West London 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 CCG area.

West London CCG Equality Objectives will be implemented using the Action Plan below:

Objective	Action	How	Lead	Timescale	Outcome	Progress Update
National Equality Delivery System Goal 1: Better Health Outcomes for All	Supporting the physical health needs and emotional wellbeing of young carers	Commission a Young Carers home based family support service to work with Families to address: <ul style="list-style-type: none"> •Issues that can impact on the health of family members, e.g. poor diet, non-attendance at medical appointments •Poor attendance at school, lack of toys, books, etc. •Unrecognised or poorly managed mental health or substance misuse issues •Safeguarding concerns 	Commissioning Lead for Carers / CCG Equality Lead	October 2013 - March 2016	<ul style="list-style-type: none"> • Reach 20-25 families per year • Improve physical health outcomes (wider determinants) by appropriate use of health services • Improved mental health outcomes through the referral into preventative programmes - IAPT/young carer support services • Reduced levels of isolation for young carers • Improved identification of adults with complex health needs who have a young carer and are not currently being supported via NHS/Social Services 	Each CCG across tri-borough have committed to the development and commissioning of a young carers home based family support service.

	<p>Reducing Social Isolation for people with Learning Disabilities</p>	<p>Improve the understanding of primary healthcare professionals in relation to the needs of people with Learning Disabilities and Autism</p> <p>Work with practices to support reasonable adjustments and enhance the experience of GP practices for people with Learning Disabilities and Autism</p>	<p>Commissioning Lead for Learning Disabilities / CCG Equality Lead</p>	<p>October 2013 - March 2016</p>	<ul style="list-style-type: none"> • Improved rate of health checks from 54% to 80% across member practices • Increased number of health action plans for people with learning disabilities • Reduced emergency interventions (Epilepsy) <p>JSNA data</p> <ul style="list-style-type: none"> • Baseline of number of people identified on GP register (ASAF) • 10% increase in identification of people on spectrum across member practices • Autism awareness policy in 30% of practices • Improved impact on quality and safeguarding (Winter Bourne View) • Practices demonstrate and increased multidisciplinary approach to supporting their patients with Learning Disabilities and Autism 	<p>A carer Primary Care Navigator has been working with GP practices to develop and implement systems to improve the identification of carers and the signposting and support provided to them.</p> <p>The rate of health checks in WLCCG has remained low. Support is available to GP practices in improving their delivery of health checks to people with Learning Disabilities.</p> <p>An online training tool on autism has been identified, and it will be proposed that this is rolled out to all GP practices. Baseline data and plan for delivery of this objective to be completed.</p>
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	<p>Improving identification of mental health patients</p>	<p>Improve the identification of patients, including older people and those with mental health issues to reduce isolation and address their needs.</p>	<p>Assistant Director of Strategy/Mental Health Project Lead</p>	<p>October 2013 - March 2016</p>	<ul style="list-style-type: none"> • Increase the number of older people recorded who access primary care mental health services to address their needs and reduce social isolation. • Increase the number of BME communities and people with learning disabilities recorded who access primary care mental health services. 	<p>As part of the Primary Care Mental Health Board:</p> <ul style="list-style-type: none"> • Project to address referral rates from BME and other groups to include targeted work with community/faith organisations to raise awareness • Recruitment of bilingual therapist from January 2014 • Long Term Conditions (LTC) pilot to improve the referral of patients with LTC who are also suffering from depression particular post 65 age group • Significant investment in IAPT and broader PCMH services to
	<p>Improve mental health and well-being for BME communities and people with learning disabilities.</p>	<p>To improve the access for people with learning disabilities and mental health issues from BME groups for primary care mental health services.</p>	<p>Assistant Director of Strategy/Mental Health Project Lead</p>	<p>October 2013 - March 2016</p>	<ul style="list-style-type: none"> • Increase the number of people from BME communities, older people, carers and those with long term conditions who access IAPT. 	

	Review access to IAPT (Improved Access to Psychological Therapies)	To improve equitable access to all groups, in particular older people, long term conditions, carers and BME communities.	Assistant Director of Strategy/Mental Health Project Lead	October 2013 - March 2016		<p>increase overall access opportunities and challenge waiting time issues</p> <ul style="list-style-type: none"> Implementing carers assessments as part of the PCMHs assessment process <p>Initial negotiations with Depression Alliance re Friends in Need project to challenge social isolation and loneliness.</p>
National Equality Delivery System Goal 2: Improved Patient Experience and Access	Improve patient experience data collection and analysis and improved used of the data.	Work with providers through the Clinical Quality Groups meetings to agree actions for improving patient experience data collection and analysis on Ethnicity, Religion, Sexual Orientation and Disabilities.	CWHH AD Patient Experience and Equalities	October 2013 - March 2016	<p>Patient Experience Trend report include analysis of data per equality strand, gaps in data are addressed.</p> <p>Data is robust enough to highlight disparities in patient experience within and between different groups and the CCG can demonstrate that it has taken action to address any shortcomings.</p>	<p>WL CCG has been working in partnership with the CWHHE Collaborative CCGs to engage with patients, carers and frontline staff in order to produce a definition and framework for measuring patient experience. As a result 2 Key Events are planned for January</p> <p>Patient Experience in Contracts workshop. The purpose of the workshop will be to:</p> <p>Identify and agree shared</p>

						<p>Patient Experience priorities across the collaborative for inclusion in the contracts, these would include a baseline for capturing data from key equality groups</p> <p>Developing an integrated reporting mechanism: Providers meeting</p> <p>The purpose of the meeting will be to agree an integrated Patient Experience Reporting Mechanism</p> <p>The outcome would provide a framework that would enable providers to produce, on a quarterly basis, an integrated report using patient experience data (quantitative and qualitative) informed by the patient experience matrix which has been developed directly from consultations with patients, service users and</p>
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						carers.
National Equality Delivery System Goal 3: Empowered, Engaged and Well Supported Staff	To improve workforce data monitoring to ensure support are engaged and supported.	Improve workforce data monitoring- Ensure that equality and diversity Monitoring data is up to date for all CCG staff and Governing Body Members.	HR/ CWHH AD Patient Experience and Equalities	October 2013 - March 2016	Up to date workforce to enable the CCG to effectively assess the development needs of their staff in particular those with caring responsibilities, those with disabilities and those from BME communities. Assurance that staff are treated equally in employment terms (promotion, recruitment, development etc.) irrespective of whether they come from a protected group.	HR Workforce data is currently being reviewed.
National Equality Delivery System Goal 4: Inclusive Leadership At All Levels	To improve equalities issues addressed across the CCG.	Set up a CWHH Collaborative wide Equalities Reference Group to oversee the development and implementation of the Equality Action Plan. the ERG will report to the CWHH Quality &	CCG Governing Body Equality Champions / CWHH CCG AD Patient Experience and Equalities	October 2013 - March 2016	Governance and reporting arrangements are in place to ensure that CCG can effectively demonstrate compliance with the Equality Act 2010. Governing body members	WL CCG is represented on a CWHHE Equality Reference Forum which meets on a bi-monthly basis. A presentation and discussion on equalities to be confirmed in the first quarter of 2014. This includes

		<p>Patient Safety Committee Develop and deliver a programme of Equality Training and support to the Governing Body, staff and patient leaders to embed equality considerations into the CCG Commissioning Plans and assurance processes.</p> <p>Embed Equality in CCGs business planning. In particular, undertake and publish Equality Analysis of CCG Commissioning Intentions.</p>			<p>and patient leaders are skilled and supported to act as gatekeepers for ensuring that plans and proposals presented at CCG Governing body meetings take into consideration equality requirements and role model their commitment to E&D. The latter will be assessed by feedback.</p>	<p>discussing how best to include equalities analysis in all Project Initiation Documentation from this point forward.</p> <p>Training for all staff and governing body members will be arranged for later in the year.</p>
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