NHS
Camden
Clinical Commissioning Group

Diversity and Inclusion Plan 2016-2020

Working with the people of Camden
to achieve the best health for all

Contents

Appendices

1. Introduction

This Diversity and Inclusivity Plan 2016-2020 will support Camden Clinical Commissioning Group (CCG), and the Camden health and social care system, to:

- Address health inequalities, including meeting legal duties
- Embed equality of opportunity into commissioning, and create services and care pathways that reduce wide variations in health outcomes for protected and vulnerable groups
- Ensure fairness and equity in relation to employment, based upon the values of the NHS Constitution.

This document sets out four Equality Objectives that Camden CCG intends to achieve over 2016 – 2020, which will be underpinned by an Action Plan.

2. About Camden CCG

Camden CCG is a clinically-focused, member-led organisation with a clear vision: "Working with the people of Camden to achieve the best health for all". The CCG Business Plan (2015-2018) sets out eight strategic objectives, ensuring we move towards this vision (see section three for more details). We work with our partners, providers and the local voluntary sector to deliver the business plan which makes an important contribution to reduce health inequalities in Camden.

Our population

Camden's population is diverse, growing and constantly changing. There are significant differences in health experience and outcomes between the richest and poorest communities. Health care challenges in Camden include health inequalities, an aging population, high levels of mental illness and obesity.

We have marked health inequalities and a life expectancy gap in different parts of Camden as a result of, for example, poverty or chronic illness. We know that too little is currently done to prevent illness or to recognise and treat illness early so that we prevent complications.

Camden CCG's responsibility is to use the money allocated to it to commission or buy services that address gaps in current provision and meet changing needs so that we can see improvements in these health outcomes, while ensuring services are also safe and effective.

Some key facts about Camden

- 229,700 people living in Camden, with 300 languages spoken
- 35% of residents of Black and Minority Ethnic (BME) background, who are more likely to experience health inequalities
- We have an increasing older population
- Men living in poorer areas die up to 11.6 years earlier than men in the wealthier areas. The figure is 6.2 years for women
- The leading causes of death are cardiovascular disease, respiratory disease and cancer.
- We have high levels of serious mental illness
- The main reasons for a gap in life expectancy between men and women are heart disease, lung cancer, liver disease, respiratory disease and suicides
- People with learning disabilities, people with visual impairments and children living in poverty experience poorer health
- Poor performance against child poverty, infant mortality, infant immunisation, childhood obesity and oral health
- Children in Camden have average levels of obesity
- The learning disabled population is increasing in Camden

Camden CCG workforce

Our diverse workforce is our biggest asset and we recognise the value our staff bring to commissioning healthcare services for our local community. In Camden CCG, 72% of our workforce is female and 28% male, with 54% of staff identifying as White and 26% as Black and Minority Ethnic.[1] Lesbian, gay and bi-sexual staff represent 3% and disabled staff 3% of the overall workforce.

Our workforce data show that although we receive more applications from Black and Minority Ethnic backgrounds and despite more Black and Minority Ethnic applicants being short listed, they are less likely to be appointed compared with white applicants. The Workforce Race Equality action plan approved by the Governing Body in July 2016 highlighted gaps that need to be addressed and the priority areas for the CCG to focus on over the coming year.

3. Key drivers

Our Diversity and Inclusion Plan is informed by both national (statutory and mandatory) and local requirements, and is shaped around what we need to do as a local health care commissioning organisation and also an employer. We will we will continue to review our plan to ensure our objectives remain relevant across 2016-2020.

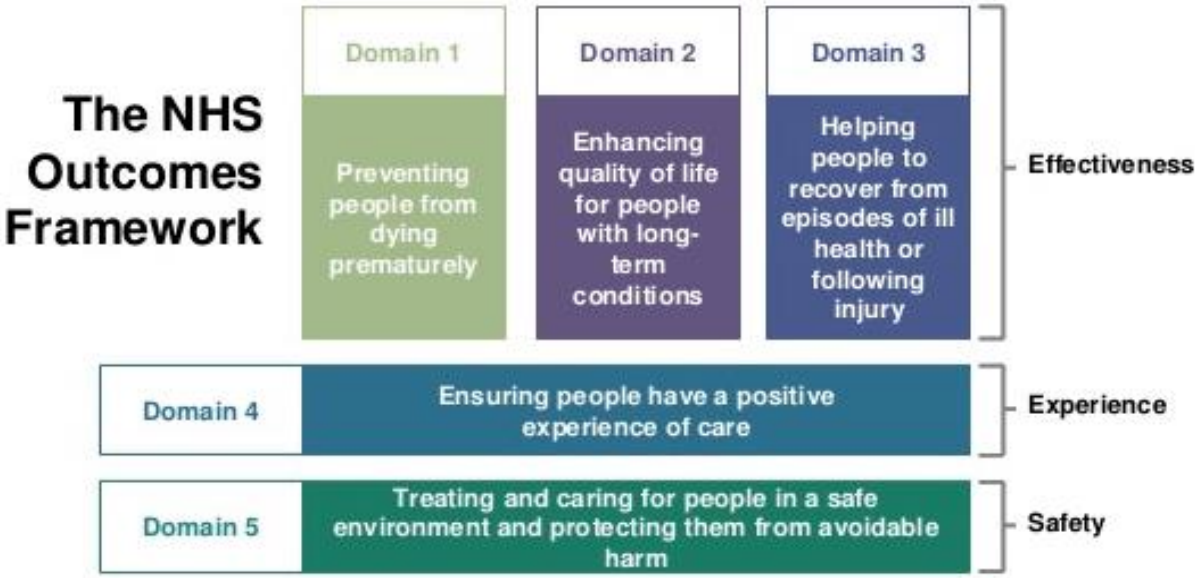
[1] Workforce Race Equality Standard Report, July 2016

Statutory and mandatory requirements

"Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities." *NHS England's Objectives 2016/17*

<u>NHS Outcomes Framework:</u>

The NHS Outcome Framework (2016-17) identifies 5 key areas (or domains):

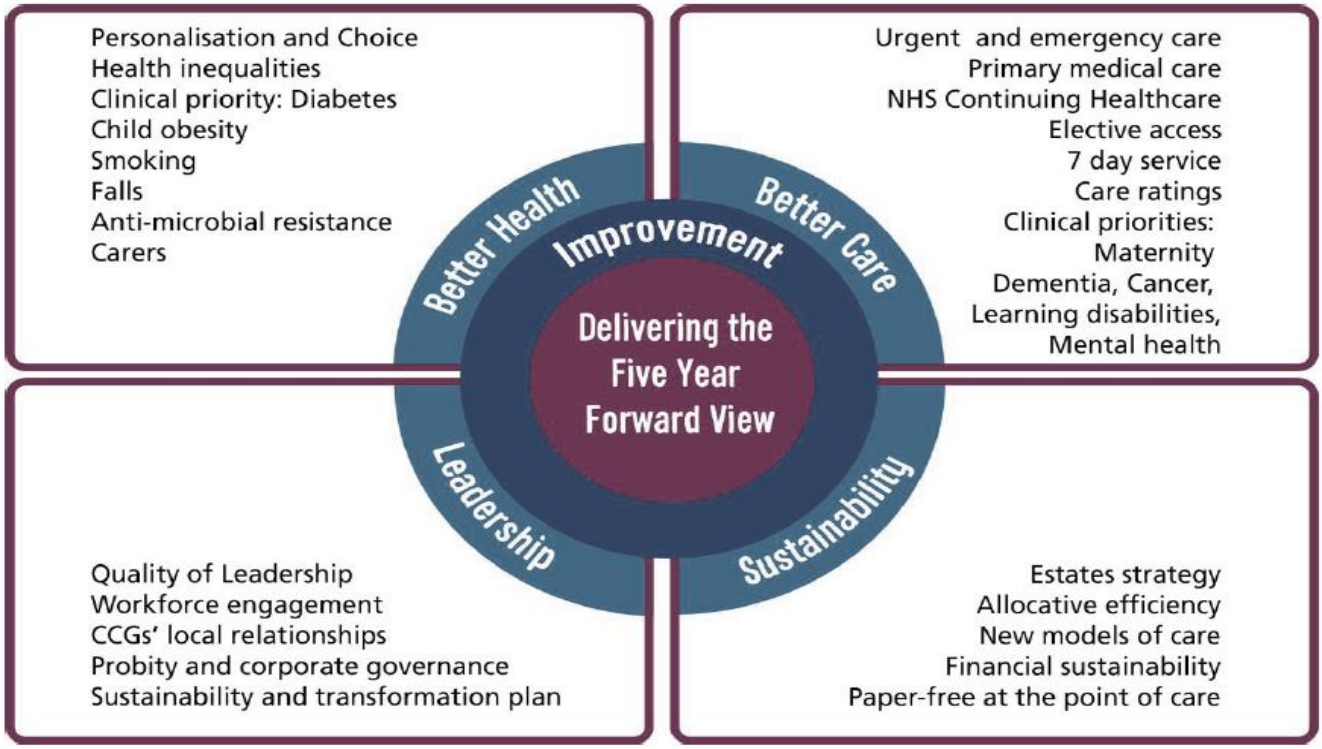


Each CCG implements the Framework through their local commissioning. Our Diversity and Inclusion Plan will help ensure the services we commission meet national standards in terms of access, experience, safety and outcomes. We will hold our providers to account to help ensure they meet national statutory requirements.

Improvement and Assessment Framework (AIF) and the Five Year Forward View:

All CCGs are measured against the Improvement and Assessment Framework by NHS England. This looks at how CCGs are delivering service changes in line with NHS England's plan called the 'Five Year Forward View'. Some of these changes are being delivered through Sustainability and Transformation Plans.[2]

Five Year Forward View



Equality duties

There are a range of laws that Camden CCG is committed to delivering against, to ensure we are commissioning services that are safe and clinically effective, and involve patients in a meaningful way in their health and wellbeing.

[2] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf

The following 'characteristics' are protected under the Equality Act 2010 (see appendix four for more detail on vulnerable groups):

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
5. Pregnancy and maternity
6. Race – this includes ethnic or national origins, colour or nationality
7. Religion or belief
8. Sex
9. Sexual orientation.

Local drivers

Camden health inequalities

Camden CCG was created in 2013 and since then has worked on delivering improvements in health outcomes[3]. Measures are used to assess life expectancy, mortality and potential years of life lost, and these are generally good for Camden CCG. Appendix five highlights progress made since 2013.

However, despite improvements in many areas, health inequalities remain in some population groups in Camden.

[3] *Source: HSCIC, National Outcomes Framework 2015*

The below diagram highlights some of the health inequalities we see in Camden in some of the nine protected groups, and some of the factors causing these:

Sexual orientation

Lesbian, gay and bisexual people are about **2 times more likely** than heterosexual population rates (when compared to the general population) to have:

- mental health illness
- suicidal ideation
- alcohol and substance misuse
- deliberate self-harm

Disability

- About **14%** of the residents in Camden has a disability.
- People with a learning disability live for **20 fewer years** than the general population.
- This is partially due to increased risk of **coronary heart disease**, **respiratory disease** and **epilepsy**, while many of these deaths can be prevented.

Employment

9% claiming **out of work benefits,** similar to London.

Highest unemployment levels are in middle age adults (45-54), **BME groups and people with learning disabilities**.

About **6,100 (3%)** working age people are on disability benefits due to mental illness, meaning **one-in-three (33%) out of work benefit claims are due to mental illness.**

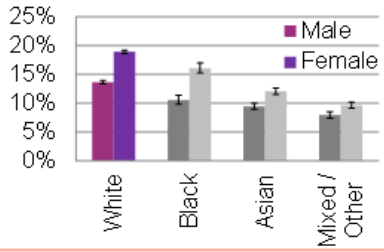
Housing

About **5,500** households are overcrowded. Households from **BME** are **4 times more likely** to be overcrowded than White British.

1,400 people are **homeless** in Camden. **85%** of these people are in substance misuse treatment and **70%** have a mental health problem.

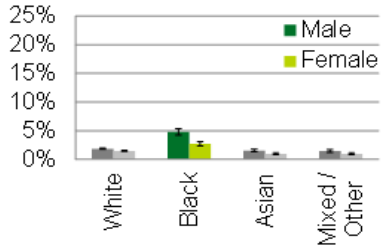
Common mental illness

Common mental illness is more common in **White** middle aged women.

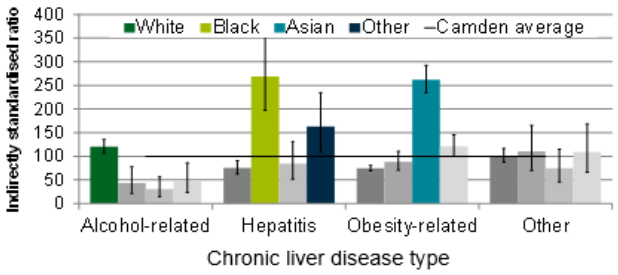


Serious mental illness

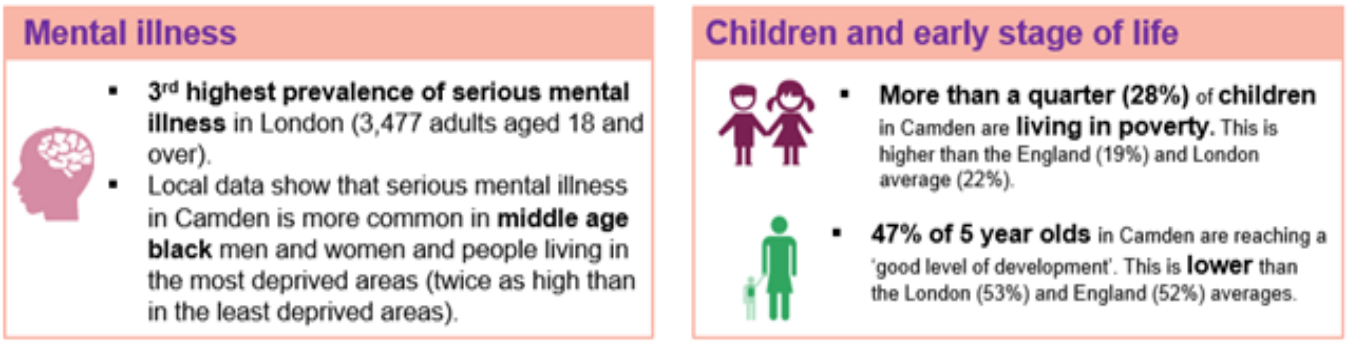
Serious mental illness is more common in **black men** and **black women**.



Chronic liver disease (CLD)



- The pattern of CLD changes by ethnicity
- **White people** are **21% more likely** to be diagnosed with **alcohol-related** CLD than the Camden average.
- **Black or Other ethnicities** are more than **two times likely** to be diagnosed with CLD caused by **hepatitis**.
- **Asian people** are more than **two times likely** to be diagnosed with CLD caused by **obesity**.



Joint Strategic Needs Assessment

The Camden Joint Strategic Needs Assessment sets out detailed information about existing health inequalities amongst different protected groups. This is available on Camden Council's website[4].

Joint Health and Wellbeing Strategy 2016-18

We work closely with Camden Council, Healthwatch and the voluntary sector through the joint Health and Wellbeing Strategy.[5] Areas of health inequalities flagged in include:

- People who live in the most deprived areas of Camden are more likely to be obese than those who live in wealthier areas
- Rates of overweight and obesity are particularly high in certain Black and Minority Ethnic groups in Camden
- Children who are overweight are twice as likely to become an overweight adult compared to healthy weight children - the risk is even higher for overweight and obese young people
- Our more deprived populations suffer higher levels of alcohol related harm, including higher rates of deaths
- Child poverty is associated with poor health and developmental outcomes, due to reasons including the home environment
- Poor parental mental health can have a very significant impact on early child development and major long term consequences for children

[4] https://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment

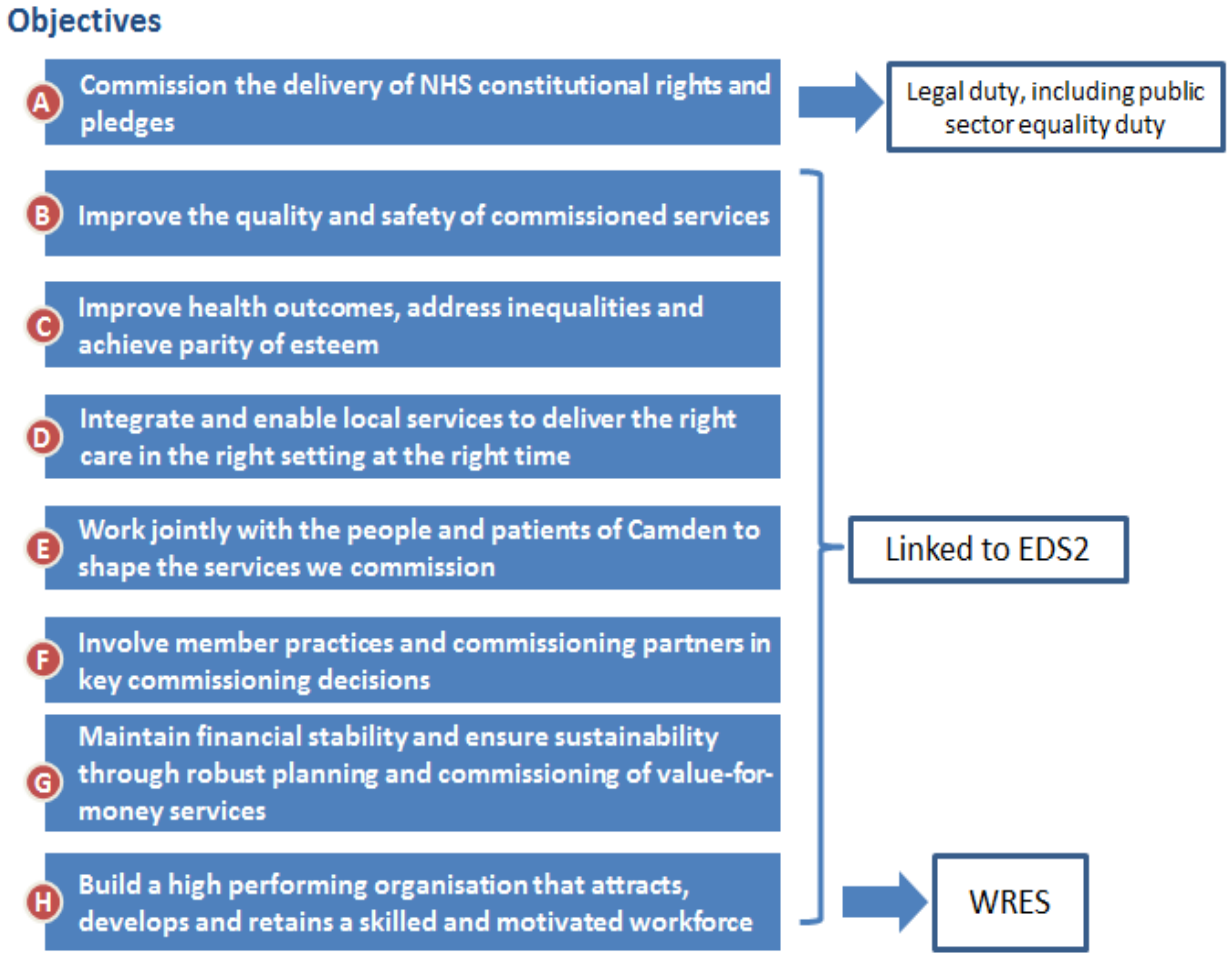
[5] Camden's Joint Health and Wellbeing Strategy 2016-18 www.camden.gov.uk/redirect/?oid=Category-id-2767131

We also work on services linked to wider health inequalities (e.g. housing, domestic violence, poverty, unemployment).

CCG Business Plan

The eight objectives in our CCG Business Plan link directly to our equality and inclusivity duties. For example, Objective C focuses the organisation on delivering equality of outcomes and parity of esteem for physical and mental health.

Camden CCG Business Plan Objectives: Links to EDS2 and the WRES



By delivering our national, and our local, equality and inclusivity commitments across 2016-2020, Camden CCG will help achieve the CCG's vision of "Working with the people of Camden to achieve the best health for all".

4. CCG Equality Objectives 2016 – 2020

The Equality Delivery System 2 (EDS2) set out four goals. Camden CCG is committed to achieving these. We have set out an objective for 2016 – 2020 for each of the four goals, and detailed action plans will be developed to deliver these objectives. More detail on action planning is provided on page 14.

5. Community and Staff Engagement

Camden CCG engaged with local community groups and organisations, and staff, to gather feedback on the activities we should deliver under our four Equality Objectives. We asked how we could best improve equality outcomes through better provider performance, and what the CCG should prioritise for the next two years.

To gather community feedback, a questionnaire was disseminated to a range of organisations representing protected and vulnerable groups, asking:[6]

- For views on providers' diversity and inclusion performance
- How best the CCG could improve performance around equality outcomes
- What areas the CCG should prioritise over the next two years
- Potential areas for collaboration.

Camden CCG received 46 responses from 21 organisations and individuals. The feedback painted a mixed picture in terms of providers' current performance on equality and inclusivity measures. Each provider indicated that they received both positive and negative comments. The insights generated also showed difference between groups' access and experience of services.

The CCG also invited CCG staff and staff representatives to comment on our plans for the four Equality Objectives, and a workshop was organised. A small number of staff attended and gave their views, focused largely on objectives three and four.

[6] GP- General Practice , UCLH- University College London Hospital NHS Foundation Trust, FRH- Royal Free Hospital NHS Foundation Trust, CNWL- Central and North West London NHS Foundation Trust, C&I- Camden and Islington NHS Foundation Trust

Only a limited number of stakeholder and staff responded, but the general themes that emerged have been outlined below and used to inform Action Plan development (see section six):

Equality Objective 1: Continue to commissioning services based on evidence to reduce health inequalities amongst protected and vulnerable groups

- Prioritise unmet service and information needs – of protected, socially excluded groups, vulnerable and at risk groups (e.g. older people, people with learning disabilities, young people with mental health, sexual health, mothers with pre/post-natal depression, refugees, people whose first language is not English)
- Collaborative working – commissioning managers should work together to address the unmet needs of vulnerable and at risk groups (e.g. young people with learning disabilities)
- Local partnership – the Health and Wellbeing Board and other groups should be used to progress the equality agenda.

Equality Objective 2: Improve access to all services for protected and vulnerable groups

- Access – improve access to services for protected groups particularly Black and Minority Ethnic; Irish; Lesbian, Gay, Bisexual and Transgender people; and disabled people
- Awareness – NHS staff must have the awareness about equality and diversity, with a particular focus on disability, ethnicity, older and LGBT groups
- Experience – some patients do not feel that services provided by some providers are of high quality, safe or culturally sensitive
- Engagement – joint working with seldom heard and socially excluded groups (e.g. disabled people, Black and Minority Ethnic groups).

Equality Objective 3: Recruit, support and retain staff from protected groups

- Recruitment – ensuring fair and transparent recruitment practices are in place using a wide variety of advertising mediums to reach out to diverse communities
- Staff Support – using the staff forum as a mechanism to promote equality and 1:1s to support staff members
- Bullying & Harassment – raising awareness amongst staff and managers on how to raise/manage concerns relating to bullying and harassment
- Training & Development – introduction of coaching and mentoring programmes for staff; monitoring of training compliance across the organisation.

Equality Objective 4: Strengthen the role of governance and leadership beyond compliance

- Leadership – support from the Executive Team to implement the Equality & Inclusion Plan
- Action Plan – develop and implement action plans following the staff survey and workforce race equality report
- Equal pay audit – to address any inequalities that are identified.

6. Action Plan

A strong action plan will be developed to deliver our equality objectives, ensuring it takes into account the views of our internal and external stakeholders for consistency and coherence.

Whilst we are mindful of our public sector equality duty and the relevant mandates to address the need of our protected groups, we also need bear in mind the current constraints within which CCGs operate - for example social and political uncertainty, reduced funding and increasing demand for services. Therefore the CCG takes a view that it may not be able to address all existing inequalities for all protected groups in the short term, and this Plan will pave the way for developing more sustainable initiatives and services to advance diversity and inclusion.

The following action planning areas will, subject to approval by the Governing Body, be developed in conjunction with service managers, the Equality & Inclusion Group and the Executive Team. Progress will be reported to Governing Body members on a six-monthly basis.

Equality Objective 1: Continue commissioning services based on evidence to reduce health inequalities amongst protected and vulnerable groups

The CCG will:

1. Continue to identify services that are under-utilised by protected and vulnerable groups
2. Continue to use local evidence and feedback from minority and vulnerable groups to inform commissioning decisions
3. Continue to ensure robust equality impact analyses are undertaken for commissioning decisions.

Equality Objective 2: Improve access to all services for protected and vulnerable groups

The CCG will:

1. Make the most of opportunities (through commissioning activity) to influence providers to ensure compliance with statutory and mandatory requirements in relation to equality and inclusion
2. Make the most of opportunities (through commissioning activity) to ensure providers monitor and review service outcomes and experiences of all patients.

Equality Objective 3: Recruit, support and retain staff from protected groups

The CCG will:

1. Encourage potential Black and Minority Ethnic, men and disabled applicants in the community to apply for CCG jobs
2. Provide training to managers and Governing Body members on unconscious bias, recruitment and selection and succession planning
3. Develop staff equality champions to represent the interests of protected groups in the organisation.

Equality Objective 4: Strengthen the role of governance and leadership beyond compliance

The CCG will:

1. Ensure robust equality analysis and action planning across all functions.
2. Strengthen collaborative working with providers and partners to advance equality of opportunity.
3. Embed the Equality Delivery System 2 and the Workforce Race Equality Standard into the CCG's organisational development planning.

7. Enablers

The delivery of the Diversity and Inclusion Plan is dependent on a number of key enablers:

- Supportive strategic leadership and strong governance
- Effective communications with patients and internal and external stakeholders
- Information from Providers on compliance and performance
- Training for staff and Governing Body members
- Partnership working with Providers and local stakeholders/interests
- Engaging managers, clinical leads and Governing Body members.

8. Governance

The CCG Governing Body is responsible for ensuring CCG compliance with the public sector equality duty and therefore will continue to provide leadership and support to ensure the CCG is making progress in advancing equality and diversity.

The Executive Team reports to the Governing Body and drives forward the strategic priorities and deliverables set out in this Plan. Progress on delivery will be reported on a quarterly basis to the Equality and Inclusion Group. Updates will be provided to the Executive Team.

The North East London Commissioning Support Unit's Equality and Diversity Team will support the CCG to prepare the reports based on the action plan. Governing Body members will receive a six monthly update and an end of year public sector equality duty compliance report, which will also be published on the website.

The Equality and Inclusion Group is a working group which meets quarterly to discuss progress of the Plan and they will continue advising the CCG about equality objectives and how to develop measures and action plans. The group also supports the work around the Equality Delivery System 2 grading which looks at the performance of the CCG across different functions from governance to commissioning. The Governing Body Lay Member for Equality chairs the group with membership including a member of the Executive Team, managers in the CCG, North East London Commissioning Support Unit, Public Health and Camden Healthwatch.

Appendix One: Equality Delivery System 2

This is a mandatory tool for all NHS organisations including CCGs to use to manage their equality performance against eighteen outcomes under four goals. Further information on Equality Delivery System can be found on the NHS England's website.

Goal	No.	Description of outcome
1. Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual peoples' health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistreatment and abuse and mistakes are minimised
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
2. 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
	2.2	People are informed and supported to be involved in decisions about them
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
3. A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce
	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

	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
4. Inclusive governance	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	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
	4.3	All managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix Two: Workforce Race Equality Standard

This is a national tool which was made available to the NHS from April 2015. It was included in the NHS standard contract 2015/16, and NHS trusts produced and published their baseline Workforce Race Equality Standard data in 2015.

The main purpose of the tool is to help NHS organisations to review their data against nine indicators, to produce action plans to close the gaps in workplace experience between White and Black and Ethnic Minority staff, and to improve Black and Ethnic Minority representation at the Board level of the organisation. The CCG is required to publish a progress report every year in July.

	Workforce indicators For each of these four workforce indicators, compare the data for White and BME staff
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Board representation indicator For this indicator, compare the difference for White and BME staff
9.	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator

Appendix Three: Accessible Information Standard summary

The Accessible Information Standard was introduced in 2015 by NHS England for all commissioners and providers to implement from April 2016.

This standard is concerned with the provision of information and communication support to individuals to enable them to access services appropriately and to make decisions about their own health, care and wellbeing.

It defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

The Standard applies to service providers across the NHS and adult social care system, and effective implementation will require such organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems.

<u>What's required of the CCG?</u>

The standard does not apply to commissioners (except where commissioning organisations also provide services / have direct contact with patients / service users). However, commissioners of NHS and publicly-funded adult social care must ensure that they enable and support it through their relationships with provider bodies.

Corporate communications aimed at informing people about the activities or intentions of an organisation (e.g. annual reports and accounts, meeting papers, consultation documents) are excluded from the scope of this standard.

However, organisations have legal obligations under the Equality Act 2010 and Health and Social Care Act 2012 to respond to requests for information, to reduce inequalities and to avoid discriminating against 'protected characteristic' groups when the publishing corporate documents.

Appendix Four: Protected Characteristics and Vulnerable Groups

Nine Protected Characteristics	
Age	By being of a particular age / within a range of ages
Disability	A physical or mental impairment which has a substantial and long term adverse effect on day to day activities
Gender (sex)	Being a man or a woman
Gender re-assignment	Transsexual people who propose to; are doing or have undergone a process of having their sex reassigned
Pregnancy and maternity	If a woman is treated unfavourably because of her pregnancy, pregnancy related illness or related to maternity leave
Sexual orientation	A person's sexual preference towards people of the same sex, opposite sex or both
Religion or belief/Lack of belief	The full diversity of religious and belief affiliations in the United Kingdom.
Marriage and civil partnership	This is relevant in relation to employment and vocational training; the CCG will ensure that this protected group is considered in relation to employment of staff and their training
Race	Includes colour, nationality, ethnic origins and national origins

Vulnerable Groups	
Refugee and asylum seeker	Includes people who have left their country of origin to escape violence, oppression and persecution
Travellers (Roma etc.)	People who travel from place to place without a permanent settlement/place
Homeless People	Anyone who does not have a permanent registered address to live in; this includes rough sleepers
Carers	Anyone who looks after a family member or a friend on a regular basis
FMG	Anyone who has experienced Female Genital Mutilation and/or gender based violence
Domestic violence	Any man/woman who is a victim of domestic violence and has required help from public agencies

Appendix Five: Progress on 2012-2016 Equality Objectives

Since 2013, the CCG has delivered considerable improvements in many areas of service commissioning and patient and stakeholder engagement. We refreshed our Equality Objectives in 2013 by using the Equality Delivery System.

2012-2016 Equality Objectives	
1	Reduce health inequalities through a targeted approach and improved access to existing services by protected groups. **Progress:** • Completed equality analysis of policies and services to ensure equality of opportunity and inclusion. • Pathways designed and commissioning intentions developed

2	Improve equality data monitoring for service planning, commissioning and monitoring outcomes and experience. **Progress:** • Published equality information which include data about workforce and Governing Body members • Our Providers reports include equality information on protected group; more work being done with Providers to improve equality information reports
3	Develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation. **Progress:** • Developed Equality and Diversity Policy • Carried out staff survey and developed action plan • Published Workforce Race Equality Standard data • Seeking assurance from Providers
4	Maintain good governance to improve equality and diversity performance through the Equality Delivery System. **Progress:** • Embedded equality analysis into Governing Body reports • Integrated equality Action Plan, bringing together Equality Delivery System 2 and the equality objectives action plan
5	Ensure that commissioning policies and practice move to address inequalities of both potential and existing Providers, to show what measures they will take and what outcomes have been achieved. **Progress:** • Equality and diversity requirements built into Pre-Qualification Questionnaire document • Regular contract monitoring • Seeking assurance from Providers on public sector equality duty Equality Delivery System 2 and the Workforce Race Equality Standard