

Equality Information Report 2016-17

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Introduction

This is our fourth annual Equality Information Report which demonstrates how the CCG has been meeting its duty under the Equality Act 2010. The report also shows the improvements we have made through the delivery of our objectives against the mandatory standards set out by NHS England including the Workforce Race Equality Standard (WRES), Equality Delivery System (EDS2) and the Accessible Information Standard. In 2016-17, we refreshed our Diversity and Inclusion Plan in consultation with external and internal stakeholders and developed an annual action plan based on both commissioning and workforce priorities.

We are committed to fulfilling our duty as a CCG to support commissioning services to meet the diverse care need of our local population and employing, developing and supporting a high quality workforce. Our commissioning aims to achieve the best clinical outcomes for patients and better patient experience. The way we plan to achieve this is by engaging patients, community groups, staff and clinicians in the design and procurement of our services. We use every opportunity to listen to our patients, whether through local Patients Participation Groups (PPGs) or voluntary sector engagement events, or planned engagement throughout the business planning process- and we ensure their views reflect in our commissioning decisions.

We aim to improve our equality and diversity performance by delivering on our priorities to meet our statutory duties. Some of these priorities will be addressed through our NCL Sustainability and Transformation Plan, going forward.

The report provides a summary of our activities and there is more information in our CCG [Annual Report 2016-17](#) which can be read on our website.

About Camden

Population size

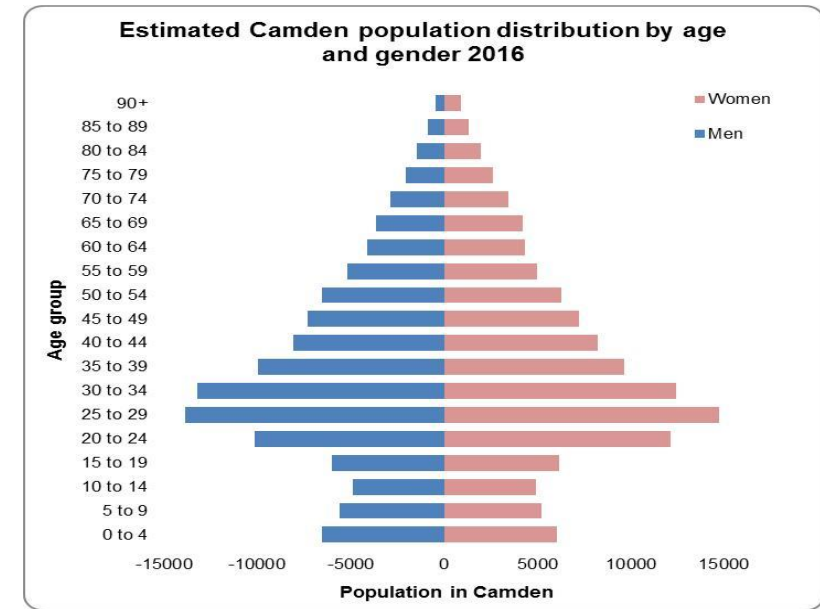
- Camden occupies just 1.4% of London but is home to 2.8% of the population
- An estimated 244,000 people were living in Camden in 2016
- Expected to increase by around 27,300 by 2030, and by 50,400 by 2050
- Largest population growth expected in over 65s in future

Camden households

- Average full-time salary £34,892 in 2015
- Children live in 23.1% of homes
- 25.4% of people >60 live in income deprived households (National average 18.1%)
- 31% of children under 16 were living in poverty in 2014 (National average 20%)

Ethnic groups (from the 2011 census)

- Irish 3.2%
- Bangladeshi 5.7%
- Black groups (combined) 8.2%
- Other (excluding white groups) 19.8%
- British nationals 29.4%
- Black and minority ethnic groups 33.7%



Camden health headlines

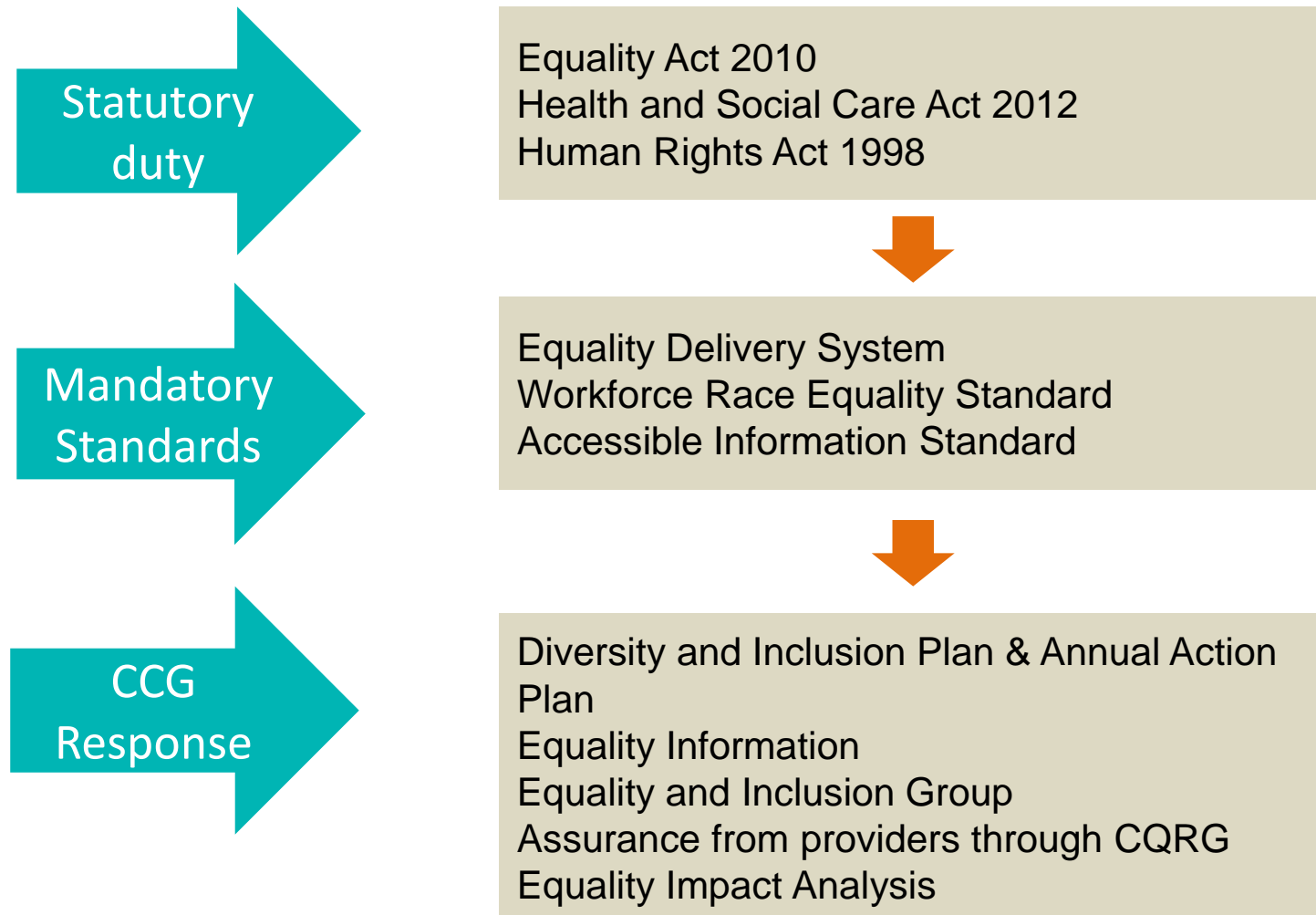
- Life expectancy above average - women 85.4, men 80.5 (National: women 83, men 79)
- Life expectancy gap between most and least deprived is 11.4 for men and 8.9 for women.
- Leading causes of death: heart disease, respiratory disease and cancer
- Second highest levels of serious mental illness in London
- Challenges with low birth weight babies, vaccinating children, infant deaths and child poverty

Biggest areas of inequality (for life expectancy)

- Cardiovascular disease
- Lung cancer
- Liver cirrhosis
- Respiratory disease
- Suicide

Our duty – an overview

The CCG came into being in 2013 through an authorisation process by NHS England which made it a duty for the CCG to show 'due regard' to the Public Sector Equality Duty (PSED) under the Equality Act 2010 and not delegate it to another organisation. Later on NHS England introduced more guidance and standards for CCGs on how they should demonstrate compliance and keep making continuous improvement (see the diagram below).



Our duty –general and specific duty

General Duty

The general equality duty under the Equality Act 2010 requires the CCG, in the exercise of our functions, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

Protected characteristics are defined as:

Age
Sex
Disability
Gender Reassignment (Transgender)
Race
Religion or Belief
Sexual Orientation
Pregnancy and maternity
Marriage and civil partnership

We additionally pay due regard to the needs of carers, seldom heard groups and vulnerable groups when making commissioning decisions

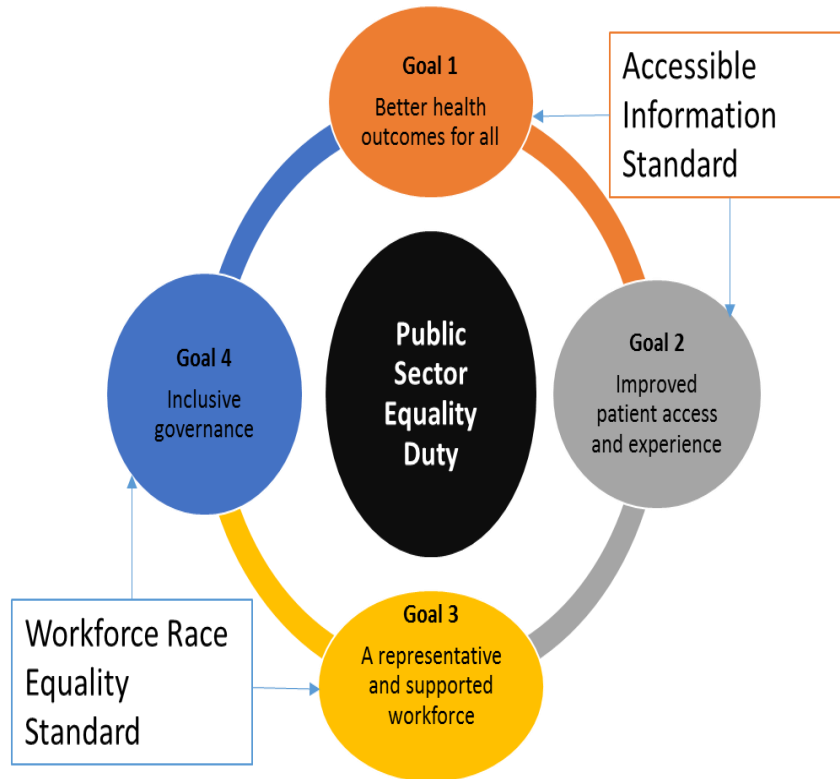
Specific Duty

The specific duty requires the CCG to publish equality objectives at least once every four years and to publish equality information once a year demonstrating that it has consciously thought about the three aims of the Equality Duty as part of its decision-making process.

The Act also requires that employers with a workforce of over 150 employees publish information relating to employees who share protected characteristics. Although the CCG does not have 150 employees, as good practice we have included our employee and governing Body profile as part of this report.

Our duty – Equality Delivery System (EDS2)

Meeting the Public Sector Equality Duty (PSED) and mandatory standards



The NHS Equality Delivery System was developed as an equality performance framework to assist NHS organisations to evidence their compliance with the Public Sector Equality Duty and embed equality and diversity within the organisation.

At the heart of the EDS2 is a set of eighteen outcomes grouped into four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

Organisations are required to grade their performance by using a grading system as follows:

Red- Undeveloped

People from all protected groups fare poorly compared with the demography of the borough OR evidence is not available, or if evidence shows that the majority of people in only two or less protected groups fare well

Amber-Developing- People from only some protected groups fare as well as the people of the borough.

Green-Progressing- People from most protected groups fare as well as the people of the borough

Purple-Excelling- People from all protected groups fare as well as all people of the borough.

In 2016-17 we have sustained all of our grades to the same level as the last year-and we have continued using EDS2 as a framework to improve our performance against the four goals and eighteen outcomes by setting our priorities. We have used EDS2 to refresh our equality objectives and have ensured the WRES and AIS are embedded into the relevant EDS2 goals as shown in the above diagram.

Equality Delivery System (EDS2) - processes

The CCG uses EDS2 for its equality and diversity planning and implementation and service improvement to advance equality, as mandated by NHS England. As described in slide 7 the CCG will work with community interests and carry out an EDS2 grading in 2017-18 which will determine the priorities for 2018-19 (see the slide on forward strategy).

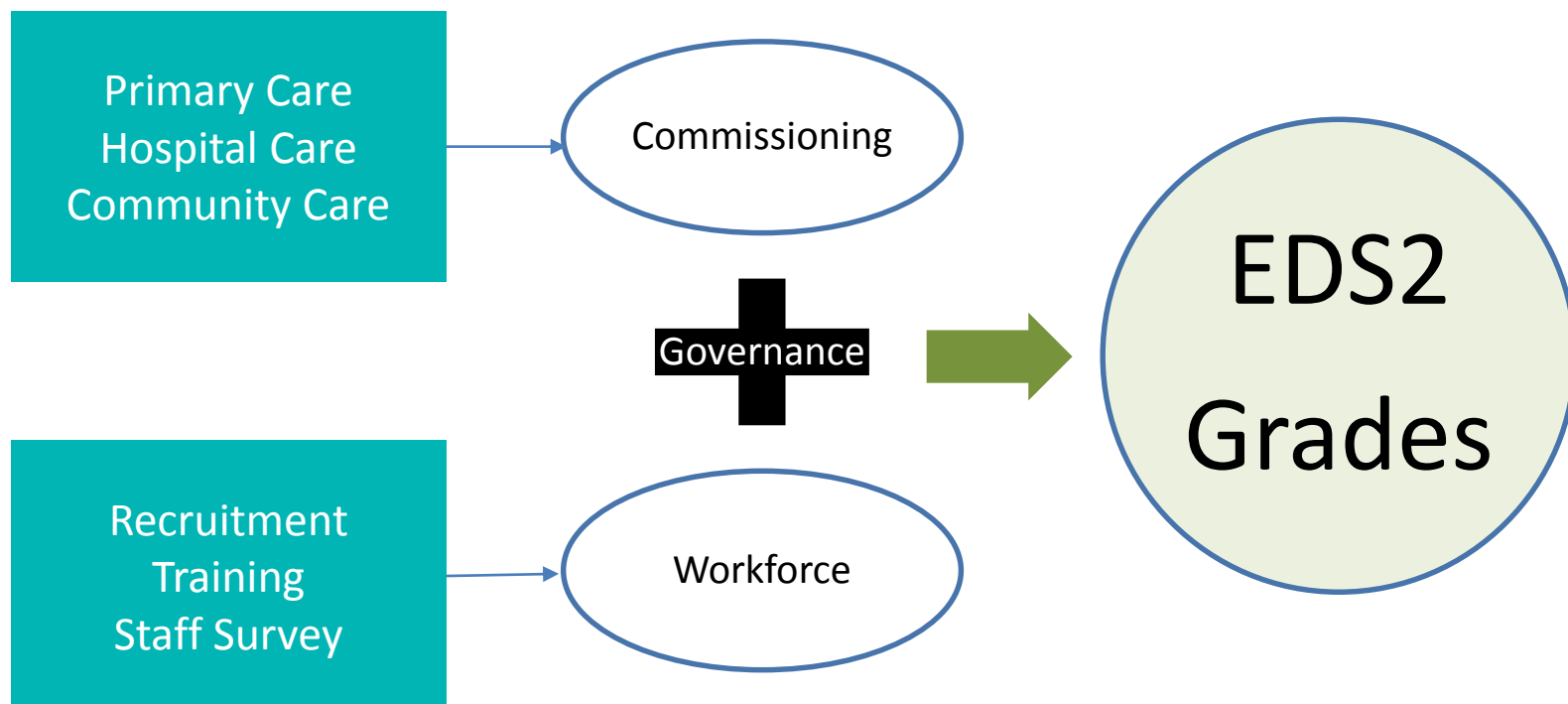
Our current performance is based on the grading from 2015-16 which was conducted by the Equality and Inclusion Group and the recent analysis of the CCG's evidence across 4 EDS2 goals and the 18 outcomes which covered both commissioning and workforce functions as shown in the diagram below.

Goal-1: Better health outcomes for all (outcome 1.1 to 1.5)

Goal-2: Improved patient access and experience (outcome 2.1 to 2.4)

Goal-3: Empowered, engaged and well-supported staff (outcome 3.1 to 3.6)

Goal-4: Inclusive leadership at all levels (outcome 4.1 to 4.3)



Equality Delivery System (EDS2)- grades

As explained in the previous slides, the CCG is required to use EDS2 to grade its performance. The following grades were determined following a grading exercise by the Equality and Inclusion Group in 2015-16. The outcomes of the grading was used to inform the CCG's Diversity and Inclusion Plan and to set actions to deliver equality objectives.

	Outcome	Grade		Outcome	Grade
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities		3.1	Fair NHS recruitment and selection processes lead to a more representative workforce.	
1.2	Individual peoples' health needs are assessed and met in appropriate and effective ways.		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.	
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.		3.3	Training and development opportunities are taken up and positively evaluated by all staff.	
1.4	When people use NHS services their safety is prioritised and they are free from mistreatment and abuse and mistakes are minimised.		3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.		3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	
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		3.6	Staff report positive experiences of their membership of the workforce.	
2.2	People are informed and supported to be involved in decisions about them.		4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
2.3	People report positive experiences of the NHS		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.	
2.4	People's complaints about services are handled respectfully and efficiently.		4.3	All managers and staff support their staff to work in culturally competent ways within a work environment free from discrimination	

Mandatory standards

NHS Workforce Race Equality Standard (WRES)

The NHS Workforce Race Equality Standard was developed and introduced in 2015. Organisations are required to review and report against nine indicators. The indicators are a mix of NHS staff survey data- and the workforce data comparing the experience of BME and white staff. It also compares the governing body data with the workforce data and local to show how representative the governing body is compared with the CCG workforce and the local population. Our first WRES report was published in July 2015, and then a progress report was published in July 2016 with an action plan. This year we have incorporated the WRES into our workforce and Governing Body Members report (See Appendix 1).

Accessible Information Standard (AIS)

The Accessible Information Standard was introduced requiring all organisations that provide NHS (including GP Practices) or adult social care to meet the standard by 31 July 2016.

The aim of the standard is to make sure people who have a disability, impairment or sensory loss get the information they can access and understand, and any communication support they might need. This includes making sure people get information in different formats, for example, large print, Braille, easy read and support such as a British Sign Language interpreter, deafblind manual interpreter or an advocate.

The Accessible Information Standard means that organisations providing health or social care need to do five things:

1. Ask people if they have any information or communication support needs and identify how to meet them.
2. Record those needs in a set way on the patients' records.
3. Highlight or flag in the person's file or notes, so it is clear that they have information or communication support needs and details of how to meet those needs.
4. Share information about a person's needs with other NHS and adult social care providers when they have consent to do so.
5. Make sure that people get information in an accessible way and communication support if they need it.

CCGs are exempt from meeting the standard. However, we are committed to the AIS, and we ensure that whenever we communicate with the public that we consider the requirements of the standard. Also we will work closely with our member GP Practices to provide the necessary support to enable them to meet the requirements of the standard and we will continue to seek assurance from provider organisations about their compliance with the standard, including evidence of how they are planning to meet the standard.

Equality Impact Analysis

Carrying out robust equality impact analysis is one of the ways to show “due regard” to the aims of the public sector equality duty. The CCG carries out equality impact analysis of policies and services on protected and vulnerable groups. Through mitigating actions, the CCG minimises any unintended negation impact and safeguards positive impact to ensure equality of opportunity.

A number of equality analyses were carried out in 2016-17 by our commissioning teams, PMO and QIPP teams which helped us ensure due regard to the aims of the PSED when making commissioning decisions.

Our aim is to embed equality analysis in every decision we make about commissioning and staff. We are working with NEL CSU and the council to develop a best practice model for our equality analysis which looks at every policy decision through three lenses: equality duty, engagement duty and health inequalities duty.

In 2016-17 a number of equality impact analysis (EIA) were carried out on our commissioning proposals (scoping documents) and business cases for [Camden Local Care Strategy](#) (e.g. mental health services, diabetes and COPD). The outcomes of these EIAs helped the CCG ensure inclusivity of commissioning of community services

Diversity and Inclusion Plan 2016-20

It is a specific duty on the CCG to develop and publish equality objectives at least once every four years. In 2016-17 we refreshed our equality objectives in the Diversity and Inclusion Plan for the next four years in consultation with stakeholders and partners. These objectives are built around EDS2 and the WRES and are delivered through an annual action plan. The following few slides (and Appendix 1) explain how we are delivering our equality objectives.



Advancing equality through commissioning

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



- Camden is a very diverse and complex borough. While outcomes for local people in many areas have been improving over the last decade, there are still significant inequalities that need to be addressed. 2016-17 has seen some success stories in equitable outcomes for patients (see our CCG Annual Report for detail).
- To realise our vision, we are engaging patients and stakeholder groups from diverse backgrounds in our Local Care Strategy. We are working with our partners and providers to ensure that our services are designed and delivered in ways that produce better health outcomes for our community.
- In 2016-17 our primary equality focus was protected and vulnerable groups- particularly people who experience high health inequalities and are known to have poor health outcomes because of their personal, and socio-economic circumstances. Using the national tools (e.g.EDS2) and equality impact assessment, we have successfully targeted our commissioning at those groups. Now we are working with our partners and providers, Healthwatch, Patient Participation Groups and the voluntary sector to ensure our resource is used equitably to address existing inequalities.
- We effectively engaged patients and stakeholders in developing our Diversity and Inclusion Action Plan and the Accessible Information Standard implementation.

Advancing equality through commissioning (cont'd)

Equality Objectives 2: Improve access to all services by protected and vulnerable groups



- We continuously listened to individual patients and carers about their access needs, and have worked with our partners and providers to advance disability equality through reasonable adjustment and the Accessible Information Standard.
- We have collaborated with other NCL CCGs and NHS England to improve access to primary care for all patients- and have invested in staff training and reasonable adjustment- and interpreting and translation services.
- We have made service information more accessible to patients and carers including our [website](#). link
- We are investing in mental health services to tackle inequalities amongst BME, women and young people (Child and Adolescence Mental Health Service- CAMHS)
- With other NCL CCGs, we have made strategic decisions to transform our integrated care and have invested in primary care service to improve access for all communities.
- We are working with our providers to ensure they implement the Accessible Information Standard and EDS2

Engaging people in commissioning

Our engagement activities are designed to deliver inclusive engagement outcomes that enable the CCG to deliver our equality objectives 1 and 2 (see slide 10)

Key achievements in 2016-17

Camden CCG involved patients, carers and the public in the development of new services throughout 2016/17. This included patients who use musculoskeletal services being involved at all stages of procuring a new service provider.

Camden CCG also partnered with local barbers to address health inequality for black men in Camden by introducing Mental Health First Aid - an internationally recognised course to give them skills to identify early signs of mental health issues and the confidence to help people experiencing problems. Residents with learning disability performed role plays around experiences of using general practice services in Camden at the General Practitioners Education Day.

The CCG also engaged stakeholders in the development of the refresh of the Diversity and Inclusion Plan

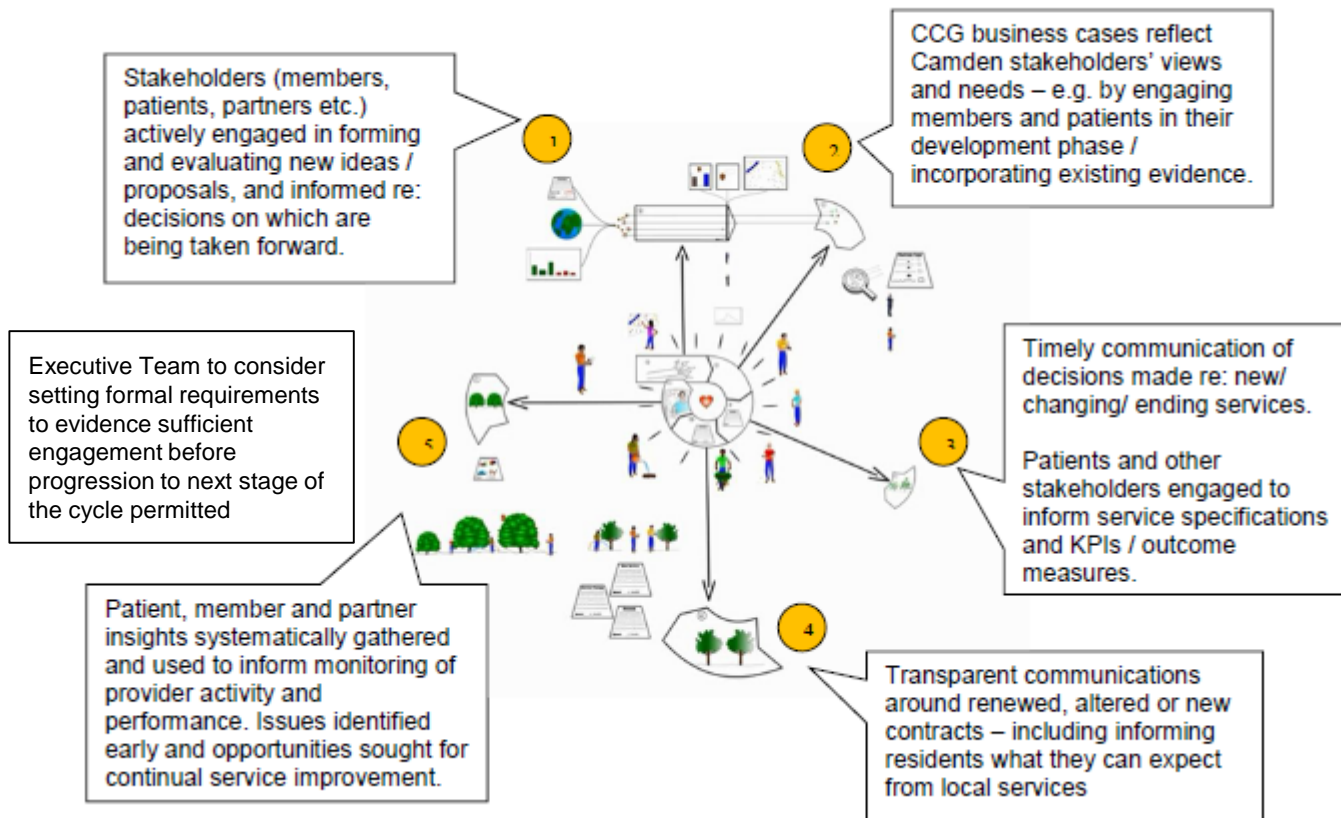
Regular activities included:

- Monthly newsletters for patients and members of the public, covering local healthcare issues and what was discussed at public meetings.
- Regular 'Question Time' events with our Chair for patients and voluntary groups across Camden. (e.g. events held with people who are Visually Impaired & Special Parents forum).
- Working with agencies including Healthwatch Camden, Camden Disability Action, Camden Carers Service, Voluntary Action Camden and Age UK Camden
- Monthly CPPEG operational meetings with 12 elected patients attending with representation from local stakeholder groups (Healthwatch Camden, Camden Disability Action, Age UK Camden, Voluntary Action Camden & Camden Carers Service).
- Bi-monthly open public meetings about CCG plans and patient experience around local health services.
- Bi-annual "PPG Forums" to help support and strengthen Camden patient participation groups.

Engaging people in commissioning (cont'd)

For better inclusion: *Aligning communications and engagement with the new Commissioning Cycle*

Commissioning Cycle (see appendix one for detailed Commissioning Cycle diagram):



In 2016-17, Camden CCG introduced a new Commissioning Cycle to reshape how we do business and how teams work together. This provided an excellent opportunity to embed organisational consistency in planning, delivering and evaluating commissioning and engagement activities. Communications and engagement guidance was produced and rolled out to all staff.































As part of the development of the Camden Local Care Strategy the CCG engaged diverse communities (e.g. Black and Minority Ethnic groups, disabled people, older people, lesbian, Gay and Transgender Groups)

The CCG collects a range of feedback from Camden residents and patients from numerous sources, including Quality and Clinical Effectiveness data, Quality Alerts, Complaints and Enquiries, PALS, patient reported experience (PREMs), patient reported outcomes (PROMs) and the Camden PPG network. This provides us with a rich intelligence that can be used to inform our plans, set patient-focused goals and evaluate the services we commission.

Our providers

We deliver our Equality Objectives 1 and 2 by commissioning services from our providers (see slides 10-13) and we hold them to account by seeking assurance on their compliance with the public sector equality duty- and mandatory standards including the Workforce Race Equality Standard, Equality Delivery System (EDS2) and Accessible Information Standard.

We have listed our main providers and have included an overview of their current performance. All our providers are compliant with their public sector equality duty.

Our main providers	Adopted WRES	Adopted EDS2	Published Equality Objectives	Published Annual Equality Information	Implementing AIS
University College London Hospital NHS Foundation Trust https://www.uclh.nhs.uk/aboutus/wwd/SES/Pages/Home.aspx					
Central and North West London Foundation Trust www.cnwl.nhs.uk/search/equality					
Camden and Islington NHS Foundation Trust www.candi.nhs.uk/search/site/equality					
Royal Free London NHS Foundation Trust www.royalfree.nhs.uk/about-us/equality-and-diversity/					
Tavistock and Portman NHS Foundation Trust www.tavistockandportman.nhs.uk/about-us/contact-us/search/?q=equality					
Great Ormond Street www.gosh.nhs.uk/about-us/equality-and-diversity					

The CCG seeks regular assurance from its providers and the Clinical Quality and Risk Group (CQRG) through contract monitoring amongst providers information the CCG seeks assurance on the progress on the provider's implementation of the WRES, EDS2 and Accessible Information Standard.

Our workforce

Equality Objectives 3: Recruit, support and retain staff from protected groups
Equality Objective 4: Strengthen the role of governance and leadership beyond compliance



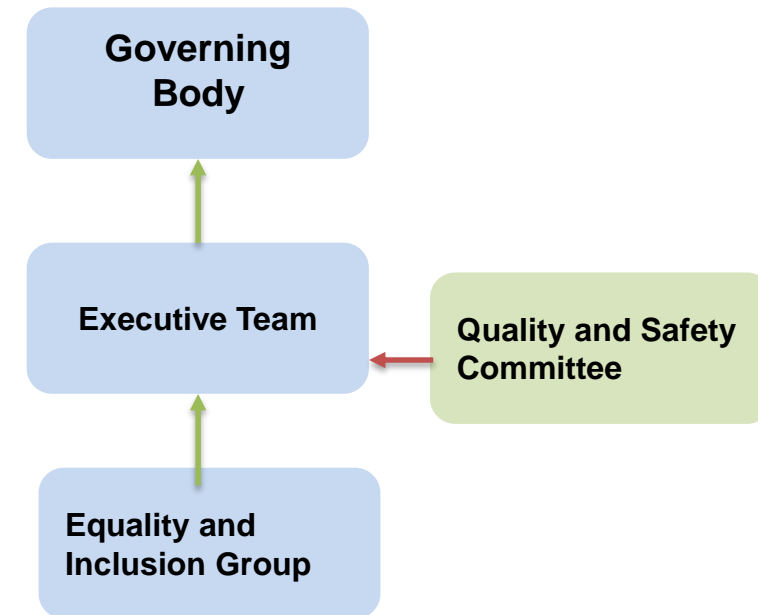
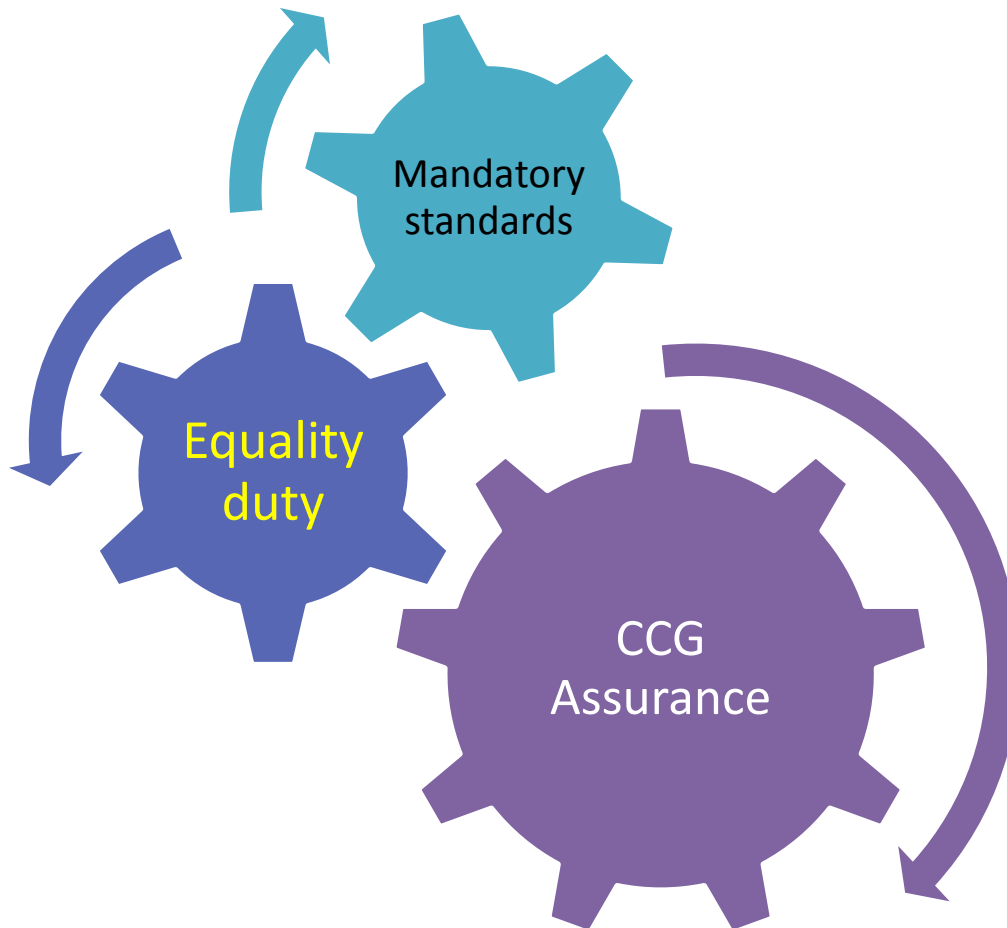
As at 31st March 2017, there were 149 staff from diverse backgrounds including employees and office holders (Governing Body Members and clinical Leads). Our staff report (see Appendix 1) provides a detailed breakdown of our staff, recruitment activities and starters and leavers. Our commitment to advancing workforce equality has been strengthened by our work with other NCL CCGs, providers and NEL Commissioning Support Unit. In 2016-17 we have:

- continued attracting applicants from diverse backgrounds.
- ensured our selection process followed the NHS recruitment and selection policy and good practice (e.g. ACAS code of practice)
- ensured our process of supporting staff with non-mandatory and CPD courses was fair and we have monitored the take up by ethnicity (see our WRES report in Appendix 1)
- followed the CCG change management policy in our reorganisation and completed equality analyses to ensure 'due regard' to the equality duty.

Governance and leadership

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

Our CCG Governing Body is ultimately responsible for assuring NHS England that the CCG is compliant with the Public Sector Equality Duty and it is meeting the requirements of the mandatory standards.



- Our CCG Governing Body assures via support from Executive Team and the Quality and Safety Committee that the CCG meets all its duties as a public sector body- and it seeks assurance from providers .
- The Equality and Inclusion Group is a Task and Finish Group which supports and oversees the implementation of the CCG's diversity and inclusion plan is chaired by Lay Member Governing Body. Membership of the Group includes Public Health, HR & OD, Engagement, Equality and Diversity and Commissioning.
- The Group also invites Healthwatch to discuss EDS2 grading.

Forward strategy

Camden's population continues to grow and change in new ways, but at the same time national funding is not increasing in proportion to the growing population, creating pressure on our health and care services. In response to these challenges, we have been working with partners on transformative programmes, most significantly our Local Care Strategy.

The Local Care Strategy is bringing together the health and social care organisations in the borough, to develop a whole system approach to the delivery of these services in the future. This will mean a more consistent and united approach based on a shared model of care, ultimately helping to deliver the best health for all.

The CCG wants the best outcomes for its patients and at the same times a representative and motivated and high quality workforce. With this in mind the CCG will look to introduce new initiatives and programmes in 2017-18 which will be implemented through:

- Collaborative working with our partners and providers.
- Targeting commissioning at protected and vulnerable groups and ensuring, through equality analysis, that they are engaged in commissioning.
- Working with staff to introduce initiatives to address issues identified in the staff survey
- Using our recent achievements (e.g. IT, systems, processes) to improve communication between agencies and between services.
- Better governance and leadership- ensuring the CCG's continuous commitment to equality and diversity.

Forward strategy

Priorities

Over the next three years the CCGs in NCL will focus on integrated care and improving access to services, especially primary care and referrals to treatment. We also aim to improve our WRES performance and will start planning the implementation of the Workforce Disability Equality Standard (WDES) in collaboration with other CCGs in NCL. We will embed an improved integrated equality analysis process in our decision making and governance - and start working on EDS2 grading with local interest groups and providers.

