

Equality Delivery System (EDS2)

Goals 1&2

GRADING OUTCOMES

February 2018

How the grading was completed


Commissioners prepared evidence and presented to the EDS2 Group at a pre-grading meeting. The Group consisted of patient and community representatives, CCG managers, and Chair of the CCG Equality, Public Health, and Inclusion Strategy Group. The Group reviewed the evidences and provided feedback- and some asked for further evidences.

At the final grading meeting commissioners gave their brief presentations and answered questions from the delegates. Each delegate were asked to complete their grading based on the evidences submitted by the commissioners by the guidance and template.

Each delegate provided their grading for the Outcomes under Goals 1 and 2 with comments and suggestions on how the CCG should improve its equality and diversity performance.

EDS2 Grading outcomes (30 January 2018)																					
Grade		N/value																			
Undeveloped		1																			
Developing		2																			
Achieving		3																			
Excelling		4																			
End of Life							Primary Care: Learning Disabilities							Mental Health: Minding the Gap							
EDS2 Outcomes	1.1	1.2	1.3	2.1	2.2	2.3	2.4	1.1	1.2	1.3	2.1	2.2	2.3	2.4	1.1	1.2	1.3	2.1	2.2	2.3	2.4
Camden Patient and Public Engagement Group	3	3	3	3	3	3	3	2	2	2	2	2	2	2	3	2	2	3	3		
Voluntary Action Camden	2	2	3	2	2	3	2	2	3	2	2	2	2	2	3	3	2	2	3	2	
Parent Advisory Board (1)	3	3	3	3	2	2	1	3	3	3	3	3	3	3	2	2	2	3	3	2	3
Mental Health Service User Group	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Parents Advisory Board (2)	3	3	3	2	3	2	2	2	2	2	3	2	3	2	3	3	3	3	3	3	2
Camden Carers Service	2	3	2	3	3	2	3	3	3	2	2	3	2	2	3	3	2	2	2	2	2
Parents Advisory Board (3)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Total points	18	19	19	18	18	17	16	17	18	16	17	17	17	16	19	18	16	18	19	14	12
Average points	3	3	3	3	3	2	2	2	3	2	2	2	2	2	3	3	2	3	3	2	2
Average service grade	Achieving (3)							Developing (2)							Achieving (3)						
EDS2 Outcome	1.1	1.2	1.3	2.1	2.2	2.3	2.4														
Combined average grade	3	3	2	3	3	2	2														

2017-18 Overall grading outcomes

Goal	Outcome	2016-17	2017-18
1. Better health	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Achieving 

	1.2	Individual peoples' health needs are assessed and met in appropriate and effective ways.	Developing	Achieving 
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Developing	Developing 
	1.4	When people use NHS services their safety is prioritised and they are free from mistreatment and abuse and mistakes are minimised.	Achieving	To be graded in 2018-19 
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	Developing	To be graded in 2018-19 
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	Developing	Achieving 
	2.2	People are informed and supported to be involved in decisions about them.	Developing	Achieving 
	2.3	People report positive experiences of the NHS	Developing	Developing 
	2.4	People's complaints about services are handled respectfully and efficiently.	Developing	Developing 

Action Planning

Contributors that have given comments on the evidence provided by commissioners-

Parents Advisory Board

Camden Carers Service

Camden Patient and Public Engagement Group

Voluntary Action Camden

Camden CCG Equality Objectives (2016-20) based around EDS2 Goals 1 & 2

Equality Objective 1

Continue commissioning services based on evidence to reduce health inequalities amongst protected and vulnerable groups.

Equality Objective 2

Improve access to all services for protected and vulnerable groups

Service	Comments from community interests	Action(s) for 2018-19 Commissioners should consider comments in developing actions to deliver the CCG Equality Objectives
End of Life	<ul style="list-style-type: none"> • It is assuring to hear that Camden is the best of 5 boroughs in the NCL region. • Generally the feedback from carers/family is positive when they are getting support from Palliative Care team but the experiences are much more inconsistent if not – therefore Increased training and awareness amongst all health professionals re end of life - in particular in hospitals and Care Homes. Better access to information and guidance re practical and emotional issues for families – possible greater use of Gentle Dusk info and training? Helping them to prepare for the death and also deal with matters after the death. • Start talking about dying and death with the whole family sooner • More opportunities for pre-bereavement counselling for carers/families • Further dispelling the myths of what Palliative Care means, what services hospices offer etc. as still a fear for families and carers that it always means imminent death; often unaware of other aspects e.g. pain management, rehab, respite etc. • Better Supporting family and carers of people with LD around end of life. Both in terms of the person with LD dying but also one of 	

Service	Comments from community interests	Action(s) for 2018-19 Commissioners should consider comments in developing actions to deliver the CCG Equality Objectives
	<p>the greatest fears for LD carers tends to be what will happen to the person they care for when the carer dies....</p> <ul style="list-style-type: none"> Reaching out to groups of families and carers in particular in the BAME communities. More evidence needed on identifying and meeting specific cultural needs of different communities.(1.1) Lack of evidence on the involvement of patients and potential patients on this (2.2). 	
<p>Primary care: Services for adults with learning disabilities</p>	<ul style="list-style-type: none"> It is wonderful that Camden GPs provided an annual health check to 62% of the register. However, there are still 38% (270 people) not having their annual health check. Was there any research done with the 38% people why they are not taking up the annual health check? Worrying about delays in diagnosis/identifying needs as more likely to have specific health issues. £140 GP fee sounds so wrong to have to pay to get these tests? 712 people and 62% health checked sounds low even though raised from 55%. Awareness raising sessions (lack of) Improving uptake, understand where people are not informed Ensuring that family and carers are aware of this entitlement for the person for whom they care – including when the cared for person lives in Supported living rather than in the family home. Also ensuring that wherever the person with LD is consenting that the family/carer are involved in the action plan that comes from the health check In addition I was discussing these LD health checks with a colleague yesterday and thinking of the possibilities of GPs linking family/carer to CCS for a carer health check (what we call a Health 	

Service	Comments from community interests	Action(s) for 2018-19 Commissioners should consider comments in developing actions to deliver the CCG Equality Objectives
	<p>& Lifestyle Consultation) whenever they carry out a health check for the person with LD</p> <ul style="list-style-type: none"> • Developmental work is still needed around: <ul style="list-style-type: none"> - Following up on actions and encouragement these patients in achieving action plans. - Explaining if neighbourhood working would help achieving these flexible user friendly achievements of actions - Outreach work on behalf of the practices. - Strategies to reach seldom-heard groups. • Evidence of involvement of LA and CCG & providers but lack of evidence of patients and communities involvement (1.1) • The CCG is devoting in terms of national target but achieving in other areas (1.2 & 2.2) • There is a need for training awareness reaching with clinical and reception staff (2.1) • No apparent evidence on why there are no complaints- is it because people feel unable to complain? (2.3 & 2.4) • 	
Mental Health: Minding the gap	<ul style="list-style-type: none"> • Both the Hive and the Brandon Centre are within 20 minutes of each other and are north of the borough. There seem to be a lack of access to services in the south of the borough. • The numbers of visits to the Hive recorded was not clarified if a user may be participating in more than one service. • My children who go to Haverstock School aged 13 and 16 years old did not know about the Hive or the Brandon Centre even though the school is 5 minutes from the Brandon Centre. • What is the transition after the service users turned 24 years old? Is there any continuation/guidance to mental, physical and financial health well-being? What about job satisfaction? 	

Service	Comments from community interests	Action(s) for 2018-19 Commissioners should consider comments in developing actions to deliver the CCG Equality Objectives
	<ul style="list-style-type: none"> • Page 16, item 2.1 indicate that the Commission 'continue to identify outreach locations.....' How do the Commission plan to identify outreach locations? • Page 16, item 2.2 indicate that the Commission 'monitor the service user feedback regarding service development.' How are the service users involved in the decisions about themselves? Will they be given feedback on their ideas? How are they encouraged to be more involved? • Although good with weekends and evenings and co-facilitated by ex-service users including students and parent/carer support still long waiting lists. • Service users plan and young people the driving force in resolving disagreements. • As well as the support offered to carers of the young people who access the services (possibly working closer with CCS on this) also more specific support for young people who are caring for family members – both in terms of the Young Adults Carers mental health and also the fact that a large percentage of the YACs we see are caring for parents with Mental Health issues. • What actions been taken to identify the needs of individuals • Future steps need to be considered • Lack of evidence of referrals from Minding the Gaps to projects of young people (1.3) • Lack of evidence of service talking with communities to overcome barriers to access (2.1) • More evidence of working with wider community issues and barriers to engagement (2.3) 	

