



**Warwickshire North  
Clinical Commissioning Group**

## **Equality Objectives - Progress Report (October 2015)**



## 1. Introduction

This report sets out how the CCG continues to meet the requirements of the duties outlined in the Equality Act 2010.

## 2. Progress update – Equality Objectives

The Equality Act 2010 requires the CCG to develop and publish equality objectives. During 2013/14 the CCG developed and published its three equality objectives for 2013-16 (approved by Governing Body in November 2013). The three objectives are:

- Actively engaging, involving and learning from our patients, their carers and the public to drive quality improvements.
- Improve the experience of mental health service users by supporting them to remain in the community, where possible.
- To improve the health of people with learning disabilities (LD) as they may not be able to live independently and often have much poorer outcomes than people without a disability. Sometimes their physical health is relatively neglected by health services as services focus on their learning disability.

During 2015 the CCG has made progress against each of its equality objectives (appendix 1) with activity planned to continue this progress towards achieving them.

In addition, the equality objectives reporting template has been updated to include references to the relevant areas of the EDS2 framework to demonstrate a clear understanding of the links and therefore ensuring minimal duplication.

## Appendix 1

Aspects of Public Body Duty Covered	Equality objective	Specifically to:	Action required	Timescale	Expected outcome / impact	Progress	Link to EDS Action Plan	EDS 2 Goal	Measures	Lead
Advance equality of opportunity between people who share a protected characteristic and those who do not by encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.	Actively engaging, involving and learning from our patients, their carers, and the public to drive quality improvement.	Engage with lesbian, gay, bisexual and transgender (LGBT) People who have been identified as a community that represent a significant minority amongst our population which suffers from health inequalities as a result.	Work with key organisations such as; Terence Higgins Trust and Mojo as a mechanism to engage with and involve in the development of local health services.	3 years	A fully participatory population and the development of health services which meet the needs of its users.	Planned engagement with Godiva Young Gays and Lesbians (GYGL). Participation with Warwickshire Pride event 4 <sup>th</sup> July 2015 - engaging LGBT communities.	LGBT Engagement	Better health outcomes 1.1,1.2	Representation of lesbian, gay bisexual and transgender (LGBT) Individuals/group within CCG engagement activities.	Director of Partnership and Engagement
						Planned recruitment of LGBT patients/population as Health Champions to facilitate continued dialogue.  LGB&T community representatives were included in the urgent care services engagement review and were given the opportunity online to give their views and opinion about the current urgent care services.  Planned engagement work will continue into year 3, where involvement with the LGB&T community will be organised and to include having a targeted engagement session at the annual Warwickshire Pride Event on Saturday 20 <sup>th</sup> August 2016.	Establishing any barriers to accessing services	Improved patient experience and access 2.2	Involvement and attendance by CCG at LGBT groups/forums. Service development or changes to consider LGBT community views.	

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Advance equality of opportunity between people who share a protected characteristic and those who do not by removing or minimising disadvantages suffered by people due to their protected characteristics and by taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.	Improve the experience of mental health service users by supporting them to remain in the community where possible.	Expand mental health liaison to avoid admissions and to ensure rapid discharge to an appropriate setting.	Mental Health Liaison Service available 7 days a week at George Eliot Hospital NHS Trust.	3 years	Reduction in appropriate acute hospital admissions for patients with a mental health condition who present at Accident and Emergency (A&E).	<p>The Mental Health Liaison service is currently operating 7 days a week.</p> <p>In addition, review of referrals indicates there are much fewer referrals made in the evenings on Saturdays and Sundays, therefore the service operates between the hours of 9am and 5pm at the weekend.</p> <p>In November 2014, the CCG sought assurance that these times were still in line with local demand.</p> <p>The figures admitted with a Mental Health diagnosis:  2013/14:  3801 admissions which equates to a 9.6% reduction from the 2012/13 baseline.  2014/15:  3961 admissions which equates to a 5.8% reduction from the 2012/13 baseline.</p>	<p>People with long term condition can experience an uncoordinated approach to their care.</p> <p>The Equality Act 2010  Definition of disability is: a physical or mental impairment.</p>	Improved patient experience and access 2.1,2.2	A 5% reduction in the number of admissions via A&E with a primary mental health diagnosis (using the number of admissions via A&E with a primary mental health diagnosis of 4205 in 2012/13 as the baseline).	Director of Strategy and Primary Care Development

Aspects of Public Body Duty Covered	Equality objective	Specifically to:	Action required	Timescale	Expected outcome / impact	Progress	Link to EDS Action Plan	EDS 2 Goal	Measures	Lead
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.</p> <p>Advance equality of opportunity between people who share a protected characteristic and those who do not by removing or minimising disadvantages suffered by people due to their protected characteristics and by taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.</p>	<p>To improve the health of people with learning disabilities (LD) as they may not be able to live independently and often have much poorer health outcomes than people without a disability. Sometimes their physical health is relatively neglected by health services as services focus on their learning disability.</p>	<p>Work with our GP Colleagues to increase the uptake of the clinical directed enhanced service (DES) which covers annual health checks for people with learning disabilities.</p>	<p>Work with Area Teams, to identify practices not signed up to DES. Encourage practices to:</p> <p>i) Sign up to LDDDES, ii) Liaise with Local Authority (LA) to update LD and LD health check registers. Practices update, maintain and share their LD registers with LA and Warwickshire North CCG practices. CCG provides training to Primary Care multi-professional staff to ensure robust management of patients identified with LD needs.</p>	3 years	<p>Supports practices to update and manage their LD patient lists.</p> <p>Encourages joint working with the Local Authority to manage LD lists.</p>	<p>In order to support GP practices in this area, work is underway to identify a learning session with regard to People with LD health needs and Annual Health Checks. This will form part of the Protected Learning Time (PLT) sessions for GPs and therefore develop their understanding of people with learning disabilities.</p> <p>An Acute Liaison/Health Facilitation Nurse (Community Learning Disabilities Team) was funded by the CCG to enhance the uptake of health checks.</p> <p>The community learning disability nursing team has held a health screening event on Tuesday 22<sup>nd</sup> September 2015. The event included; breast, cervical, testicular, prostate and bowel cancer screening awareness.</p> <p>As part of the urgent care services review that was undertaken in July-August 2015 the CCG engaged with people with learning disabilities to get their views and opinion about the services.</p>	<p>People with learning disabilities (LD) may not be able to live independently and often have much poorer health outcomes than people without a disability.</p> <p>Sometimes their physical health is relatively neglected by health services as services focus on their learning disability.</p>	<p>Better health outcomes 1.1</p> <p>Improved patient access and experiences 2.1</p>	<p>Monitor against the 'READ codes' as advised by the DES, noting that codes are in line with the Quality Outcomes Framework (QOF) LD register.</p> <p>LD001 :The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities is at 100%</p> <p>LD002: The percentage of patients on the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months is at 89.74% of those 46.05% required intervention</p> <p>Data for health screening in Warwickshire is available from the Learning Disability Self-Assessment Framework April 2014. <a href="https://www.improvinghealthandlives.org.uk/securefiles/151008_1147/Warwickshire.pdf">https://www.improvinghealthandlives.org.uk/securefiles/151008_1147/Warwickshire.pdf</a></p>	Director of Partnership and Engagement

