

Equality Objectives – Progress Report (September 2014)



1. Introduction

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 and published 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 2014 the CCG has made progress against each of its equality objectives (appendix 1) with activity planned to continue this progress towards achieving them. The CCG is required to publish a progress report on the equality objectives.

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 improvements	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 organisation 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). Planned participation with Warwickshire Pride event 2015 to engage with the LGBT community.	LGBT Engagement	Better health outcomes 1.1, 1.2	Representation of lesbian, gay bisexual and transgender (LGBT) individuals/groups within CCG engagement activities.	Director of Integration and Membership
						Planned recruitment of LGBT patients/population as Health Champions to facilitate continued dialogue.	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.	
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 inappropriate acute hospital admissions for patients with a mental health condition who present at Accident and Emergency (A&E).	The Mental Health Liaison service is currently operating 7 days a week. With a recent business case presented to the CCG's July Governing Body recommending funding to ensure this service continues to permanently operate 7 days a week. In addition, review of referrals indicates there are much fewer referrals made in the evenings on Saturdays and Sundays, therefore the service will operate between the hours of 9am and 5pm at the weekend.	People with long term condition can experience an uncoordinated approach to their care	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 4,205 in 2012/13 as the baseline).	Director of Commissioning
							The Equality Act 2010 definition of disability is: a physical or mental impairment	Improved patients experience and access 2.1, 2.2		

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 LD DES,</p> <p>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>	<p>3 years</p>	<p>Supports practices to update and manage their LD patient 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>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>Better health outcomes 1.1</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>Director of Membership and Integration</p>
					<p>Encourages joint working with the Local Authority to manage LD lists.</p>		<p>Sometimes their physical health is relatively neglected by health services as services focus on their learning disability.</p>	<p>Improved patient access and experiences 2.1</p>		