



South Warwickshire
Clinical Commissioning Group

EQUALITY OBJECTIVES

Year 2016-2020

- Introduction To Equality Objectives
 - The CCGs Equality Objectives
- Rationale for Equality Objectives

Evidence Portfolio

March 2017

<p>Introduction to Equality Objectives</p>	<p>In October 2013 as required by the Public Sector Equality Duty (PSED, Equality Act 2010), NHS South Warwickshire Clinical Commissioning Group (CCG) set four Equality Objectives set to a 3 year timeframe.</p> <p>The CCG has completed its 2013 - 2016 objectives and is now progressing its 2016 - 2020 objectives.</p> <p>These objectives will build on the progress made and set alongside the CCG's direction for the next 4 years. An accompanying action plan will be developed to identify key areas and milestones that will support their successful completion.</p> <p>What the specific duties require on objectives</p> <p>Public authorities listed in Schedule 1 and 2 of the Equality Act 2010 (Specific Duties) Regulations 2011 (the specific duties) must:</p> <p>Prepare and publish one or more objectives they think they should achieve to do any of the things mentioned in the aims of the general equality duty. This had to be done for the first time by 6 April 2012, and then at least every four years thereafter</p> <p>Ensure that those objectives are specific and measurable</p> <p>Publish those objectives in such a manner that they are accessible to the public</p>
<p>Purpose of Equality Objectives</p>	<p>The purpose of setting specific, measurable equality objectives is to help authorities to better perform the equality duty, focusing on the outcomes to be achieved. Equality objectives help focus attention on the priority equality issues within an organisation in order to deliver improvements in policy making, service delivery and employment, including resource allocation.</p> <p>The objectives you set must be specific and measurable and explicit about:</p> <ul style="list-style-type: none"> • The policy, function or practice they relate to • The people that are affected • The outcome they seek to achieve • Why they have been selected, and • How success will be measured (e.g. by how much or by how many)

CCGs agreed equality objectives for the period of 2016-20

Objective 1	Objective 2	Objective 3	Objective 4	Objective 5	Objective 6
To collect the right data to ensure that we commission effectively for the population of south Warwickshire.	You should expect to receive the most appropriate care no matter who you are.	Senior leadership to support and empower our staff to proactively embed equality and public engagement requirements.	To involve our local community, including groups that we do not hear from often, in shaping services.		

Rationale for agreed Equality Objectives

Agreed with the CCG?	How were the Equality Objectives developed?	How do the Equality Objectives relate to health inequalities?	Background on the CCG's commitment to achieving the Equality Objectives.	The CCG's duties in relation to health inequalities.
<p>The new Equality Objectives have been approved by the Clinical Quality and Governance Committee (28 September 2016) and the Governing Body (23 November 2016).</p>	<p>The Equality Objectives have been developed through engagement.</p> <p>Patients and members of the public were able to contribute to the development of the new Objectives via the CCG's Public and Patient Participation Group and an interactive session which formed part of the two "Have Your Say Day" meetings held in Southam on 6 September 2016.</p> <p>Members of the CCG Governing Body considered and gave feedback on the draft Objectives in a workshop session held in August 2016.</p> <p>The draft Objectives were presented to the CCG Staff Team for feedback in November 2016 .</p>	<p>The new Equality Objectives have been developed in the context of the CCG's Strategic Plan. The Strategic Plan identifies 4 enablers: Insight; Inspire; Integrate; and Involve. Each Equality Objective links to 1 of the 4 enablers. In this way the Equality Objectives are firmly positioned within the wider context of the CCG's Strategic Plan.</p>	<p>The CCG's Equality and Diversity policy articulates its commitment to achieving the Equality Objectives through a variety of routes including patient involvement, stakeholder and staff engagement.</p> <p>The CCG is required to annually publish information which demonstrates the progress that it has made in maintaining compliance with the Equality Act 2010. In order to fulfil this duty the CCG has implemented the NHS Equality Delivery System (EDS2). The EDS2 annual reports are published to the CCG website in January each year.</p>	<p>The CCG's duty is to; reduce inequalities between patients with respect to their ability to access health services and reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.</p>

Equality Objective		To collect the right data to ensure that we commission effectively for the population of south Warwickshire.				
Strategic Plan Enabler		Insight - establishing a robust evidence base to inform commissioning.				
Link to the PSED		To eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups and foster good relations between different groups.				
Link to EDS2 outcomes		1.1 - Services are commissioned, procured, designed and delivered to meet the health needs of local communities, 1.3 - Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed, 1.5 - Screening, vaccination and other health promotion services reach and benefit all local communities, 2.3 - People report positive experiences of the NHS.				
Link to Human Rights		Article 14				
Lead/ Key contributors	Overall	Director of Strategy and Engagement				
	Operational	Head of Planning and Policy Head of Transformation				
Task Number	Operational Lead	Position Statement	Action Required	Measures	EDS2 Outcome	Timescale
Task 1	Head of planning and policy	<p>The Warwickshire Health and Wellbeing Board is a forum for councillors, commissioners, NHS providers and communities to work together to improve the health and wellbeing of our local population and reduce health inequalities. The Health and Wellbeing Board is the local leader on tackling health inequalities. Among its key responsibilities is the production of the local Joint Strategic Needs Assessment ('JSNA'). By drawing on both 'hard' data (i.e. statistics) and 'soft data' (i.e. the views of local people and service data), the JSNA highlights who Warwickshire's priority groups are in relation to health and social care need. The JSNA aims to establish a shared, evidence-based consensus on the key local priorities across health and social care. It is used to develop both the Warwickshire Health and Wellbeing Strategy and the strategic plans of local CCGs.</p> <p>The CCG has been able to clearly demonstrate that our Strategic Plan aligns with the priorities of the Warwickshire JSNA and the Warwickshire Health and Wellbeing Strategy.</p> <p>Working relationships between the CCG and Warwickshire County Council are very close on a day to day basis and will continue to be formally recognised through a number of different mechanisms (see column D) through the current Operating Plan period (2017-2019).</p>	<ul style="list-style-type: none"> * Participate in Health and Wellbeing Board Annual Review process - thereby ensuring that the CCG's key work programmes (as described in the Operational Plan) align with the priorities of the Warwickshire JSNA and Warwickshire Health and Wellbeing Strategy. * Continue to formally recognise working relationships between the CCG and Warwickshire County Council through the following mechanisms: <ul style="list-style-type: none"> > The Director of Public Health and Strategic Director of the People Group (Senior Responsible Officer for the Health and Wellbeing Board) to be included as members of the Governing Body; > The Director of Public Health to present the JSNA/s and Annual Report to the Governing Body and Members' Council; > The Chair of the CCG to be included as a member of the Health and Wellbeing Board; > The Chief Officer of the CCG to be included as a member of two Health and Wellbeing Board Sub-Committees (the Executive Board and the Commissioning Board); > The Head of Planning and Policy to be included as a member of the JSNA Strategic Group; > Officers of the CCG to be included as members of the JSNA Geographies User Group and the JSNA Data Working Group. * Be an active contributor to the development of new place based JSNAs for Warwickshire. 	<ul style="list-style-type: none"> • New place based JSNAs produced and published; • Place based JSNAs inform the CCG's planning as reflected in key strategic documentation (the Operating Plan, Commissioning Intentions, etc.); • Health and Wellbeing Board Annual Report produced and published - report demonstrates the CCG's achievements in support of the Health and Wellbeing Board strategy. 	<p>1.1 - Services are commissioned, procured, designed and delivered to meet the health needs of local communities.</p> <p>2.3 - People report positive experiences of the NHS.</p>	On-going
Task 2	Head of Transformation	<p>Patient and public engagement and communications are, and will remain, priorities for the CCG. Our engagement approaches target the whole population, including less often heard groups. We want local people to have genuine involvement in our decisions to transform and improve services and we recognise that it is only by listening and having a conversation with the people who use services that we will be able to commission quality health services for our population at the right time and in the right place.</p> <p>Over the coming two years, we will remain focused on creating opportunities for patients, the public and our stakeholder partners to engage with us. We will continue to provide a range of opportunities for individual and collective engagement (as described in Chapter 9 of our Operating Plan) and we will ensure that our communications and engagement approaches are effective in both informing and listening.</p>	<ul style="list-style-type: none"> * Ensure that engagement continues to be hard wired into the way we work meaning that we can be confident that our key strategic documents (Operating Plan, Commissioning Intentions, etc.) and the work programmes that flow from them, are understood and supported by both our population and stakeholder partners. The methods and forums that we will draw on are described in Chapter 9 of our Operating Plan. * In line with our Quality, Innovation, Productivity and Prevention ('QIPP') Operational Pipeline Policy, all Project Leads to consider clinical and patient & public engagement requirements in relation to the progression of individual projects. 	<ul style="list-style-type: none"> * Regular Communications and Engagement update reports submitted to the Clinical Quality and Governance Committee. * All Governing Body and Committee reports include a patient, public and stakeholder engagement considerations section. * QIPP project documentation evidences that appropriate engagement has been undertaken. * Annual 360 degree stakeholder survey demonstrates positive feedback in relation to engagement. 	<p>1.1 - Services are commissioned, procured, designed and delivered to meet the health needs of local communities.</p> <p>2.3 - People report positive experiences of the NHS.</p>	On-going
Progress Updates						
Task 1						
Task 2						

Action Plan for Equality Objective Number 2

Equality Objective		You should expect to receive the most appropriate care no matter who you are.				
Strategic Plan Enabler		Integrate - reducing health inequalities and improving access.				
Link to the PSED		To eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups and foster good relations between different groups.				
Link to EDS2 outcomes		1.2 - Individual people's health needs are assessed and met in appropriate and effective ways, 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 as involved as they wish to be in decisions about their care.				
Link to Human Rights		Article 2 - Right to life, Article 8 - Respect for your private and family life, home and correspondence, Article 9 - Freedom of thought, belief and religion, Article 14 - Protection from discrimination in respect of these rights and freedom.				
Lead/ Key contributors	Overall	Director of Strategy and Engagement				
	Operational	Primary Care Development Manager Commissioning Manager Director of Quality and Governance Director of Strategy and Engagement				
Task Number	Operational Lead	Position Statement	Action Required	Measures	EDS2 Outcome	Timescale
Task 1	Primary Care Development Manager	<p>The CCG's Strategic Plan recognises dementia as one of the greatest healthcare challenges facing the NHS. People are living longer due to better health, improvements in healthcare and supporting technology. However, one in three people over the age of 65 will develop dementia. There are currently 800,000 people in the UK diagnosed with dementia, with 665,000 of this number in England. Yet, on average, less than half of people living with the condition have a diagnosis.</p> <p>NHS England has set an ambitious target to see two-thirds (66%) of people with dementia identified and given appropriate support. As at March 2017 the CCG's 60.4%.</p>	<ul style="list-style-type: none"> * Implement 'Primary Care Dementia Diagnosis and Care Management' pilot. * Complete 12 month evaluation of the pilot project. * Appraise the viability of commissioning a primary care led dementia diagnosis and management service for south Warwickshire. 	<ul style="list-style-type: none"> * Increase the dementia diagnosis rate for dementia to 70% by 2020. * Reduce waiting times and the number of patients on the waiting list for assessment by the secondary care Memory Assessment Service. 	<p>1.2 - Individual people's health needs are assessed and met in appropriate and effective ways.</p> <p>2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care.</p>	On-going.
Task 2	Director of Quality and Governance	<p>The total number of people with a learning disability in Warwickshire is estimated to be 8,933, with the largest number (2,216 estimated) living in Warwick District. The number of people with a learning disability is predicted to rise with the largest increase (18% from 2013 to 2021) being in the over 65 age group.</p>	<ul style="list-style-type: none"> * Continue transforming care for people with learning disabilities and/or autism through the implementation of phase 2 of "Transforming Care for People with Learning Disabilities". * Develop an action plan that identifies commissioning priorities arising from the Joint Health and Social Care Learning Disability Self-Assessment Framework and deliver identified actions within the agreed timescales. 	<ul style="list-style-type: none"> * A reduction in the number of people placed in other areas away from south Warwickshire and commissioned inpatient beds. * Increased numbers of people with a learning disability identified and included on the General Practice learning disabilities 'health check' registers. * Increased % of people with learning disabilities have an annual health check from their GP practice and receive an associated care plan. 	<p>1.2 - Individual people's health needs are assessed and met in appropriate and effective ways.</p> <p>2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care.</p>	On-going.

Task 3	Commissioning Manager	Of people aged between 16-74 living in south Warwickshire, there are an estimated 22,000 people with a common mental health problem. The CCG needs to ensure our population have access to Improved Access to Psychological Therapies (IAPT) services to increase the provision of evidence-based treatments for anxiety and depression.	<p>* Develop and submit bid to NHS England/Department of Work and Pensions/Department of Health 'Employment Advisers in Improving Access to Psychological Therapies Services' programme.</p> <p>* In the case that the bid is successful, work with the other local CCGs (Coventry and Rugby and Warwickshire North) and the IAPT Provider to ensure relevant good governance in relation to the deployment of the funding.</p>	<p>* 18% of the "eligible" population to access IAPT services.</p> <p>* Increase our recovery rate from 50.7% to 51.7%.</p>	<p>1.2 - Individual people's health needs are assessed and met in appropriate and effective ways.</p> <p>2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care.</p>	By 2020
Task 4	Commissioning Manager	<p>By 2035 the growth of our populations aged 65 plus and 85 plus will be significantly higher than that of both Coventry and Warwickshire and England. This increase will result in a rise in the number of unpaid carers.</p> <p>In 2011 there were an estimated 27,000 unpaid carers in south Warwickshire, of whom 5,000 provided 50 plus hours of care a week. By 2020, nationally 10.6 million people will take on a new caring role for a disabled, older or seriously ill relative or friend. It is estimated that the number of older people in need of care and support will outstrip the number of working age family member able to provide it by as early as 2017.</p>	* Implement a Joint Adults Carers Strategy in conjunction with the Local Authority.	<p>* Carers Strategy approved for implementation.</p> <p>* Warwickshire Carers Partnership Board established to oversee implementation of the strategy and monitor progress.</p> <p>* CCG is represented on the Partnership Board.</p>	1.2 - Individual people's health needs are assessed and met in appropriate and effective ways.	By the end of 2017/18.
Task 5	Director of Strategy and Engagement	<p>The health and wellbeing of children in south Warwickshire is generally good and above the England average. However, we know that vulnerable young people – particularly Looked after Children, those with a safeguarding referral and those requiring support from mental health services, need to be prioritised. Ensuring that these children receive the support that they require as soon as possible, will increase their chances of achieving their potential in education and establishing effective relationships with family, friends and the wider community</p> <p>2014/15 saw the launch of the Child and Adolescent Mental Health Services (CAMHS) redesign project. Supported by all three local CCGs, Coventry & Warwickshire Local Authorities, Public Health, schools and service users, the project aims to implement a new CAMHS service.</p>	<p>* Work with Providers to support the delivery of a new CAMHS service specification and outcomes framework.</p> <p>* Put in place joint commissioning arrangements and progress underpinning documentation through the relevant approval/assurance processes.</p>	<p>* New CAMHS service in place.</p> <p>* Warwickshire County Council to become the Lead Commissioner on the CCG's behalf.</p>	<p>1.2 - Individual people's health needs are assessed and met in appropriate and effective ways.</p> <p>2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care.</p>	On-going.

Progress Updates

Task 1	
Task 2	
Task 3	
Task 4	
Task 5	

Action Plan for Equality Objective Number 3

Equality Objective		Senior leadership to support and empower our staff to proactively embed equality and public engagement requirements.				
Strategic Plan Enabler		Inspire - developing our leadership, capacity, competency and culture.				
Link to the PSED		To eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups and foster good relations between different groups.				
Link to EDS2 outcomes		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 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.				
Link to Human Rights		Article 10 - Freedom of expression.				
Lead/ Key contributors	Overall	Director of Strategy and Engagement				
	Operational	Head of Planning and Policy Planning Manager				
Task Number	Operational Lead	Position Statement	Action Required	Measures	EDS2 Outcome	Timescale
Task 1	Head of Planning and Policy	<p>The CCG's Governing Body received and endorsed the 2016-2020 Equality Objectives in November 2016. The terms of reference of the Clinical Quality and Governance Committee specify that one of the Committee's functions is "to oversee and ensure compliance with equalities legislation and associated regulations and requirements". The Committee receives regular update reports relating to the equality and diversity agenda, presented by the Director of Strategy and Engagement (who is the Director Lead for equality and diversity).</p> <p>The CCG Governing Body regularly undertakes equality and diversity focused training - this supports members of the Governing Body to understand the CCG's responsibilities under the Equality Act 2010 and their own roles in promoting equality within and outside of the organisation.</p>	<p>* Governing Body members to undertake equality & diversity training on a regular basis.</p> <p>* Submit regular equality and diversity update reports to the Clinical Quality and Governance Committee for comment and feedback.</p>	<p>* 100% of Governing Body members have undertaken annual equality and diversity training.</p> <p>* Clinical Quality and Governance Committee meeting agendas evidence submission of regular update reports.</p>	4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	On-going.
Task 2	Director of Strategy and Engagement	All CCG staff receive statutory and mandatory training through annual e-learning and this includes a module on equality and diversity.	* All staff to keep up to date with statutory and mandatory training.	* 100% of CCG staff compliant with statutory and mandatory training requirements.	4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	On-going.

Task 3	Director of Strategy and Engagement	The CCG's Constitution articulates our commitment to "mainstream equality issues within all our commissioning decisions". One of the most effective ways of meeting this objective is to have robust equality impact analysis ('EIA') across the commissioning function (including policy development) and this should be demonstrated in reports submitted to the Governing Body and other major Committees.	<ul style="list-style-type: none"> * Review the current status of the EIA process and report findings to the Clinical Quality and Governance Committee. * Ensure all CCG staff are aware of the EIA process and how to access support as required. 	<ul style="list-style-type: none"> * QIPP project documentation evidences that equality impact analysis has been undertaken. * All policies demonstrate that equality impact analysis has been undertaken through incorporation of a standardised EIA template. * All Governing Body and Committee reports include an equality and diversity considerations section. 	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.	On-going.
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Progress Updates	
Task 1	
Task 2	
Task 3	

Action Plan for Equality Objective Number 4

Equality Objective		To involve our local community, including groups that we do not hear from often, in shaping services.				
Strategic Plan Enabler		Involve - embedding public involvement in commissioning.				
Link to the PSED		To eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups and foster good relations between different groups.				
Link to EDS2 outcomes		1.1 - Services are commissioned, procured, designed and delivered to meet the needs of local health communities, 1.2 - Individual people's health needs are assessed and met in appropriate and effective ways, 2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care, 2.3 - People report positive experiences of the NHS, 2.4 - People's complaints about services are handled respectfully and efficiently.				
Link to Human Rights		Article 2 - Right to life, Article 9 - Freedom of thought, belief and religion, Article 10 - Freedom of expression, Article 14 - Protection from discrimination in respect of these rights and freedoms.				
Lead/ Key contributors	Overall	Director of Strategy and Engagement				
	Operational	Head of Transformation				
Task Number	Operational Lead	Position Statement	Action Required	Measures	EDS2 Outcome	Timescale
Task 1	Head of Transformation	<p>The CCG is committed to putting patients, carers and the wider public at the heart of everything that we do and to understanding what matters the most to them. Patient and public engagement and communications are, and will remain, priorities for us. Our engagement approaches target the whole population, including less often heard groups. We want local people to have genuine involvement in our decisions to transform and improve services and we recognise that it is only by listening and having a conversation with the people who use services that we will be able to commission quality health services for our population at the right time and in the right place.</p> <p>Over the coming two years, we will remain focused on creating opportunities for patients, the public and our stakeholder partners to engage with us. We will continue to provide a range of opportunities for individual and collective engagement (as described in Chapter 9 of our Operating Plan) and we will ensure that our communications and engagement approaches are effective in both informing and listening.</p>	<ul style="list-style-type: none"> * Organise 'Have Your Say Days' ('HYSD') twice a year which are open to all members of the public. * Submit regular communication and engagement update reports to the Clinical Quality and Governance Committee for comment and feedback. 	<ul style="list-style-type: none"> * Evaluation forms demonstrate positive feedback from HYSD attendees. * Clinical Quality and Governance Committee meeting agendas evidence submission of regular update reports. * All Governing Body and Committee reports include a patient, public and stakeholder engagement considerations section. 	<p>1.1 - Services are commissioned, procured, designed and delivered to meet the needs of local health communities.</p> <p>2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care</p>	On-going.

Task 2	Head of Planning and Policy	<p>It is a contractual requirement for every GP practice to establish a Patient Participation Group ('PPG'). The CCG's Public and Patient Participation Group (3PG) has been a mainstay of our engagement strategy thus far and draws on the membership of the 35 local PPGs. Meetings are often also attended by representative of other key stakeholder organisations, including Healthwatch and Age UK.</p> <p>The CCG's Gateway Group includes six representatives of the 3PG. One of the core functions of the Group is to assure the CCG that projects, whether they are at scoping, business case, implementation or evaluation phase, have been reviewed from a public and patient communications and engagement perspective. A locally developed Engagement Assessment Tool is used to ensure a consistent approach.</p>	<ul style="list-style-type: none"> * Continue to facilitate the 3PG forum. * Continue to facilitate the Gateway Group. * Undertake review of the Gateway Group to assess the Group's impact to date and to inform how the Group functions going forward. 	<ul style="list-style-type: none"> * Regular 3PG meetings held. * Regular Gateway Group meetings held. * Review report presented to 3PG and Annual Business Plan Delivery Group. 	<p>1.1 - Services are commissioned, procured, designed and delivered to meet the needs of local health communities.</p> <p>2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care</p>	On-going.
Task 3	Head of Transformation	<p>Our 'Health Champions' programme enables local residents to find out more about local health care services and get involved in the development of high quality services for the future. As a CCG we are committed to recruiting at least 1% of our population to become Health Champions.</p>	<ul style="list-style-type: none"> * Continue to promote the opportunity to become a CCG Health Champion. 	<ul style="list-style-type: none"> * 2,700 south Warwickshire Health Champions recruited. 	<p>1.1 - Services are commissioned, procured, designed and delivered to meet the needs of local health communities.</p>	By April 2018.
Progress Updates						
Task 1						
Task 2						
Task 3						