

EQUALITY DELIVERY SYSTEM 2 (EDS2)

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NHS

Corby Clinical Commissioning Group

NHS

Nene Clinical Commissioning Group

Evidence portfolio

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Introduction to EDS2

The Equality Delivery System (EDS) framework was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS has four goals, supported by 18 outcomes as detailed in the table (1) below. NHS Nene and NHS Corby (CCGs) have used the EDS as a tool kit to meet the requirements (Public Sector Equality Duty) under the Equality Act 2010 and in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. Furthermore we have linked the EDS to Human Rights, table 2 lists the Articles.

From April 2015, EDS implementation by NHS organisations was made mandatory in the NHS standard contract. In addition, EDS implementation is explicitly cited within the CCG Assurance Framework, and will continue to be a key requirement for the CCGs

Table (1)

The goals and outcomes of EDS2		
Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
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
	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
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	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
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	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

Table 2

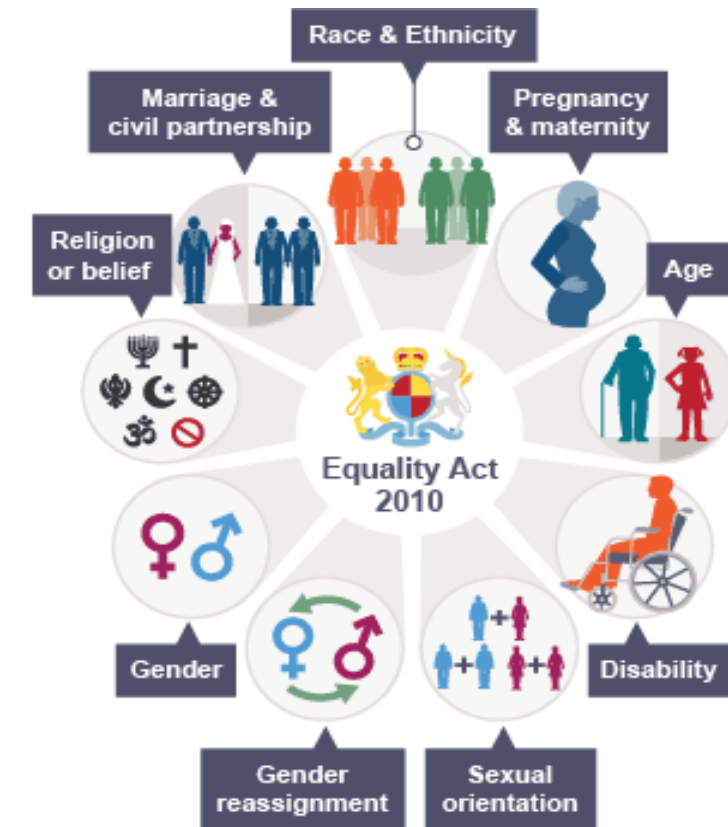
Articles of the European Convention on Human Rights

Article 2 Right to life
Article 3 Anti-torture and inhumane treatment
Article 4 Anti-slavery
Article 5 Right to liberty and security of the person
Article 6 Right to a fair trial
Article 7 Anti-retrospective conviction
Article 8 Right to private and family life
Article 9 Right to freedom of thought, conscience and religion
Article 10 Right to freedom of expression
Article 11 Right to freedom of assembly and association
Article 12 Right to marriage
Article 13 Right to an effective remedy
Article 14 Anti-discrimination
Article 1 of the First Protocol: Protection of property
Article 2 of the First Protocol: Right to education
Article 3 of the First Protocol: Right to free elections

Map of CCG region



The 9 Protected Characteristics



Overview of CCG population information

The two clinical commissioning groups collectively have a catchment area that extends to most of Northamptonshire's districts, except for the communities of Wansford and Oundle on the eastern boundaries of the county. NHS Nene is one of the largest Clinical Commissioning Groups in the country, serving a population of over 625,000. NHS Corby serves the town of Corby as well as surrounding villages in the north east of the county. It serves a population of over 67,000.

Access to accurate up to date information regarding the health inequalities across the population that possesses one or more of the nine protected characteristics as shown in the diagram above, is less than optimal and highly variable.

The main high level national comparators are summarised below.

- Northamptonshire is ethnically less diverse than England or the East Midlands; overall 91% of population is estimated to be white, particularly in the older age groups.
- Young people are more ethnically diverse however, 82% of children in pre-reception class are white.
- There are a higher percentage of 16-64 year old adults who are disabled and employed.

Overview of CCG health inequalities

The Marmot Review into health inequalities in England was published on 11 February 2010. It proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

The report, titled 'Fair Society, Healthy Lives', proposes a new way to reduce health inequalities in England post-2010. It argues that, traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient.

Summary of findings in relation to the region

Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status

Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community. Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case particularly to the NHS.

The Review highlights the social gradient of health inequalities - put simply, the lower one's social and economic status, the poorer one's health is likely to be. People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods. In the NHS Nene & Corby region 17% of the population fall into the poorest category which is better than the England average of 20.4%.

Nevertheless, people living in poorer areas not only die sooner, but spend more of their lives with disability - an (England) average total difference of 17 years.

Other factors include:

- We can expect 1000 more children living in Northamptonshire each year up to 2020

Within Northamptonshire there are approximately 3500 - 4500 children with a disability

- There were 9,229 births in 2011 of which 21% of births were to mothers born outside the UK
- Around 24,000 children in the county live in poverty, which is approximately 1 in 6 children, ranging from 21% in Northampton to 6% in South Northants
- 75% of the children in poverty live with a lone parent
- 50% of families in poverty have a child aged 0-4

CCGs Vision & Approach to equality

The NHS Nene & NHS Corby vision is of a community where local people and local clinicians work together to improve healthcare quality and outcomes. We are committed to ensure the objectives of the clinical commissioning groups focus on equality in everything we do. In order for this to be done we have integrated into the EDS and committed ourselves to the creation of three **Equality Objectives**:

- 1. *Integrate inclusion and equality into everything that we do:*** We shall develop robust systems of collecting, analysing and using information about people with protected characteristics to inform commissioning decisions and hence work towards reducing health inequalities between those with certain protected characteristics and other parts of the community.
- 2. *Be a supportive, respected and fair employer:*** We will work to develop an inclusive organisational culture where all staff feel empowered to be involved in the way the CCGs operate.
- 3. *Engage with patients, public, staff, partners and providers in an inclusive way.***

To ensure the continued focus on inclusion and equality, the two CCGs have developed an **Inclusion & Equality leadership group** with support provide by other partners. There are agreed terms of reference for the group, which reports to the joint quality committee, a subcommittee of each CCG.

Broadly, the purpose of the group is to:

- Develop inclusion and equality strategy and to monitor its implementation
- Provide assurance around compliance with the Public Sector Equality Duty and implementation of the Equality Delivery System (EDS)
- Support the CCGs in meeting their legal obligations including the implementation of the EDS
- Ensure that staff receive appropriate level of training, support and guidance to implement equality obligations
- Integrate inclusion and equality into all commissioning decisions and monitor equality performance as necessary
- Establish effective engagement arrangements with relevant community groups so that effective engagement arrangements are in place and to evaluate progress

Both CCG's recognise the impact of Socio-economic deprivation as a social determinant of health therefore; we have included Socio-economic deprivation as 'additional' Protected Characteristic as it has implicit effect on the Health Inequalities. This approach takes into consideration the Marmot review recommendations.

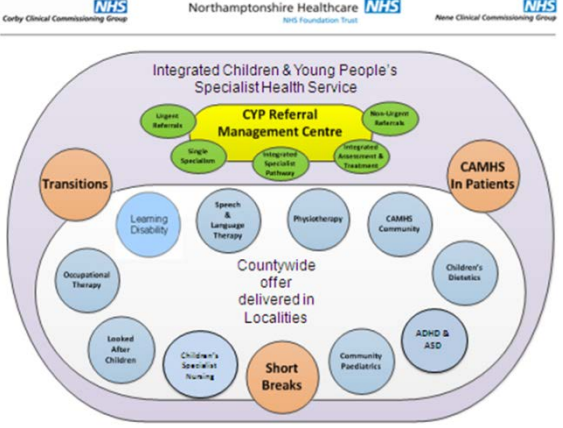
1. Better health outcomes					
The NHS should achieve improvements in patient health, patient safety and public health for all, based on comprehensive evidence of needs and results					
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities					
How does the CCG design/procure/commission services which are appropriate to its local population? Please give examples					
Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<ul style="list-style-type: none"> Disability Age Disability Age Socio-economic deprivation 	1. Integrate inclusion and equality into everything that we do	<p>Article 2 of the First Protocol: Right to education</p> <p>Article 8 Right to private and family life</p>	<p>Speech And Language Therapist (SALT):</p> <p>Key issues: Caseload – 4,500 open (30% preschool - 70% school age), Referral Rate approx. 170 per month (55% Preschool and 45% school age) around 40 cases per week and:</p> <ul style="list-style-type: none"> Different cohorts of children Pre school mainstream children take up the bulk SLT time (80% of time) Challenge to manage parental and school, nursery and children centres' expectations of service Need to develop model of delivery to skill up school and early years settings staff; and families to support child in all settings with SALT needs Enabling a child to reach full potential – needs a whole system approach <p>Disabled children were traveling a long way to access the specialist Speech and Language provision they required. This meant they had to attend schools out of their local community in separate special units far from home exacerbating inequalities. The Local Authority undertook a review of the Speech and Language Unit Provisions within schools. As a result of this review CCGs & NHFT worked in partnership with LA to design a training and support programme for all schools.</p> <p>Commissioning for Learning Disabilities:</p> <p>The aim is for supported living services to support improved quality of life, experience and opportunities for people with learning disabilities (including complex behaviours/health needs). Procurement of Learning Disability Supported Living Service co-produced (together with our Quality Checker Service experts by experience) including development of service specification and evaluation of providers. Quality Checkers also check a range of services on our behalf which contributes the 'values based' commissioning cycle.</p> <p>Dermatology Service Redesign</p> <p>Patient feedback (example of the feedback form and the results for 1 of the localities running the pilot are available) clearly demonstrated that providing care closer to home</p>	<p>Disabled children with complex Speech and Language difficulties can access the specialist support in their local schools within their local communities.</p> <p>Teaching staff are able to make provision for children and young people to receive bespoke support for their speech & language needs.</p> <p>Improved health outcomes and access to the community/generic/universal services. To respect individuals rights to be citizens in their local community. The Learning Disability Supported Living Service is now Co-produced with stakeholders</p> <p>Planned Care are seeking to commission a robust countywide service built on integrated and collaborative working that spans the entire end-to-end pathway. Key features of the new service include increased provision of care in the community setting, clear definition of patient outcome measures and year-on-year improvement in outcomes and satisfaction and innovation.</p> <p>As part of this, locality clinics have been run as pilots to seek patient feedback</p>	

<p>3. Engage with patients, public, staff, partners and providers in an inclusive way.</p> <p>3. Engage with patients, public, staff, partners and providers in an inclusive way.</p>	<p>Article 8 Right to private and family life</p> <p>Article 9 Right to freedom of thought, conscience and religion</p> <p>Article 10 Right to freedom of expression</p>	<p>was a priority for the patients and better supported are elderly, rural, are deprived population</p> <p>Draft Northamptonshire Dementia Strategy</p> <p>The headline trend for both Northamptonshire and England's population is that it is ageing with 'top-heavy' demographic aged 65 years and over. This age group has increased at more than double the rate of general population growth. The impact of this will be that there will be substantial growth in a demographic who will have significant support needs, and accumulating conditions, as a result of both organic ageing and social circumstance</p> <p>Nene CCG, with Corby CCG and Northamptonshire County Council has developed Joint Commissioning Intentions (CI) for 2015/16. These intentions are a road map for commissioning and service re-design, based upon national and local priorities.</p> <p>There is survey on the website: http://www.neneccg.nhs.uk/dementia/</p> <p>An easy read version of the draft strategy is available: http://www.neneccg.nhs.uk/resources/uploads/files/Northants%20Dementia%20Strategy%202015-2018%20EASY%20READ.pdf</p> <p>The Quality Checker Service</p> <p>NHS Nene CCG, NHS Corby CCG and the County Council (the Commissioners) have worked together to buy a Quality Checker Service.</p> <p>Quality Checkers are experts by experience because they are people who use services. The Quality Checkers speak to people (and staff) in residential homes (and other settings) and then write a report.</p> <p>The Quality Checker Service have produced a poster and a newsletter, links below: http://www.neneccg.nhs.uk/resources/uploads/files/Quality%20Checkers%20Poster%20with%20photograph.pdf http://www.neneccg.nhs.uk/resources/uploads/files/Quality%20Checkers%20Newsletter%20Final.pdf</p>	<p>and identify key learning.</p> <p>- To develop a local dementia strategy for Corby CCG, Nene CCG and Northamptonshire County Council.</p> <p>- To meet or exceed the centrally prescribed dementia diagnosis rate of 66.7% (for Nene CCG by March 2016 and maintain the Corby CCG diagnosis rate of 88%).</p> <p>- To ensure access to post –diagnosis support with a Dementia Care and Advice Service (DCAS).</p> <p>- To develop intermediate care* pathways for people with dementia.</p> <p>- To improve Dementia Carer Support</p> <p>The Quality Checking Service sends the report to commissioners so that we know what is working well, what's not working so well and what needs to change. The Quality Checkers advise providers about things that can improve so people have a better experience of their care.</p>
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1.2 Individual people's health needs are assessed and met in appropriate and effective ways

How does the CCG ensure individual health needs are met effectively? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<ul style="list-style-type: none"> Age Pregnancy/maternity Disability 	<p>3.Engage with patients, public, staff, partners and providers in</p>	<p>Article 14 Anti-discrimination</p>	<p>Redesign of children's services drafted</p> <p>Currently inequitable service model. National, regional and local data and guidance has provided the evidence base for service planning, highlighting where young people in</p>	<p>Community Health Services for Children and Young People Specification drafted. Procurement starts in April 2016. The redesign will incorporate the</p>	

<p>an inclusive way</p>	<p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 8 Right to private and family life</p> <p>Article 14 Anti-discrimination</p> <p>Article 8 Right to private and family life</p> <p>Article 14 Anti-discrimination</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 8 Right to private and family life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 8 Right to private and family life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 8 Right to private and family life</p> <p>Article 14 Anti-discrimination</p>	<p>the county have better or poorer health outcomes than elsewhere, good practice and gaps in service provision or areas where we need to make improvements’.</p> <p>Designing and planning health and healthcare round the needs of the individual child or young person, taking account of their changing needs over time, will improve their experience of the service and their health outcomes – not just at a point in time, but for the longer term – and improve their lives enormously . In addition the Young People’s Health Outcomes Strategy led to the establishment of a Forum.</p> <p>The aim of the service is to provide high quality diagnosis, treatment, advice, information, support and intervention to ensure all children and young people obtain the support needed to meet their emotional, physical and medical health needs. Applying national prevalence rates for mental health disorders to the county’s population show there may be around 9,700 children aged 5 to 16 with a mental health disorder in Northamptonshire. Around 3,800 of those with a mental health disorder are aged 5 to 10 and a further 5,900 aged 10 to 16.</p> <p>Delivery of Community Health Services for Children and Young People takes place in the context of the ‘Every Child Matters’ agenda, with specific responsibilities identified in the National Service Framework for Children, Young People and Maternity Services. The key aspects of the Safeguarding agenda are drawn from ‘Working Together to Safeguard Children’, with the requirements for Looked After Children interventions outlined in ‘Promoting the Health of Looked After Children’ (2009) and the Adoption & Fostering Regulations (2002). Other relevant policy guidance includes the Victoria Climbié Report (2003); the Bradley Report (2009) and the UN Convention on the Rights of the Child (1989). The overarching context for all child health service delivery is set out in ‘Healthy Lives, Brighter Futures’ (2009) the national Child Health Strategy.</p> <p>Children’s service referral management centre</p> <p>Previous service only covered half of the County – Business Case available</p> <p>Perinatal Business Case</p> <p>We do not currently commission a perinatal service for women’s mental health during pregnancy. At present in Northamptonshire, women who experience mental health problems during pregnancy or post-nataly are managed within the general adult mental health services. There is no specialised perinatal mental health service in the county.</p> <p>• Major service gap in community Perinatal Mental Health Service alongside previous and current high profile serious case reviews</p> <p>The clinical and financial case for the development of perinatal metal health services has been well made in a report commissioned by the centre for mental health and endorsed by the Maternal Mental Health Alliance “The Costs of Perinatal Mental Health” Oct 2014. Reviewed NICE guidelines For Antenatal and Postnatal Mental Health December 2014, give very clear evidence based guidance on optimum service delivery both these reports have informed the content of the business case .</p>	<p>Northamptonshire County Councils Early Help and Prevention Strategy (2012)</p> <p>The RMC will be part of a wider aim to provide integrated CYP Specialist Health Service and provide Countywide services that are delivered locally.</p>  <p>The redesign now covers the whole county. Over the next few weeks (November 2015) HealthWatch Northampton will be asking young people and their families about their recent experience of CAMHS.</p> <p>Business case put forward to commission a perinatal service for women’s mental health during pregnancy to link in with all stakeholders which includes service users, adult mental health, maternity , universal and specialist/targeted children’s’ health and social care services to embed new working practices and up skill the workforce and implement the perinatal mental health pathway</p> <p>Currently being redesigned for a new service from April 2016</p> <p>The Community Nursing Service will</p>
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		Article 8 Right to private and family life	<p>Community nursing redesign service specification</p> <p>The Community Nursing Service is central to the capacity of adults to remain in their own homes, maximise their independence and improve their health outcomes and quality of life. The service plays a pivotal role in assessment, care co-ordination and provision of general nursing care, aiming to optimise health and health improvement. The service will play a fundamental role in enabling and supporting adult individuals who choose to die at home at the end of their life.</p>	work with Collaborate Care Teams to ensure that the right service and the right person are providing the right care to the individuals in need. Implementing home based care for dementia as an alternative to hospital admissions. – Business case available.
		Article 8 Right to private and family life	<p>Early Detection of Infections pilot</p> <p>Working with carers to identify and manage the early stages of infections –The MiraLife health and social media platform will provide a ‘care hub’. It places the patient and public at the centre of all care activities and increases the provision of care closer to home.</p> <p>In order to have a sustainable care pathways that reduce demand for both hospital and care home placements home based solutions are required. Current intermediate care provision needs to be -more robust and also more suitable for people with dementia and older people with physical and mental health needs.</p>	<p>The pilot will benefit people with dementia, the frail elderly and other high risk groups by reliably detecting the earliest stages of an infection and by assuring a follow up health care professional review. Timely recognition may reduce the number of new cognitive and functional impairments associated with systemic illnesses. It should therefore maximise the person's functioning by controlling potentially reversible variables and will enable the person with dementia (or other long term conditions) to stay in their own home for longer</p> <p>This proposal for a countywide OPMH/Dementia intermediate care pathway has been approved at Health and Social Care Joint Executive. A new service model to build home based care for dementia as an alternative to hospital admissions. – Business case available.</p>

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

How does the CCG ensure patients and carers are well-informed when moving between services/care pathways? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<ul style="list-style-type: none"> age pregnant women BME Sex Socio-economic deprivation 	3. Engage with patients, public, staff, partners and providers in an inclusive way.	Article 2 Right to life Article 3 Anti-torture and inhumane treatment	<p>The weight management pathway proposals:</p> <p>Northamptonshire has an above average rate of overweight and obesity for adults (67.7% as compared with England overall which is at 64.6%), particularly in the North. Scoping work is just being completed for this, including a public survey</p> <p>https://consult-engage.gemcsu.nhs.uk/ardengem/northamptonshires-weight-management-pathway-public),</p> <p>Focus groups, meeting with stakeholders and a comprehensive literature and guidance review.</p> <p>One of the key points identified was that despite the North having the highest prevalence, they have the lowest uptake of support services. Engagement has</p>	<p>These projects will expect to achieve the following impacts;</p> <p>The anticipated positive equality outcomes resulting from this project are:</p> <ul style="list-style-type: none"> The project would anticipate seeing an increased uptake in patients from the North localities (Corby, Wellingborough, East Northants and Kettering) accessing the services with an aim to reduce their level of 	

			<p>established that this is due to access issues and lack of awareness.</p> <p>It was also acknowledged that there are currently gaps at some levels in the service for certain groups; men (at tier 2), pregnant women (at tier 1 and 2), disabled (tier 3), elderly (tier 1).</p> <p>Work is being done in collaboration with Public Health to improve all of these and a proposal will be going to the joint Corby and Nene CCG BoD’.</p> <p>Breastfeeding support in Northamptonshire</p> <p>In Northamptonshire 76% of all new mums choose to breastfeed their babies. Over the last few years this percentage has risen significantly. However, a large number of mums have stopped breastfeeding by the time their baby is 6 – 8 weeks old. We are working hard to provide support services to help mums to breastfeed for longer.</p> <p>In Northamptonshire Maternity units and health visitor services we have a breastfeeding policy which sets out standards of care you can expect to help you feed and care for your baby.</p> <p>A member of staff will offer to help mothers to start breastfeeding as soon as their baby is ready to feed, usually within the first hour of birth.</p> <p>Your baby will stay with you at all times in hospital.</p> <p>In addition to the above standards, all new mums, on leaving hospital, should receive a copy of the Directory of Breastfeeding Support which details the wide range of support groups and sources of help for breastfeeding available in local communities in Northamptonshire including Children’s Centres.</p> <p>Early Detection of Infections pilot</p> <p>In order to have a sustainable care pathways that reduce demand for both hospital and care home placements home based solutions are required. Current intermediate care provision needs to be -more robust and also more suitable for people with dementia and older people with physical and mental health needs.</p> <p>Working with carers to identify and manage the early stages of infections –The MiraLife health and social media platform will provide a ‘care hub’. It places the patient and public at the centre of all care activities and increases the provision of care closer to home.</p>	<p>obesity and overweight bringing it in line with the rest of the county, and at least to the England average.</p> <ul style="list-style-type: none"> The proposals would also ensure information and support was available for all groups across the pathway. For example, at tier 2 it is being recommended to increase the telephone consultations to improve access for disabled persons or people who are socially isolated. <p>While pregnant, mothers will have a full discussion about caring for their baby, including the health benefits of breastfeeding. We want you to have all the facts to help them make an informed choice. Our staff will support mothers whatever their decision They will be given their baby to hold against their skin soon after the birth.</p> <p>Our maternity units are both working towards becoming fully accredited with the UNICEF Baby Friendly Initiative which sets out standards of breastfeeding support. Both KGH and NGH are now Stage 1 accredited.</p> <p>Further supporting information is available on the website: http://www.corbyccg.nhs.uk/breastfeeding/</p> <p>This proposal for a countywide OPMH/Dementia intermediate care pathway has been approved at Health and Social Care Joint Executive. A new service model to build home based care for dementia as an alternative to hospital admissions. – Business case available.</p>	
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1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse					
How does the CCG ensure patient safety is a priority and ensure patients are free from mistakes/mistreatment/abuse? Please give examples					
Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<ul style="list-style-type: none"> Age 	<p>3. Engage with patients, public, staff, partners and providers in an inclusive way.</p> <p>1. Integrate inclusion and equality into everything that we do</p>	<p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane</p> <p>Article 8 Right to private and family life</p>	<p>Quality Schedules and Quality Strategy: The priorities include:</p> <p>Children/young people</p> <p>The Safeguarding professionals from across the Northampton health economy have agreed the following specific areas to focus attention for the next 5 years. These areas are considered to be critical to keeping children and young people safe in Northamptonshire all of which have been identified in previous Northamptonshire SCR's and recent Inspection reports:</p> <ul style="list-style-type: none"> • Looked After Children including Adoption: Looked after Children (LAC) outcomes are much poorer than children in the general population. The services that they receive in Northampton were highlighted as a particular problem in a recent LAC Inspection report. • Implementation and increased use of the Common Assessment Framework for Families (CAF): Low application of the CAF across agencies and failure to engage early intervention services with families in need of additional support is potentially impacting and resulting in the rising numbers of referrals to children's social care many of which are not meeting the threshold of intervention for assessment. • Improving pre-birth risk assessments and information sharing: Serious case reviews in Northampton have highlighted that pre-birth risks were not identified therefore relevant information was not shared between professionals which could have reduced the risk of injury to babies in Northamptonshire • Continuing to establish and embed the most effective management of the Multi Agency Safeguarding Hub (MASH): Lack of partnership working was highlighted in the inspection report. The MASH was formed to enable partners to make informed decisions as to the risks to children and enable agencies through partnership working to decide on the appropriate course of action. • Child Sexual Exploitation (CSE): A national and local priority across all agencies. • Adolescents and Self-Harm: Identified as a local priority due to the high incidence of self-harm • The voice of the child: Audits repeatedly identify a lack of documented evidence to demonstrate the child's views and wishes have influenced care plans. • Neglect: This is a re-occurring theme from Local and national SCRs. 	<p>The CCGs have committed to NHS England's Sign up to Safety Campaign. The teams are working to achieve the goals of the NHS Nene and NHS Corby CCGs Quality Strategy 2014-19.</p> <p>All providers are expected to report regularly on patient safety incidents and serious incidents, safeguarding compliance and the results and subsequent actions from patient experience surveys, through the submission of evidence to the CCG.</p> <p>Outcomes of quality visits are monitored through the regular Clinical Quality Review or Contract Meetings with providers.</p> <p>This system ensures that concerns are identified and acted upon early thus ensuring that safe services are being commissioned.</p> <p>We have set out in our quality strategy how this will be achieved whilst commissioning healthcare services for the people of Northamptonshire.</p>	

Article 2 | Right to life

Article 3 | Anti-torture and inhumane

Article 8 | Right to private and family life

Adult Safeguarding

The Adult Safeguarding Health leads have identified as key priorities:

- Mental Capacity Act (MCA) /Deprivation of Liberty Safeguard (DoL): case reviews have identified poor and inconsistent application of the MCA and DOL safeguards.
- Self-Harm: case reviews have identified improvements in the management of adults following episodes of self-harm can be developed.
- Healthcare governance and safeguarding interagency procedures: organisational change and acknowledgement that agencies could improve how they work together has resulted in a need to review process and inter-agency safeguarding adult procedures.
- Domestic Abuse: case reviews have identified inconsistent responses to concerns and disclosure of domestic abuse.
- Care Bill: The implementation of the Care Act (2015), as it comes into effect, will place adult safeguarding arrangements on the same statutory basis as exist for children's safeguarding.
- Safeguarding adult's assurance framework (SAAF): The SAAF will continue as a vehicle for strengthening and improving safeguarding practice across all health providers.

Quality schedules:

All provider quality schedules, as included within their contracts, include indicators relating to Patient Safety, Safeguarding (Adults and Children) and Patient Experience; and have been updated for 2015/16 to include the new duty of candour requirements.

Quality visits:

We have a quality visit process in place and undertake both announced and unannounced visits to all providers of NHS care.

Early Warning System:

We have an early warning system in place which provides information about the safety, effective and patient experience of services we commission.

Quality Strategy:

Our view and our belief is that the people of Northamptonshire deserve a quality and safe experience wherever they are cared for in NHS services, and our ambition is to work with the providers of services to continually improve in order that this will be the case. The strategy, together with the priorities jointly identified across the health economy, reflects learning from local and national serious case reviews and is consistent with the business plans of both the Northamptonshire Safeguarding Children's Board and Safeguarding Adults Board

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

How does the CCG work in partnership to support health promotion in its local communities? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<ul style="list-style-type: none"> • BME • Pregnant women • Socio-economic deprivation • Age 	<p>3. Engage with patients, public, staff, partners and providers in an inclusive way.</p> <p>1. Integrate inclusion and equality into everything that we do</p>	<p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 14 Anti-discrimination</p> <p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane treatment</p>	<p>Improving Diabetes Outcomes Across Northamptonshire</p> <p>There are more than 31,041 adults with diabetes of those 59% are well controlled. However, Northampton still ranks poorly at 157 out of 209 in England. Work is being done to improve the early diagnosis and prevention of type 2 diabetes.</p> <p>Proportionately more BME communities suffer with diabetes and its control. As part of this, Planned Care is working with Diabetes UK to identify ways of reaching BAME groups. A 'Twitter' survey has been set up to seek views on Diabetes care. @DiabetesUK https://mobile.twitter.com/NHSNene/status/670542977945763840?p=v . NHS Corby have 'tweeted' about a simple test to find out if people are at risk of type 2 Diabetes (https://mobile.twitter.com/NHSCorby/status/669537461496860673?p=v)</p> <p>The Planned Care Clinical working Group role is to improve the quality and efficiency of planned care services and to improve outcomes and patient satisfaction Planned Care is also in discussions with Public Health regarding the impact the GP Health Checks have, and how these could be better utilised. These Health Checks are targeted at over 45's only as they are the most at risk group.</p> <p>Community Lung Team North Northamptonshire</p> <p>In 2013/14 there were over 1047 premature deaths in the region. There were 298.3 deaths per 100,000 of those aged 35+. The Under 75 mortality rate from respiratory disease (Persons) stands at 32.7 per 100,000 (2102/2014). Lung cancer is more prevalent in dis-advantaged groups and it has been identified that the current support for patients receiving treatment has some gaps.</p> <p>Funding has been provided by McMillan to support a 2 year pilot which will, amongst other things, make support more accessible to all with increased care at home (as opposed to in hospital), utilizing telephone support as opposed to face-to-face and making the service a 7 day service as opposed to 5.</p> <p>For further information available within the Lung McMillan Partnership Application</p> <p>Flu jabs</p> <p>There has been targeted communication for pregnant women, young people and those with existing medical condition who would benefit from a 'flu jab'. There has been continuous and sustained use of 'Twitter' to communicate with the young and vulnerable populations of Northampton and Corby.</p>	<p>Improving Diabetes Outcomes Across Northamptonshire</p> <p>Anticipated equalities impact resulting from this project;</p> <ul style="list-style-type: none"> • Better communication and outcomes for Diabetic patients by early diagnosis <p>Through collaborative working there is an opportunity to concentrate resource, including Human resource, expertise and equipment</p> <p>Another beneficial impact is the opportunity to develop clinical expertise by delivering services differently, for example by centralising specialist services. This could also lead to increased access to high quality training for our consultants of the future.</p> <p>The use of social media is intended to better engage with the general population specifically the younger populations at risk.</p>	

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2. Improved patient access and experience

The NHS should improve accessibility and information, delivering the right services that are targeted, useful and useable in order to improve patient 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

How does the CCG ensure all people can access healthcare services where no one is discriminated against and denied access on unreasonable grounds? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Disability (Learning Disability)	<p>3. Engage with patients, public, staff, partners and providers in an inclusive way.</p> <p>1. Integrate inclusion and equality into everything that we do</p>	<p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 14 Anti-discrimination</p>	<p>Strategic Health facilitators - Learning Disability (LD) working (primary and acute care) :</p> <p>Identifying people with learning disability in general hospital Statistics (2008/09) show that regionally we are poor at identification of LD (22.67%) as compared to the England average (27.12%). The region also has a high rate of Emergency hospital admissions as % of total, at 59.15% as compared with 49.96% average in England.</p> <p>A programme of LD awareness training in place that raises awareness of identification of individuals with a LD, barriers that they face when accessing healthcare and reasonable adjustments that need to be made. This ensures equal access to healthcare for people with a Learning Disability and ensures that Reasonable adjustments are made to enable ease of access:</p> <ul style="list-style-type: none"> •Strategic health facilitators are in post to support primary and acute care provided by nine Qualified LD nurses. •Easy read information has been developed including X ray, CT scans, DVD Bowel screening, Blood tests. •Pathways of care for patients with an LD are in place in the acute hospitals. There is a pathway between primary and acute SHF& community learning disability teams that shares information and provides continuity of care. •Both KGH & NGH employ an individual with a LD as LD project worker to work alongside LD Liaison nurse (9SHF) in supporting patients with an LD in hospital. They also support training within the acute hospitals. •Work with GP surgeries and acute hospitals to flag / identify individuals with an LD. •KGH & NGH use Hospital Passports / Helping me in hospital books to ensure that hospital staff know how to support the individual with a Learning Disability. 	<p>Support equal access to healthcare across primary and acute care. This service supports people with learning disabilities to effectively access all care settings effectively.</p> <ul style="list-style-type: none"> •Reduce health inequalities and improves access and experience. •Reduce delays diagnosis and support early interventions. •Information is given in a meaningful way which is appropriate for the level of understanding of the individual allowing them where possible to be involved in decisions about their care and making them aware of what is going to happen. •Preventing / Reducing premature deaths (Confidential Inquiry into premature deaths of people with a Learning Disability 2013) •Experts by experience – Able to share their own experiences to acute staff. Ability to engage with patients who have an LD in a meaningful way •Prompt identification of patient with an LD results in ability to ensure appropriate support and reasonable adjustments in place asap. •Ensures appropriate care and support is given to person with LD. 	

BME (refugees)	Article 2 Right to life Article 3 Anti-torture and inhumane treatment Article 14 Anti-discrimination	Syrian Refugee Crisis – Impact on the health economy Both CCG's have been invited on the local authority Steering Group. The partnership approach will help to ensure that refugees who locate to the region will be sufficiently and adequately resourced with their health and social care needs being met. The Health and Wellbeing Board are holding a health inequalities workshop (03/12/2015). Board members will be joined by key leaders and partners in the county to take forward the health and wellbeing mission.	The inclusion of health on the steering group is a positive outcome to provide co-ordinated support. The session will enable leaders within health and social care to understand the vision of the Board and increase its engagement.
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2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

How does the CCG ensure that people are at the centre of the decisions about their care? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Disability (Learning Disability) Sex (men) All Age Age	3. Engage with patients, public, staff, partners and providers in an inclusive way.	Article 3 Anti-torture and inhumane treatment Article 14 Anti-discrimination	Strategic Health facilitators - Learning Disability (LD) working (primary and acute care) : Patients with a Learning Disability are able to give feedback about their experience. Both KGH & NGH have developed easy read patient feedback tool for their patients with a Learning Disability. Acute hospitals have examples of patient stories where numerous Reasonable adjustments have been made, appropriate support given; prompt diagnosis and access to treatment and have received letters of compliment and thanks from carers. Focus on Men's health NHS Nene have a web section dedicated to Men's health with targeted information on issues that concern men and have traditionally low male uptake such as Prostate cancer, Testicular cancer and mental health. http://www.neneccg.nhs.uk/men-s-health/ Healthier Northamptonshire - End of Life Survey The demand for, and our users' expectations of end of life services will grow. 92% of patients wish to die at home, in a hospice or care home and, of that figure, 66% would prefer to die at home. Currently, however, about 51% of patients in Northamptonshire die in hospital and only 27% of patients living in Corby die at home. This figure drops to 21% for patients living in other areas of the county. The CCG's are now developing plans to support implementation of the end of life care strategy. Older Person's Health Forum Corby CCG's Older Person's Health Forum aims to give over 50s an opportunity to find out about local health and social care services and engage on a range of topics	Patients with LD can have their feedback heard. Their feedback is used to learn from and support development of services. Improve access to healthcare, remove barriers, improve health outcomes for individuals and improve quality of life for individuals with LD. The webpage directs men to local services and on-line information sources Compassionate care that will be provided in a consistent, co-ordinated way by providers who are competent and confident in delivering high quality care. Patients will be enabled and supported to live and die in a place of their choice The Forum also gives older people in Corby as well as the local NHS the opportunity to have a two-way	

		<p>including information on how to stay healthy.</p> <p>The meetings are free of charge and open to anyone over 50, so please bring along any friends, family or colleagues who may be interested in attending.</p>	<p>conversation and help to influence and shape services in Corby.</p>
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2.3 People report positive experiences of the NHS

How does the CCG engage and involve people to listen to their views of the NHS? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<ul style="list-style-type: none"> Age Sex Disability Race 	<p>3. Engage with patients, public, staff, partners and providers in an inclusive way.</p>	<p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 14 Anti-discrimination</p>	<p>The Friends and Family Test:</p> <p>The Friends and Family test is well embedded with the following providers NGH, KGH, NHFT, Three Shires Hospital and Woodland Hospital. GP practices commenced FFT from December 2014 and other providers including transport services and dentists will be required to ask the FFT question from April 2015.</p> <p>There is an expectation that from April 2015 provider swill have systems in place to capture FFT responses from patients who are:</p> <ul style="list-style-type: none"> children and young people, have a learning disability, have dementia, are Deaf, are deafblind, are blind or have vision loss and people with little or no English or low levels of literacy. <p>The CCGs will be asking those providers that they commission through their quality review meetings how they are ensuring that FFT is accessible to all the above groups.</p> <p>From April 2014 providers are recommended that patients are asked demographic questions which allow providers to monitor whether the feedback received is representative of their patient population.</p> <p>The demographic questions asked should be relevant to the patient population and help providers respond well to their equalities duties but also consider the principle of keeping the FFT as short and simple as possible. Providers should give consideration to all nine of the characteristics given protection under the Equality Act 2010.</p> <p>However as a minimum it is recommended that the following questions are asked as a</p>	<p>Assurance that providers commenced by the CCG are asking these additional questions will be asked at quality review meetings. The CCG will also be asking providers:</p> <ul style="list-style-type: none"> whether there are any groups of patients who are underrepresented and what actions they will be taking in response to this. Whether responses show trends for particular groups of patients and what actions will be taken to improve the experience of these patient groups. 	

		<p>minimum:</p> <p>What is your sex? What age are you? What is your ethnic group? Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues/problems related to old age)</p> <p>The Big Health Conversation</p> <p>Enables NHS Nene to have an open and honest conversation about the pressures facing healthcare in the county and collate views on how best meet that challenge. This is done via the website and through engagement events.</p> <p>Corby Pulse</p> <p>Corby Pulse is NHS Corby's membership scheme. It was launched to encourage and support Corby residents in becoming regularly and systematically involved in the way that we deliver health services in Corby.</p> <p>Corby Health News</p> <p>Corby Health News is a monthly newsletter from Corby CCG which keeps patients in the loop with the latest health news. Available local GP surgeries.</p> <p>Consultations</p> <p>Both CCGs have a Consultations page on their websites (http://www.corbyccg.nhs.uk/current-consultations/ and http://www.neneccg.nhs.uk/current-consultations/) The current consultations include awareness and views on the provision of Community Diabetes Multidisciplinary Service and the NHS 111 and GP Out of Hours opinion survey</p>	<p>Informing the local population of challenges (increasing demands) to get the right treatment, in the right place, at the right time, to help them have longer, healthier lives</p> <p>The scheme will help residents to find out more about what is happening in Corby (NHS) and how they can get involved and have a say and help influence and shape health services across Corby</p> <p>Information dissemination to groups unlikely to have access to the internet but are likely to visit their GP</p> <p>Enabling patients to get involved and share their experiences of health services as well as guide future direction of services</p>	
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Article 14 | Anti-discrimination

2.4 People's complaints about services are handled respectfully and efficiently

How does the CCG handle and monitor complaints ensuring action is taken? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
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<p>All protected characteristics</p>	<p>3. Engage with patients, public, staff, partners and providers in an inclusive way</p>	<p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 14 Anti-discrimination</p> <p>Article 10 Right to freedom of expression</p>	<p>Complaints Annual Report – Equality and Diversity Monitoring:</p> <p>The Complaints Department previously sent out E&D forms to complainants at the time of requesting consent. The E&D form was sent for a review last year to Arden & GEM CSU, who advised it was in need of updating. Unfortunately we never received feedback of the updated form and did not reinstate sending the form out to complainants.</p> <p>A request has been made for the 'Easy Read' Complaints leaflet to be published in the following locations:</p> <ul style="list-style-type: none"> • NHS Nene CCG website • NHS Corby CCG website • LD Partnership Board website • NHFT website • Pathfinder <p>To ensure that Equality, Inclusion & Human rights are a consideration in any complaint:</p> <ul style="list-style-type: none"> • We send E&D forms to each complainant. If we receive the completed E&D forms back the information is logged with no PID and will report on the number annually. • We offer meetings to any complainant who requests this after the complaint response has been provided regardless of disability. We have ground floor facilities for appropriate disabilities (we recently held a meeting with partially blind complainant and his guide dog on the ground floor). • There is also an advocacy complaints service accessible from VoiceAbility to support complainants where required. 	<p>We have made an undertaking to obtain an up to date E&D form and will send these to all complainants who have contacted us since 1 April 2015.</p> <p>Siouxie Nelson to enquire with service users where it would be helpful to access the leaflet, and provide an update at the January 2016 meeting.</p> <p>We offer complaints leaflet in Easy Read format or larger print if requested.</p> <p>Complaint reports are produced annually, this coming year 2015/16 will be the first to include information from E&D feedback.</p> <p>Complaints are reviewed for themes. So far no links to disabilities have been identified</p>	
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