

Beyond compliance
Equality Information Highlight Report 2019/20

**North Central London CCGs
(Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG and Islington CCG)**

For further information please contact
Emdad Haque, Senior Equality, Diversity and Inclusion Manager, NCL CCG
Emdad.Haque@nhs.net

| Content | page |
|--|-------------|
| Introduction | 3 |
| Background and context | 5 |
| NCL CCGs Equality objectives | 6 |
| NCL CCGs and STP key commissioning achievements | 7 |
| Strategic engagement: STP achievements | 9 |
| NCL CCGs performance against the equality objectives 1 & 2 in 2019/20 <i>Barnet CCG</i> <i>Camden CCG</i> <i>Enfield CCG</i> <i>Haringey CCG</i> <i>Islington CCG</i> | 13-39 |
| NCL CCGs performance against equality objectives 3 & 4 in 2019/20 | 40 |
| Workforce equality information | 43 |
| Future strategy focus | 44 |

Introduction

Publishing equality information every year is a specific duty under the Equality Act 2010. Our Equality Information Report, also known as the equality duty report, provides information about how the North Central London CCGs (NCL CCGs) are meeting its Public Sector Equality Duty (PSED), making continuous improvement by tackling discrimination and by advancing equality for patients and staff for the period 2019/2020. This report has been compiled with contributions from CCG commissioners, communication and engagement and HR teams.

We have divided our Equality Information in three sections to ensure, openness, transparency and relevance.

Standard information and background

This information covers the CCGs duty under the Equality Act 2010 and how we are meeting the duty; our commitments to equality, diversity and inclusion; the key equality issues; and useful information for patients, carers and staff. We publish this on our website and it's regularly updated by the Senior Equality, Diversity and Inclusion Manager.

Equality Information Highlight Report

This is a highlight report which shows how the CCGs have delivered their equality objectives during 2019/2020. It provides reference to the source documents where appropriate. This part of the report provides information on the performance against the equality objectives regarding commissioning services individually for each of the NCL CCGs. Information on the performance against the equality objectives with regard to the workforce and governance are provided across the NCL CCGs as a whole because the CCGs had comparable objectives. There is a separate section on NCL STP and how it has been working to advance equality across NCL CCGs.

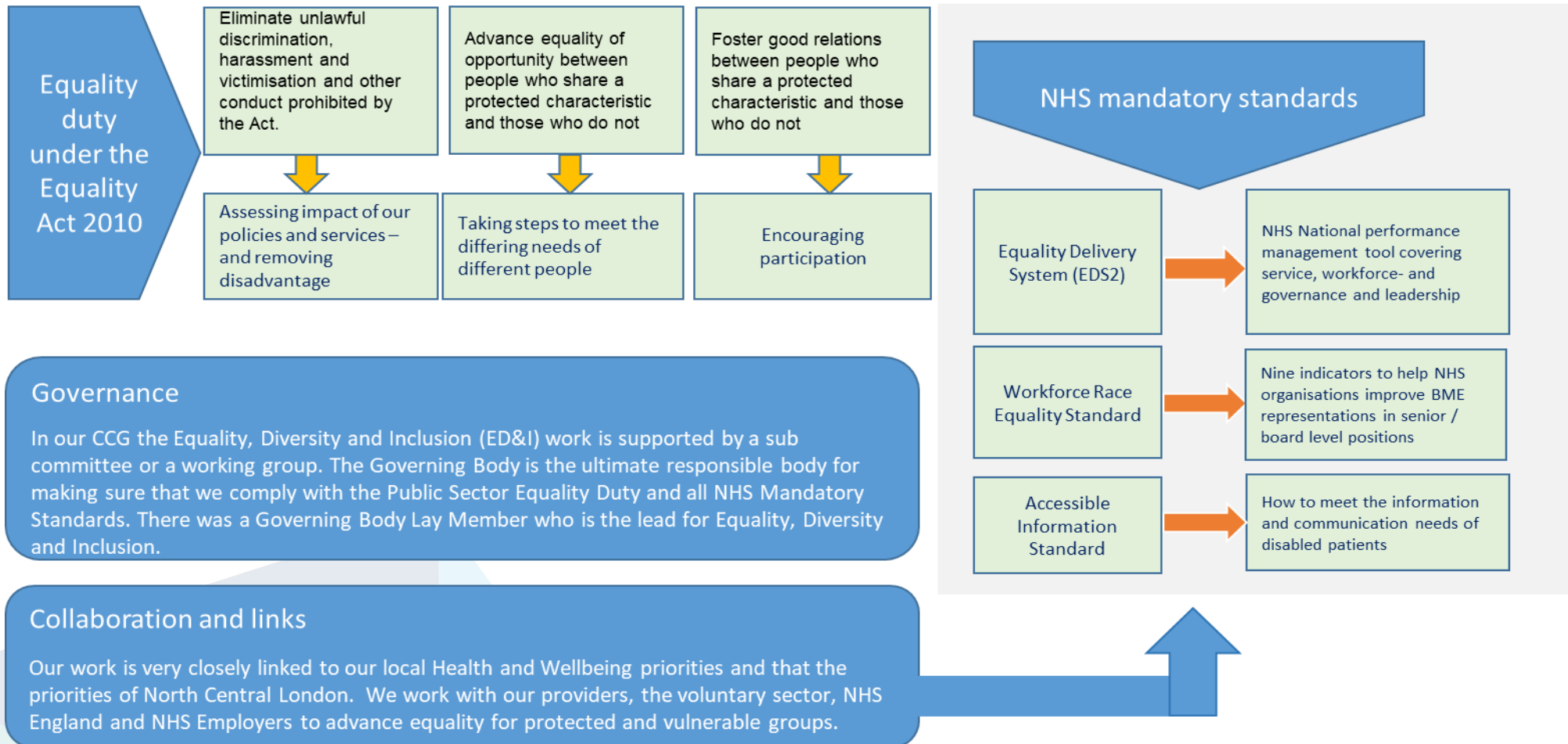
Workforce and GB Members equality information

This section is a part of our Equality Information Highlight Report which provides a summary from the Workforce Race Equality Standard Report (WRES) which the PPEE Committee approved in August 2020- and staff equality information. Please see the 2019/20 full WRES report on the website [tb hyperlinked]

In November 2019, NHS England and Improvement London approved our application to merge the five NCL CCGs to form one single organisation; NCL CCG. A huge amount of work was undertaken in 2019/20 to ensure a smooth transition to our new form on 1 April 2020. One of the benefits the single CCG will deliver is improved consistency in planning and decision making in order to underpin our commitment to reducing variation and inequalities across both North Central London and within the organisation. This means that this is the last time we are producing an equality information report covering all CCGs' achievements and the new CCG will produce a single equality information report from 2020/21.

Background and context

Compliance to excellence: an overview of the NCL CCGs approach to Equality, Diversity and Inclusion



NCL CCGs Equality Objectives

In 2019/20 all five NCL CCGs had similar equality objectives mirroring the Equality Delivery System (EDS2) goals and the Workforce Race Equality Standard (WRES) indicators. The main purpose of these objectives are to demonstrate the CCGs' compliance with the (specific) equality duty under the Equality Act 2010. However, given the CCGs' role as a local commissioning body working with the voluntary sector and patient groups, the objectives had some specific outcomes covering health inequalities and workforce diversity and inclusion. Each NCL CCG has an action plan in place to deliver these objectives- and either a committee or a working group was charged with the oversight of that action plan being implemented. Given the changing local demography and the level of existing health inequalities between different social groups, each CCG had their own challenges in commissioning care. These challenges were compounded by the changes that were mandated nationally including the merger of the CCGs and the changing the commissioning landscape (e.g. ICS, primary care commissioning).

Equality objectives



There were four equality objectives in 2019/20 that were delivered by the CCGs. Two of these objectives covered patients, carers and communities, one workforce and one enabler. In the next sections we have provided information on the achievements against objectives 1 and 2 for each CCG- and a summary section on all five CCGs for the equality objectives 3 and 4 (see page 40)

NCL CCGs and STP's key commissioning achievements in 2019/20

The NCL CCGs have delivered a number projects addressing health inequalities amongst protected a vulnerable groups which included access to services and effective patient and a stakeholders engagement in commissioning.

Across North Central London through our Integrated Care System

- Locally, at neighbourhood level: Staff from across health and care organisations and professions proactively supporting residents and communities to stay well and live full lives. For example, GP practices will work with care workers and health visitors to improve access to support around employment and community activities, as well as offering high quality clinical care.
- Across each borough within Integrated Care Partnerships: These will support services to work together to best meet the needs of local residents. For example, health and care organisations will jointly plan services to support older residents, rather than people receiving care from several different teams or organisations.
- This will allow us to plan services for the five boroughs together where it make sense. For example, delivering orthopaedic services as a network, meaning fewer cancelled operations and quicker access to a specialist.

Helping people with Mental illness to find work

Individual Placement and Support (IPS) service was awarded £600,000 to offer support services to people with mental illness including fund of five IPS workers from across the boroughs of Barnet, Camden, Enfield, Haringey and Islington who provide support to help 300 people with severe mental illness find and thrive in paid employment.

Asthma conference launched whole-system plan to improve outcomes for children

We launched a whole-system asthma plan on World Asthma Day in May 2019, building on borough-based integrated solutions and NCL wide approaches to improve outcomes for children and families that live with asthma.

Dementia care across North Central London shining example of best practice

North Central London has been identified as one of only three areas in England delivering best practice in dementia care with Enfield Care Home Assessment Team and Camden and Islington's Home Treatment Team both selected as examples of this. In April 2019 Professor Alastair Burns, NHS England and NHS Improvement's National Clinical Director for Dementia and Older People's Mental Health, visited NCL and talked to the teams to hear about their work.

First contact practitioners pilot

A successful pilot for First Contact Practitioners in Enfield and Barnet is being made permanent and extended to other boroughs. The pilot placed musculoskeletal practitioners in GP practices to see patients with back pain and saw reductions in investigations and referrals, and has other benefits in saving GP time and supporting de-prescribing.

Tele dermatology

NCL CCGs tele-dermatology service was launched in 2019, seeing in excess of 130 referrals to dermatologists at University College Hospital London (UCLH), Royal Free Hospital and The Whittington Hospital. One of the referrals resulted in the diagnosis of a rare and hard to diagnose skin cancer, amelanotic malignant melanoma. By using tele-dermatology, the patient's images were triaged within three working days - enabling a much faster diagnosis and commencement of treatment.

Adult Elective Orthopaedic Services Review

A consultation on the future of planned orthopaedic surgery for adults in north central London launched in January 2020. This follows over a year of work led by clinicians to agree a clinical delivery model and process which was approved by the Joint Commissioning Committee. A proposal for how these services could be delivered by two partnerships across NCL is out to public consultation with the aim of delivering consistent, high-quality care and reducing long waits and cancellations. The consultation asked for views from residents, staff and partners on the proposal of how to organise these services, which, if approved would create two partnerships for planned orthopaedic care – with University College London Hospitals (UCLH) and Whittington Health working together, and The Royal Free London Group (Royal Free, Barnet Hospital, Chase Farm Hospital) working with North Middlesex University Hospital. An equality impact assessment has been completed in two stages and engaged patients, stakeholders from different NHS organisations and Healthwatch.

Moorfields Eye Hospital consultation

In 2019/20 a national consultation was undertaken on a proposal to move Moorfields Eye Hospital, University College London's Institute of Ophthalmology and Moorfield's Charity to a new site at St. Pancras in London. The consultation was overseen by a CCG Committee in Common comprising the 14 'lead' CCGs with contracts at Moorfields' City Road site, including all five NCL CCGs. In February 2020, the Committee in Common approved the proposal which also had an Equality Impact Assessment completed as part of the consultation. The new centre will offer a better patient experience, shorter waiting times and access to the best of modern eye care.

London Mental Health Dashboard

The London Mental Health Dashboard makes a wide range of London's mental health data publicly accessible in one place to act as a strategic planning tool bringing together information from a range sources and organisations to provide an overall picture of mental health across the capital. The main purpose of the dashboard is to bring the best information we have about mental health together in one place, as a resource for everyone with an interest in improving care.

Strategic engagement: STP achievements

Addressing inequalities is an integral component of North London Partners in health and care engagement approach.

Our ambitions are to-

- Improve equality, diversity and inclusion in our work
- Reduce health inequalities amongst protected and vulnerable groups
- Improve equality in access to, and experience of, healthcare services for patients – especially for the most disadvantaged groups

In 2019/20 we delivered some important and high impact activities across NCL that contributed to delivering our equality objectives and thus meeting the equality and the health inequality duties.

1. ***Empowering NCL residents and putting them at the heart of everything we do and building meaningful relationships – across our organisation and our partners in north central London. Listening to diverse voices, learning from people's experience and making them part of the decision making process***

Example:

Engaging residents in response to the NHS Long Term Plan in north central London

We worked closely with our partners and community and voluntary sector organisations, including the five Healthwatch organisations, to involve local people, particularly focusing on seldom heard groups. We carried out targeted engagement with diverse communities and vulnerable groups in each borough, including patients with long term conditions, refugee and migrant communities, communities in areas of high deprivation, families and young people living with HIV, communities across the nine protected characteristics, learning disability service users, residents registered as blind, deaf service users, young people and families, parents with infants under four years old and mental health service users.

[More information on our engagement approach](#)

2. ***Increasing levels of participation across the STP workstreams/ programmes for all residents, with a particular emphasis on enabling which increase engagement from those who are less frequently heard and who experience the greatest inequalities in health outcomes***

Example

Mental Health - Experts by Experience Board (EbyE)

A key partner in the design and delivery of mental health service transformation. EbyE board is a representative group formed by mental health services users from across north central London. EbyE board helps to set out priorities and informs the work to respond to the NHS LTP ambitions and the continued development of the local care and support offer.

'I am pleased that the board was listening and what we said was included in the mental health plan and we could contribute to shaping the future of mental health services.'
EbyE Board member

3. Developing resources which focus specifically on supporting NCL STP and partners to engage more effectively with people with protected characteristics and from inclusion health groups

Example

Residents' Health Panel

An engagement tool helping to collect robust evidence and identify health and care priorities for the local area and reduce health inequalities. The Residents' Health Panel members were recruited to be demographically representative for our footprint and to ensure a wide representation including residents representing protected characteristic groups. Over 800 NCL residents signed up to be part of this engagement mechanism and help us understand community needs, identify priorities for the local area and help shape health and care services.

4. Ensuring that health inequalities are identified and eliminated and equal access and equity are key values embedded within our work. To achieve this aim, robust equality analysis and in-depth Equality Impact Assessments have been carried out and supported our engagement plans for service change programmes

Examples:

- Proposed move of Moorfields Eye Hospital's City Road services - <https://oriel-london.org.uk/consultation-documents/>
- NLP Planned Orthopaedic Surgery for Adults - [Health Inequalities and Equalities Impact Assessment](#)
- Evidence Based Interventions and Clinical Standards (formerly PoLCE) [NCL Equality Impact Assessment Screening](#)

5. Using specific engagement methodology approach for formal public consultation to ensure people with protected characteristics and rare conditions' views are heard and influence the decision-making process

Examples:

- **Proposed move of Moorfields Eye Hospital's City Road services** proactive targeted engagement with protected groups. A supplementary report was produced to summarise the specific findings from consultation with people with protected characteristics and rare conditions, which took place over 43 meetings and conversations between December 2018 and October 2019. <https://oriel-london.org.uk/consultation-documents/>
- **Improve Orthopaedic services for Adults public consultation.** The equalities and health inequalities impact assessment (HIEIA) identified several groups who may experience an impact. The team undertook additional activities to engage the following groups identified in the HIEIA as experiencing a disproportionate impact: adults over 65, disability (mobility impairment / Long-term conditions / sensory impairments/ developmental and learning disabilities / mental health conditions and mental illnesses), gender reassignment, race, carers, those living in socio-economic deprivation

6. Improving health literature, providing accessible information to residents and make available communication support if they need it (easy read leaflets, leaflets translated in different languages) to reduce health inequalities

Examples:

- **Improving Planned Operation services for Adults** - Accessible formats of the summary of our proposals have been produced - British Sign Language, Easy Read, large print. The document was also translated in Turkish, Greek, Bengali, Somali, Polish and translation in other languages was available on demand.
- **Join-up health and care information** - We have been working to join up health and care information to improve services that residents receive. We have ensured that residents whose first language is not English and those with sensory difficulties have access to support to enable them to make informed choices about their healthcare. <https://www.northlondonpartners.org.uk/ourplan/Areas-of-work/Digital/Info-residents/>

- **Evidence Based Interventions** – Clinical Standards We have produced patients leaflets which explains the policy we have in north central London for providing treatments that will give the most benefit to patients.
<https://www.northlondonpartners.org.uk/ourplan/Areas-of-work/polce-review.htm>
7. **Engagement Advisory Board** had an important role in addressing equality and diversity issues across the health and care services in north central London. The board members participate in strategic conversations to influence change and ensure improved equality in access to services for protected and vulnerable groups. The board helps to collect insight from key partners such as the Voluntary Sector Strategic Partners, Healthwatch, Local Authorities and other key partners
8. **Improve Orthopaedic services for Adults formal public consultation had achieved**
- Best Practice consultation - Assessed by Consultation Institute as best practice programmes as taking into account the seven *Best Practice* principles such as: Integrity, Visibility, Accessibility, Transparency, Disclosure, Fair interpretation, Publication
 - Residents from protected characteristic groups felt included and appreciated that their views were listen to and had the chance to contribute of improving the services

NCL CCGs performance against the equality objectives in 2019/20

This section provides information on the performance against the equality objectives regarding commissioning services individually for each of the NCL CCGs.

Barnet CCG

In this section we have provided information about how the CCG implemented the equality objectives 1 and 2 in commissioning services. As engagement and consultation is an important duty of the CCG and is a key enabler in commissioning inclusive services, we have included a separate section for this area. Further information about the CCG's performance in 2019/20 can be found in the [Annual Report](#) via the CCG website.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups.

- The CCG provides strong consideration to the needs of children and young people (CYP) with mental health and special educational needs and disability (SEND). The implementation of Barnet, Enfield and Haringey Mental Health Trust's (BEHMHT) Adolescent Crisis Team supporting CYP in crisis at Barnet Hospital, has impacted positively by providing appropriate care, reducing length of stay and increasing the number of discharges home. In 2019, the team was expanded with two further clinicians to allow for support at the Royal Free and to further prevent hospital admissions through work with GPs and other professionals.
- The Barnet Children and Young People's Mental Health Local Transformation Plan 2019/20 reflects our implementation of the THRIVE approach. It contributes to priorities within our Children and Young People's Plan and Joint Health and Wellbeing Strategy to improve wellbeing and mental health of our young people and families and the creation and sustaining of the Designated Clinical Officer (DCO) post.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups.

- Barnet CCG was granted trailblazer status following a bid to NHS England to pilot the ambitions of the children and young people's mental health green paper. The bid funds mental health support in schools for children and young people with mild/moderate mental health needs.
- Eight Social Prescribing Link Workers (SPLWs) have been recruited by Barnet Federated GPs, who are leading and coordinating the implementation of the Social Prescribing Workforce and model for Barnet. The skills and experience of the SPLWs are varied: private sector, teaching, NHS public sector experience, lived experience and voluntary sector employees with experience in volunteering and working in the third sector.
- There has been an increase in the uptake of the NHS Diabetes Prevention Programme work stream across practices thereby increasing the number of patients who could potentially be referred to the programme. Those referred receive tailored, personalised support to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and physical exercise programmes.
- A Frailty and Palliative Care Multidisciplinary (MDT) continues to be developed within one of the seven Primary Care Networks. This MDT model brings together local healthcare clinicians, social care professionals and the voluntary care sector to develop personalised holistic packages of care for patients that are over 65 years of age and are moderately/severely frail.

Objective 2: Improve equality in access to services for protected and vulnerable groups

- Barnet has greatly improved performance in access to psychological therapies (IAPT), and is maintaining performance above target for Early Intervention in Psychosis (EIP).
- Barnet CCG set up a palliative care community pharmacy drug service with, input from the North London Hospice, so that patients and care homes can access the essential drugs as soon as they are required from six community pharmacists in the borough with extended opening hours. In care homes, two specialist pharmacists, alongside two specialist nurses have been training and advising staff and reviewing medicines systems.

Objective 2: Improve equality in access to services for protected and vulnerable groups

- Based on patient feedback and learning from Healthwatch's investigation the CCG has been working to:
 - improve appointments to provider services through efficient re-booking when appointments are cancelled.
 - support non-English speaking patients when they visit their GP by improving access to language/interpreting services.
- Following an increase in complaints about access to phlebotomy services we informed patients that we would undertake a review of the blood testing services to ensure equitable access and reduced waiting times. This work is currently in progress.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

Proposals for Cricklewood walk-in service

Barnet and Brent CCGs engaged with patients and public on the future of Cricklewood walk-in service. The engagement information document and questionnaire were translated into the three most spoken languages in the area. These can be [seen here](#). The questionnaire included demographic monitoring and an analysis of responses was carried out according to age, gender, disability, religion and ethnic group. The consultation was open to all those who use Cricklewood walk-in service and the associated GP practice, residents local to Cricklewood and the Barnet population as a whole. This included disabled patients and their carers, people of any age, gender, religion, ethnicity, socio-economic group, sexuality, pregnant patients, new mothers and their partners and those who have been through or are going through the process of gender reassignment.

Proposed move of Ravenscroft Medical centre to Finchley Memorial Hospital

Every patient registered at Ravenscroft Medical Centre received a letter outlining the proposal to relocate the practice to Finchley Memorial Hospital and were supported to share their views through paper, online and face-to-face methods. The correspondence included an offer to produce the information in alternative formats and languages on request and an offer to attend any existing community meetings to discuss proposals as well. All drop-in sessions were held either at the practice or at Finchley Memorial and further engagement took place at a local church. All were fully accessible. The questionnaire included demographic monitoring and an analysis of responses was carried out according to age, gender, disability, religion and ethnic group. The consultation was open to all patients of Ravenscroft Medical Centre and this included disabled patients and their carers, people of any age, gender, religion,

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

ethnicity, socio-economic group, sexuality, pregnant patients, new mothers and their partners and those who have been through or are going through the process of gender reassignment.

Autism workstream engagement

There were two key workstreams around Autism in 2019/20. The first was leading on development of engagement materials for NCL to enable consistent engagement and involvement with people with Autism and ADHD and the second was engagement with people with autism in Barnet on this topic and also local Autism priorities. We:

- Developed clear materials describing the proposed NCL Adults Autism and ADHD diagnostic service – information was sent in advance and large format versions were also available at events.
- Developed materials for the sessions in Barnet e.g. worksheets and feedback forms in easy read, visual and accessible formats recognising the range of needs of people with Autism.
- Made adjustments to workshop timetables to enable full participation and appropriate breaks. This included planning appropriate accessible locations and breakout spaces.
- People attending were supported by their carers or members of staff and this enabled the structure to be flexible. Smaller groups and one to one discussions were facilitated so that people could have conversations and this ensured that people were really encouraged and able to talk about their personal and lived experiences.

Barnet Health Conference – February 2020

- The conference was held jointly with the Barnet Parent Carer Forum.
- It had a SEND [Special Educational Needs & Disabilities] focus on Continuing Care and Continuing Healthcare.
- The building was Hendon Town Hall, where disability access was available, parents/carers and young people with limited mobility, or who used wheelchairs were in attendance.
- The conference flyer was publicised on the Barnet Local Offer and that was available for all to view in large print or with a change of contrast/colours for those requiring visual support.
- Any refreshments were Kosher and non-Kosher and this was received well by all who attended.

In this section we have provided information about how the CCG implemented the equality objectives 1 and 2 in commissioning services. As engagement and consultation is an important duty of the CCG and is a key enabler in commissioning inclusive services, we have included a separate section for this area. Further information about the CCG's performance in 2019/20 can be found in the [Annual Report](#) via the CCG website.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups.

- Simplified Discharge – The delayed transfer of care (DToC) targets have been met thus far in 2019/20 (April to October) with an average of 13.14 cases of DToC per day being reported against a target of maximum 18 cases.
- Last Phase of Life – A new service specification for end of life care has led to an increase in Coordinate My Care (CMC) records being created. This year 304 CMC records have been created and it is anticipated that 405 will be created by the end of 2019/20. This is an increase from 2018/19 where 276 CMC records were created.
- Quality Improvement Support Teams (QISTs) – local QISTs have made good progress in addressing Camden's population health needs. Working across general practice (and with partners) to deliver the Camden Neighbourhood Outcome targets. Key achievements include:
 - Over 250 patients with undiagnosed diabetes have been diagnosed and offered the follow up care they need, reducing their risk of complication and hospital admission.
 - GP neighbourhoods have achieved 98% against their target for atrial fibrillation detection with 81 new cases diagnosed and patients offered the care they need.
 -
- Continuing Healthcare (CHC) – Camden CCG has consistently delivered the CHC national targets of:
 - Less than 15% CHC assessments being carried out in acute hospital settings (2.3% in Q1 2018/19 and 3% in Q2)
 - 80% of CHC assessments are completed within a 28 day timeframe (95.4% in Q1 2018/19 and 93.9% in Q2).
- The Mental Health Primary Care service was launched in April 2019. This multi-agency service delivers initial assessment and consultations with GPs for people with complex mental health needs. The service is organised into multidisciplinary neighbourhood teams, co-located in practices and integrated with primary care multi-disciplinary teams and is the routine referral point for patients whose needs are too complex for iCope and GP care.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups.

- Camden Integrated Care Partnership (ICP) arrangements were established. An integrated care roadmap was produced and two priority areas for the partnership to initially focus on were agreed. Priority area (1) Improving Urgent Community Response, which is an immediate system challenge and is about ensuring people are treated in the best setting as possible; Priority area (2) Increasing Community Connectedness, which is a preventative project that aims to tackle social isolation through a variety of means.
- Camden Citizens Assembly was established in partnership with Camden Council, for Camden residents to share their thoughts on what they want for the future of health and care in the borough and what they think our health and care priorities should be. Feedback from the Citizens Assembly will be used to inform the work of the Camden ICP and the new Camden Joint Health and Wellbeing Strategy.
- The Camden Patient and Public Engagement Group (CPPEG) supports Camden CCG to make sure patients, carers, voluntary/community groups and local residents play a role in our planning, decision making and the delivery of our work. CPPEG is made up of representatives from local general practice patient participation group members (PPGs) and local VCS groups. CPPEG holds 6 operational and 4 open/public meetings annually.

Objective 2: Improve equality in access to services for protected and vulnerable groups

“Within Camden, the CCG, Healthwatch, the VCS and other organisations all work together to promote and improve health services for those in most need. We are also very aware of the determinants and their impact on the quality of life of our residents. We are all committed to developing strategies and policies which will translate in to better services for our community. Alongside this one of our primary focus’s will now be on the prevention agenda within our communities, helping to improve our populations health, and making neighbourhood resources accessible so that care closer to home can benefit all our residents who need care” -Pat Callaghan - Deputy Leader, Health and Wellbeing Board Member and Cabinet Member for Healthy and Caring in Camden

Objective 2: Improve equality in access to services for protected and vulnerable groups

- Spending pressures in Mental Health were driven by increased salary support costs in relation to Improving Access to Psychological Therapies (IAPT). Primary Care Prescribing cost pressures driven by the short supply of drugs and nationally set price increases in drugs. In addition, the CCG realised pressures from increased registrations with digitally-based GPs outside Camden.
- By achieving the 2019/20 'Mental Health Investment Standard' the CCG continued with its commitment of ensuring that spending on mental health services is in line with physical health services. This programme has supported collaborative working in Health and Social Care to support timely discharge from hospital and the joint management of patient health and social care needs in the community.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

Camden Lesbian Gay Bisexual & Transgender community (LGBT) residents

Camden CCG has launched the Rainbow Lanyard in collaboration with our partner CCGs in North Central London (Barnet, Islington, Haringey and Enfield). The Rainbow Lanyard is regarded as an open and visible commitment to building LGBT equality within work and making us a LGBT inclusive organisation. We believe it is important for us to be explicit about our commitment to advancing LGBT equality and send a clear message to our staff, Governing Body members and any organisations that we commission services from that prejudice and discrimination towards LGBT staff is unacceptable.

Deaf awareness training sessions for General Practice and CCG staff

To promote deaf awareness the Communications and Engagement Team at Camden CCG hosted 12 training sessions led by Asif Iqbal, MBE BA (Hon), Rehabilitation Officer for Deaf and Hard of Hearing People, London Borough of Camden. Training workshops were held at the CCG and in local general practices with a mixture of clinical and non-clinical staff attending. To date over 100 people have attended the training.

The aim of the training was to enable participants to have a greater understanding of deafness and the issues involved with communication and access to information.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

Learning outcomes: build confidence to talk to deaf people directly; gain a basic understanding of deafness and acceptable terminology; ability to use basic everyday signs and clear lip-reading skills; to be aware of technology and services available to meet deaf and hard of hearing client's needs; and know how to work with a BSL Interpreter.

Accessible Information Standard (improving access in General Practice for learning disability and visibly impaired residents in Camden)

Camden residents who are deaf or visually impaired or have learning disabilities told Healthwatch Camden that they face particular difficulties if GPs do not meet their communication support needs.

From the feedback given Healthwatch realised that that majority of Camden's GP practices were not meeting the Accessible Information Standard (N=32)

Healthwatch with the support of the CCG visited all 32 general practices

Key achievements

- All patients now get the chance to register using a format they prefer (Easy Read or Large Print).
- The practices are taking action to ask all patients if they have a communication support need and recording patient preferences somewhere that can be seen easily every time by all staff (poster and screen).
- All general practices meet the Care Quality Commission Compliance check list.
- Camden is now the only CCG area in the country where almost every GP practice is meeting the basic requirements of the AIS.
- Healthwatch Camden have been recognised nationally by Healthwatch England for the work that they have done (a special note of thanks has to be given to Anna Wright at Healthwatch Camden).

Reduce health inequalities (Bangladeshi Community)

Establishment of a strategic partnership between Council, CCG and members of the Bangladeshi community to identify priority areas and co-design and deliver solutions to improve health and wellbeing among Camden's Bangladeshi community.

Development of an action plan based on extensive community engagement, with strong political, senior management and community leadership to drive change. Priority areas in the action plan include improving primary care accessibility, building community resilience and facilitating engagement with initiatives to support healthy weight and healthy lifestyles among the Bangladeshi community.

Healthy Weight Healthy Lives & Lifestyle services (Somersetown ward)

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

The Community Action Group in Somerstown (one of the most deprived Wards in London) identify and inform the activities which take place in the ward. The group reflects the local population of Somerstown and was formed through engagement with Black and Ethnic Minority (BME) and local groups to ensure it represents all those living in the Somerstown & St Pancras area.

Community engagement activities in Somerstown as a part of the development of the people's fruit and vegetable market (Camden Can Innovation Funds), have focused on gaining views from all local people including those from BME.

We have worked with local school children from BME groups in Somerstown to develop ideas to promote the people's fruit and vegetable market. We have developed further community engagement activities through the mosque (Somerstown Islamic Cultural and Education Centre) and the Bengali community.

Health and Wellbeing Board

In partnership with representatives from the Council, public health, Healthwatch Camden, representatives from the voluntary sector, hospitals (acute, community & mental health) and community representatives we have worked to address the key drivers identified in Camden's JSNA:

Health and Wellbeing Strategy Key achievements - Overall aim to increase life expectancy and reduce health inequality. The Five priorities: 1. 1001 days and best start in life. 2. Healthy weight/healthy lives. 3. Reducing alcohol related harm. 4. Mental health and well-being. & 5. Resilient families programme (CSF scrutiny and Children's Trust Partnership Board).

Moorefield's Public Consultation

This year we undertook a major consultation with Moorfields Eye Hospital. We worked with patients of the hospital, local charities, RNIB and local residents. The full reports and consultation process is available [here](#).

More information about our approach to engagement and our engagement activities is available on [our website](#) and how we support staff in planning engagement can be [accessed here](#).

In this section we have provided information about how the CCG implemented the equality objectives 1 and 2 in commissioning services. As engagement and consultation is an important duty of the CCG and is a key enabler in commissioning inclusive services, we have included a separate section for this area. Further information could be found in the 2019/20 [Annual Report](#) which can be accessed via our website.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups.

- In Enfield, we established a Long Term Conditions programme in 2019/20 to drive the improvement and management of patients with one or more long term conditions, as part of the local response to implementing the NHS Long Term Plan to reduce health inequalities especially amongst vulnerable and socially patient groups.
- Together with the other North Central London CCGs, Enfield CCG commissions an integrated contract for NHS 111 and GP out of hours services from London Central and West Unscheduled Care Collaborative (LCW). The CCG reviews regular information from the service on the number of calls the service receives and various performance metrics relating to how quickly calls are answered and/or transferred.
- Enfield primary care-led diabetes services (known as DQIST), was established to support patients improve diabetic control with a primary care setting, reducing unwarranted variation within the health economy. The main focus of the programme was to support patients manage their cholesterol, HbA1c and blood pressure. The service during 18/19 (the latest figures available) indicated that Enfield delivered the most significant improvement nationally, improving control from 40% to 50%, within a single 12 month period. This improvement elevated Enfield to the second best performing borough across North Central London.
- At the end of March 2020, 80.2% of Enfield patients were waiting less than 18 weeks for treatment. The end of year performance deteriorated due to the impact of the Covid-19 pandemic due to the cessation of most elective care and fewer new referrals but performance had been challenged prior to this. There is a pan-North Central London approach to the recovery of elective care with providers and commissioners working together to ensure patients are prioritised according to clinical need and capacity is utilised appropriately across the system.
- Enfield CCG met three of the eight cancer waiting times standards in 2019/20. The CCG's performance against the 62 day waiting times standard for first treatment following urgent GP referral was 76.9% against the 85% national target.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups.

- The CCG is working with its partners across North Central London on a range of initiatives to help improve performance. For example, North Middlesex University Hospital is developing a Straight to Test pathway for patients with suspected Colorectal or Upper GI cancer which will avoid unnecessary appointments. There has also been a review of the prostate cancer pathway and the recommendations from this are in the process of being implemented. Our providers are working hard to ensure patients are diagnosed within 28 days of referral under the Faster Diagnosis Standard, and this will become a formal national target in 2020/21.
- The CCG also tracks waiting times for community services (such as physiotherapy, podiatry and speech and language therapy) and works with our main provider on recovery plans where patients are waiting longer than expected.
- Enfield CCG recently undertook a review of Pressure Ulcer staff training programme for care home and District Nursing staff in Enfield. The review included a synopsis of the completed actions, the actions that are in progress as well as proposed or recommended actions for consideration by Haringey CCG.

Objective 2: Improve equality in access to services for protected and vulnerable groups

- GP Extended Access Services – an additional 43,317 appointments have been made available through the GP Extended Access Services across Enfield for patients unable to book an appointment with their registered GP practice, between April 2019 and March 2020.
- Through the GP-Led Care Homes service, Enfield has commissioned primary care to provide 8am to 8pm seven day service. Creating access to GPs with specialist expertise in older people medicine has resulted in avoiding over 200 A&E attendances and 121 non-elected admissions over the duration of the year, predominately in the over 65s population. This ensured that care home residents receive a more responsive primary and community delivered service, improving their overall experience of care, while freeing up bed and unscheduled care capacity.

Objective 2: Improve equality in access to services for protected and vulnerable groups

- In March 2020 we launched a 1-year pilot in Enfield to develop a community based cardiology service for GP practices, working in collaboration with consultant cardiologists at North Middlesex University Hospital and Royal Free London Hospital. This initiative will provide improved access to GP direct access cardiology diagnostics in a community setting and sharing reports.
- In Enfield, additional GP appointments have been made available during the winter period to reduce the number of patients attending A&E with conditions which could be treated by GPs. Commissioners are also actively working with GP practices in Enfield to ensure patients are accessing the most appropriate services for their condition.
- The CCG is working with its partners to deliver the Five Year Forward View for Mental Health ambitions and the mental health aims described in the NHS Long Term Plan.
- There is a national priority to eliminate inappropriate out of area placements for mental health patients. The CCG is actively working with other CCGs in North Central London, local authorities and Barnet, Enfield and Haringey Mental Health Trust to put plans in place to ensure more patients are cared for locally. A new ward opened on the Trust's Edgware site in December which will reduce the need for patients to be treated elsewhere.
- In October 2019, the Enfield Children and Young People's Mental Health Transformation Plan was refreshed (available here) which outlines the borough's vision for 2015-2021. This includes commissioning a range of high quality and accessible mental health support based on the THRIVE1 model, providing effective universal services and ensuring there is mental health support through all stages of childhood. As at the end of February, 2,729 Enfield children and young people had received mental health treatment during 2019/20.
- The CCG works actively with both Barnet, Enfield and Haringey Mental Health Trust and Mind in Enfield to ensure patients can access Improving Access to Psychological Therapies (IAPT) services promptly and that expected numbers improve following treatment. The CCG has recommenced the IAPT Network which brings together multiple stakeholders to improve services. There is also a programme of work underway to locate therapists in primary care.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

- There is strong evidence that effective communication and engagement with patients, carers, stakeholders, partners and the public helps to improve commissioning decisions, quality of services, patient satisfaction and a better understanding of how to use the NHS. We work closely with patients and the public to ensure that the services we commission meet the needs of population in Enfield. <https://www.enfieldccg.nhs.uk/engaging-with-our-communities.htm>
- Our corporate [Communications and Engagement Strategy](#) explains our approach to embedding engagement throughout the commissioning cycle, and the ways in which we aim to engage with communities. <https://www.enfieldccg.nhs.uk/Downloads/Policies/Communications%20and%20engagement%20strategy%202017-2020.pdf>
- The CCG hosts three corporate PPE events a year. These events are open to all our stakeholders and members of the public. The objective of these events is to update the public on NHS developments, gather feedback on our commissioning plans and support quality improvements in local NHS services. Based on the feedback we have received from patients, these events are led by clinicians with group work and fewer presentations/speakers. <https://www.enfieldccg.nhs.uk/patient-and-public-engagement-events.htm>
- This year we used these events to invite feedback on a number of key work programmes, both locally and across north central London including: our Commissioning Intentions, the development of Primary Care Networks, immunisations and winter health, NCL Orthopaedic Review, designing our new community phlebotomy service, discussing proposed changes to opening times at Chase Farm Urgent Care Centre and CCG merger. A report is prepared after every event and published on our website along with the slides from the event.

Working with partners

- As a commissioner we contract with our providers to gather patient experience data and this we discuss quality improvements at our regular contract meetings. We also work closely with Enfield Council across a range of service delivery areas including public health, adult and children's social care and learning disabilities – and wherever possible we engage together with local residents.

Enfield CCG Voluntary and Community Stakeholder Reference Group

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

- Enfield Clinical Commissioning Group (Enfield CCG) set up a Voluntary and Community Stakeholder Reference Group in September 2015. Details about the group's meetings and membership as well as its terms of reference are available on the CCG's website. Its aim is to enable voluntary and community sector representatives to provide the patient, service user and public perspective, on the development, planning, implementation and evaluation (success and challenges) of health services commissioned by Enfield CCG. This year, issues discussed at this group included the voluntary and community sector role in: local Commissioning Intentions, the NCL Orthopaedic Review, CCG mergers, phlebotomy services, urgent care and the Health Information Exchange. The group provides an expert view from a community and voluntary sector perspective and is also able to help us understand the impact of any proposals on the nine protected characteristics. <https://www.enfieldccg.nhs.uk/voluntary-and-community-stakeholder-reference-group.htm>

How patient feedback was used to improve local services in 2019/20

- During this year, the CCG worked closely with the stakeholders and the public to ensure patient involvement during our commissioning activities and to use patient feedback to improve services. Here are some examples of the ways that the CCG involved patients in our work this year:
 - Enfield CCG worked closely with partners in the NCL STP to engage on the Orthopaedic Review, which progressed to a public consultation. <https://www.northlondonpartners.org.uk/ourplan/Areas-of-work/Ortho-service-review/>
 - During 2019/20, Enfield CCG also started implementation of the Health Information Exchange. This is a new joined up health and social care record which helps staff to improve care for patients by being able to view a summary care record which will support prevention, care planning and diagnosis.
 - Enfield CCG partnered with the Over 50s Forum to deliver two events this year. This helped the CCG to interact with over 1,000 patients in a key target demographic to educate patients about local services, using NHS services wisely and national NHS campaigns - particularly Help us Help You, as well as supporting them to live confident and healthy lives in older age. <https://www.enfieldccg.nhs.uk/falls-event-2019.htm>
 - Enfield CCG's Cancer Action Group whose members include Cancer Research UK and Macmillan have been working closely with Enfield Council's public health team to develop a new cancer awareness campaign. A patient volunteer from the Enfield Over 50s Forum helped to design the questionnaire. The results from this survey were used to develop a new cancer marketing campaign, targeted at Enfield residents.

Patient Representatives Enfield

- CCG regularly advertised for volunteer patient representatives to support work programmes or the development of new services. When recruiting, we are keen to hear from patients with direct experiences of local services. Equality forms are collected as part

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

of patient recruitment and at all events to review how reflective our engagement is of our diverse community.

<https://www.enfieldccg.nhs.uk/volunteering-opportunities.htm>

- This year, we also worked with our GP membership and local patients to design and procure a new community phlebotomy service. <https://www.enfieldccg.nhs.uk/community-phlebotomy.htm>
- We surveyed local GPs and engaged with local patients in order to identify how the existing community based phlebotomy services could be improved. In support of the survey, a patient reference group was established to help us to develop the service specification which included improving local access, waiting times and booking future appointments as well as developing performance indicators to measure key areas such as: patient experience, timeliness of appointments and improving outcomes. Specific feedback that came back from engaging GPs and service users was to improve the availability of domiciliary phlebotomy services for patients who are housebound as well as improving access by extending opening times of the future service to meet the local need across Enfield. We had to pause the procurement due to the General Election in December 2019, but we will be announcing the outcome of the procurement and the new provider will be launching the service later in 2020.

Case study

Grab bag scheme – safeguarding project with North Middlesex Hospital

<https://www.enfieldccg.nhs.uk/helping-young-victims-of-violence-and-gangs.htm>

Enfield now has the second highest level of serious youth violence in London. (Source: Metropolitan Police Data Store)

Dr Gayle Hann, lead for paediatric emergency medicine, devised the 'grab bag' scheme after a 14-year-old girl came into A&E with bruising and a nosebleed following an assault. She was seen by a nurse who was concerned that she was vulnerable but before she could be seen by a doctor, a major case involving resuscitation arrived. When she was eventually called she had left. During follow-up enquiries, the hospital established she had been reported missing.

Approximately 4000 young people aged 12-18 years from both Enfield and Haringey are treated in the A&E department and North Middlesex annually. These include the hardest to reach, vulnerable adolescents - Looked after children (LAC), those who do not attend school/college and those in gangs. The idea of using grab bags was to deliver information about local services and also to educate – this was part of a bi-borough multi-agency project which aimed to target child sexual exploitation (CSE), gang activity and missing children.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

Working with Enfield and Haringey health and social care colleagues and the [Local Safeguarding Children's Board](#), and testing ideas with a focus group of young people, Dr Hann launched the bag scheme to deliver information about local services and to educate young people. It includes leaflets about a range of services, a lip balm with a hidden helpline number for victims of domestic violence and useful contact numbers.

The [presentation](#) gives an overview of the project.

The bags have been:

- Developed with the advice of young people
- Resourced by multiple agencies
- Contents selected to tackle multiple important issues that vulnerable young people face
- Designed for enabling feedback - a questionnaire is stapled to the front of the bag

Current outcomes of this project

Feedback questionnaires have been collated and young people responded positively to the Grab Bag Initiative:

- More than half the users surveyed said they would recommend the grab bag to a friend
- Many young people found the information provided useful
- The highest rated items were condoms, helpline numbers and drug advice
- The few finding the 'runaway' information useful may represent some of the hardest to reach.
- If young people are sharing the information received (e.g. the lip salve) it has the potential to reach the wider community

Future objectives for this project

The grab bag scheme while inspired by one patient is having a wider impact on how we try to care for some of our most vulnerable young people. There are 225 recognised gangs operating in London and the gangs around the hospital area have been mapped to show who is in conflict with each other.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

The hospital along with health and social care partners have decided to continue with this scheme to inform and educate young people on the services available to them for a range of issues, and to develop further alliance working with professionals and young people. We want to use a multi-disciplinary approach to target groups/individuals that are harder to reach, and to break down barriers to services.

We want to increase:

- Awareness of local organisations and services available
- Accessibility and confidence for young people to approach local health and social care services
- Knowledge of who to speak to and where to go in specific situations
- Empowerment, self-care and responsibility within the youth community
- Support for young people with a range of issues- and help them use of the right services

We want to reduce

- Isolation and disengagement
- Gang culture
- Stigma around certain issues
- Barriers in accessing services

Haringey CCG

In this section we have provided information about how the CCG implemented the equality objectives 1 and 2 in commissioning services. As engagement and consultation is an important duty of the CCG and is a key enabler in commissioning inclusive services, we have included a separate section for this area. Further information about the CCG's performance in 2019/20 can be found in the [Annual Report](#) via the CCG website.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups

- A number of initiatives were commissioned to address mental health inequalities, including:
 - Securing new investment for adult mental health services which has helped to fund a specialist outreach service for people sleeping rough or facing severe and multiple disadvantage.
 - The development of improved mental health services and pathways for children and young people, including embedding mental health support teams in schools.
 - A new service in primary care focused on addressing the physical health inequalities faced by many who live with severe mental health conditions.
 - Our talking therapy services and voluntary sector services continued to perform well and grow. Our secondary care services continued to explore integration with partners as part of work in Tottenham and enhance their joint working with social work colleagues from Haringey Council.

- In recent years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people. Haringey CCG is working with its partners, including the Council, to develop local services that meet the needs of children and young people (CYP) and their parents/carers. There have been important new developments with the launch of:
 - The Royal Free Hospital Out of Hours Services that has resulted in 75% of young people being assessed and discharged home without needlessly occupying a hospital bed or A&E bed.
 - Kooth, an online support for 11-18 year olds and up to 25 year olds with additional needs.
 - NCEL (North Central and East London) CAMHS Collaborative to manage CYP mental health in-patient beds.
 - The 'Trailblazer Pilot' which was rolled out to 37 schools in the east of the borough because of the higher levels of deprivation and health inequalities. The pilot provides multi-disciplinary mental health support teams based in schools. Over 1,235 young people have been seen and schools staff have been supported in 125 different training sessions. Parents have also participated in facilitated groups.
 - The Four Week Wait Pilot which has dramatically reduced waiting times for young people accessing CAMHS. 49% are waiting less than 4 weeks between referral to treatment.
 - Regional initiatives through the Tavistock and Portman Home Office funding and Chance UK which have brought in over £500k into therapeutic support in Haringey schools.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups

- Haringey CCG's participation in the Department for Education's Schools Link Programme. Haringey CCG and the local education authority are bringing together 87 schools and colleges with mental health providers. We are the first CCG within North Central London to participate in the scheme.
- Expanded training for Youth Mental Health First Aid courses, autism, positive behaviour support and Cynget (parent training for young people with autism 5-18 years)
- Integrating Care Closer to Home in the Community developed-
 - A multi-agency team in East Haringey, which supports people with diabetes whose care could be managed closer to home;
 - Multi-agency teams each in Central and West Haringey, focused on identifying and supporting older people with moderate frailty. These deliver a holistic home visiting service for older people with moderate frailty (particularly those who are vulnerable, e.g. living alone or who were known to have had a fall) identified through their GPs. Nurses, pharmacists and the voluntary sector community navigators work with the individual to assess their health and social needs and provide information, advice, guidance and/or support, as required.
 - Professionals working in the frailty team met with over 500 older people in 2019/20. A recent evaluation of the service found that patients and professionals value the service and the majority believe it made a difference to their health, well-being and independence: two-thirds of patients thought their health had improved, with more than half having fewer attendances at A&E after working with the contact with the frailty team. More than 85% of patients reported they felt they knew what to do and who to contact if their condition got worse.
- This year, there has been a significant expansion to the Haringey GP Federation clinical pharmacist team with an increase in the number of pharmacists from 9 to 14 who have transitioned in to the Primary Care Network (PCN) model of working. The pharmacists started off with four main project streams: prevention of Atrial Fibrillation (AF) related stroke, polypharmacy reviews for patients over 65 on 10 or more medications, medicines reconciliation (transfer of care from secondary care to primary care) and monitoring of high risk medications. They then expanded onto further work streams to meet the priorities of the PCNs. All PCN pharmacists are supporting management of long-term conditions in face to face clinics such as the management of hypertension, chronic obstructive pulmonary disease, diabetes, asthma and chronic kidney disease annual reviews. These areas play a significant role in reducing health inequalities amongst our minority and disadvantaged groups in Haringey.
- Local A&E Emergency Departments (ED) which treat people with serious or life threatening conditions. We help ensure that A&Es have the right staff at the right time and are able to help people as quickly as possible. NMUH has recently reconfigured its

Objective 1: Reduce health inequalities amongst protected and vulnerable groups

emergency department to establish a new Frailty Unit – called Amber Ward – which provides specialist care and treatment to elderly and frail patients, allowing them to return home quicker without long hospital stays. There is also a new Haematology ward with dedicated trained nurses for haematology and sickle cell patients.

- We have set up new schemes and pathways to help people leave hospital as soon as they are able and return home wherever possible. This means that if a patient needs further health support and/or social care support, they can be assessed for this in familiar surroundings and be supported to make appropriate decisions about their future. From April 2019 to January 2020 we helped discharge over 1,800 people.
- The 'Frailty Network' brings together health, social care and voluntary sector organisations in Haringey to ensure professionals from all parts of the system are working together as one team. The goal is to ensure that people are supported to stay healthy and independent for longer, and that if they do become unwell, the system can responsively address their needs. This network has started to build the foundations of a more integrated set of services. Successes include the expansion of 'Rapid Response', a service that provides nursing and social care support in people's homes as an alternative to being admitted into hospital unnecessarily. The North Middlesex Hospital have also implemented an acute frailty unit through which patients who do require care from a hospital consultant can be fast-tracked to see a doctor who specialises in frailty without having to be admitted for a long period of time.
- In November 2019, the CCG and its health and care partners as well as patients, residents and carers and their representative groups produced an Ageing Well strategy. The strategy's scope focusses on ensuring our older population can 'age well' and what this means for people with frailty (or those who could become frail in the medium-term). The strategy also covers the needs of specific groups of people more likely to become frail at a younger age such as those who have learning disabilities. It is important to ensure these individuals are supported and can support themselves to maintain or improve their health, well-being and independence.
- Through the Early Help and Intervention: Community Navigation/Social Prescribing 475 people were supported to community-based solutions that might help them via CCG/Council funded Local Area Coordinators operating in two areas of the borough in 2019/20. The Coordinators' role is to connect vulnerable people to these services and provide support to them. As these services are both successful and well regarded, the Council is about to expand to other wards in the borough.

Objective 2: Improve equality in access to services for protected and vulnerable groups

- Since August 2016, Haringey CCG has commissioned more appointments outside normal working hours (extended hours) via Federated4Health, Haringey's GP federation, which is made up of all the GP practices in Haringey.
- Patients can access more evening and weekend appointments, due to the opening of primary care 'hubs' in GP practices across Haringey. Appointments in the hubs are available from 8:00am to 8:00pm, Saturday and Sunday and 6:30pm to 8:30pm Monday to Friday, and on bank holidays including Christmas Day and Easter Sunday, though opening hours vary between hubs. In addition the hubs also offer telephone appointments during the week.
- Haringey CCG is also working closely with GP practices to offer more online services to patients. This includes booking appointments online, ordering repeat prescriptions and viewing medical records, via secure sites. The CCG is working on a digital transformation agenda, which includes a roll-out of new telephony and the digitalisation of medical records.
- Access to local healthcare for people with minor injuries or illnesses, which is more convenient and meets their needs better, such as home visits from District Nurses or GP appointments in the evenings or on the weekends. It is now much easier to get same-day or next-day appointments by calling your GP practice or using an extended access hub.
- The CCG provided immediate accessible information, advice and signposting for people who are worried about their health or what to do, we encourage everyone to call 111 to speak to a medic who can provide advice on whether to go to a pharmacist, GP or A&E, and book urgent private appointments, where needed.
- The two key constitutional standards for mental health relate to Improving Access to Psychological Therapies (IAPT) in terms of the proportion of people receiving psychological therapies (Access), and the proportion of people completing treatment and moving to recovery (Recovery Rate). Additionally there are a further two standards which relate to the proportion of people that wait 6 or 18 weeks or less from referral to entering a course of IAPT treatment.
- *For 2019/20 Haringey CCG achieved three of the IAPT standards: The indicator that underperformed in 2019/20 was the proportion of people receiving psychological therapies. Haringey CCG did not achieve the target for the first three quarters of*

Objective 2: Improve equality in access to services for protected and vulnerable groups

2019/20. A number of actions have been implemented during 2019/20 and an increase in the access rate in quarter 4 will be required to ensure Haringey achieves the national access target of 22% by the end of quarter 4 of 2019/20.

- The CCG funded to open a 'safe haven' where people with mental health can access non-clinical crisis support out of hours.
- Further funding bids are being developed for schools in the east of Haringey, improved therapy within schools, NCL Crisis Service and increased CAMHS community services.
- To further support young people and their families, we have expanded the SEND Local Offer for social, emotional mental health resources. Working with Seven Sisters School and the Tavistock and Portman Clinic have identified over 90 organisations that can provide support to local residents.
- The pilot for a the musculoskeletal (MSK) pathway started in early 2018 with eight practices across Haringey and Islington, and it demonstrated that a considerable number of patients could be treated in the community, reducing the pressure on outpatient appointments in Trusts and improving patient experience. This has been possible through a single point of access for MSK services.
- Over 1,000 people accessing our expanded and multi-disciplinary Rapid Response service (usually responding within 4 hours) to treat people who are nearing, or at, a health crisis at home for up to five days, following referral via a care professional. The service ensures people don't need to go to A&E unnecessarily, and thus helps people present to hospital unnecessarily.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

- **North Tottenham locality work** - The CCG in partnership with Haringey Council, local health providers and voluntary sector is working on a geographic location in Haringey which experiences extremely high deprivation and health inequalities. We have done in depth research with local people and front line staff to begin to shape and deliver services which meet their needs, support them to look after their health and wellbeing, holistically improve their quality of life and connect communities. The

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

project now has two big spaces locally which people can drop into during the week, a roving drop-in session which moves around the locality and door knocking from the 'Connected communities' team. Local people can ask for any sort of holistic and community support and can make suggestions for activities they would like to see in the local area. Alongside this frontline staff across health and social care have been co-located and given 'permission' to work in a multi-disciplinary team to holistically support their clients' / patients' needs.

- **People living with long term conditions** - Haringey CCG has set up a specific programme that aims to improve the support offered to people with Long Term Conditions and support them to better manage their health and wellbeing, supporting them to be involved in their care and decisions around their care. The programme begun with a research piece to further understand the needs of those with a LTC in Haringey. We conducted a survey to gather local residents' experiences of services. 134 people living with a LTC responded to the survey. We got feedback from the CCG's Engagement Network on their thoughts/ experiences of long-term conditions provision and care in the borough, as well as suggestions on how the CCG can help people manage their conditions more effectively. We attended a local event in North Tottenham to discuss with and get feedback from residents about our long-term conditions and frailty integrated model and have invited five residents to sit on the steering group to oversee how the programme develops.
- **Children and young people mental health services** - Haringey CCG was one of several CCGs across the country to receive significant funding from NHS England to improve mental health support in local schools. The funding was invested in establishing two school-based mental health support teams that provide a range of emotional and wellbeing support to primary and secondary schools pupils in the east of the borough, which was identified as the area with the greatest need for these services. Prior to setting up this service, we commissioned Healthwatch Haringey to engage with young people, parents and schools to ensure that we provided a service that met the needs of the young people. This included conducting a focus group with 25 young people, facilitated by Healthwatch Haringey and counselling service Open Door, to get their thoughts on mental health support in schools. We also engaged with Haringey's Youth Parliament and got feedback from young people within this group about local mental health services and our proposals.
- **Long term plan engagement** – we commissioned The Bridge Renewal Trust to run focus groups to hear the views of Haringey residents about the NHS Long Term Plan and the CCG's public meetings. The purpose of the focus groups carried out by the Bridge Renewal Trust is to use their diverse networks of community groups to reach out to individuals to share their experiences of accessing health services in Haringey, with the NHS Long Term plan in consideration. A total of ten focus groups were held between July – August 2019, which engaged with a range of groups including parents, blind residents, BAME groups, older

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

people and people living with long term conditions. The report can be found here: <https://www.haringeyccg.nhs.uk/about-us/nhs-long-term-plan.htm>

- **GP Gyms engagement** - The GP Gym service has been running in Haringey since April 2018. It began as a one year pilot which was later extended. The service is by referral from a GP, for patients over 65 with a long-term condition that would benefit from regular, gentle exercise. At present, there is no fixed duration for the sessions and participants can attend indefinitely. In August 2019 an engagement exercise was carried out to establish what users felt about the service provided and to determine its future. A member of the CCG's Planned Care team visited one of the weekly gym sessions and completed 21 face-to-face paper surveys. Four additional surveys were completed online.
- **End of life care** - In Haringey, we engage with and involve patients, families and carers in the development of our end of life services to make sure we are providing care that is tailored to the patients' needs and supports them to live as well as possible during the last months or years of life or to die with dignity. In January 2020 we produced a video which captures the experiences of patients and their families using North London Hospice, which provides some aspects of end of life care for Haringey residents. Their stories will help us to review and improve the service going forward.

Islington CCG

In this section we have provided information about how the CCG implemented objectives 1 and 2 in commissioning services. As engagement and consultation is an important duty of the CCG and is a key enabler in commissioning inclusive services, we have included a separate section for this area. Further information about the CCG's performance in 2019/20 can be found in the [Annual Report](#) via the CCG website.

Objective 1: Reduce health inequalities amongst protected and vulnerable groups

- The CCG's equality impact assessment process was used as assurance that the needs of all community groups have been considered before a service is commissioned.
- The CCG commissioned a new Health-Based Place of Safety to support people suffering from a complex mental health crisis to improve patient experience- and since opening at the end of January 2020, there has been positive feedback from both police and patients.
- Mind Mental Health Crisis café has been commissioned to support people through volunteers with lived experience of mental health. In addition to this, the CCG has expanded our Crisis Home Recovery and Treatment Teams, introduced new technology to support the crisis phone line and commissioned a dedicated nurse to support home treatment for seriously mental ill patients.
- The CCG has performed well above the target in terms of 18 week wait and the recovery rate.

Objective 2: Improve equality in access to services for protected and vulnerable groups

- Extended Access - primary care appointments in the evening and at weekends from three GP hubs across Islington.
- From July 2018, the Single Point of Access model for MSK pathways was rolled out in a phased manner across all Haringey and Islington practices.
- A central point of access for accessing Child and Adolescent Mental Health Services has been successfully implemented. Through additional investment in the community sector, the service has been supporting children to access community based services- and the service has performed beyond the access target.
- The new mental health Recovery Pathway has come a broader offer, a more focused, inclusive and time-limited psychosocial approach which can be accessed from day centres without the need for waiting.

Objective 2: Improve equality in access to services for protected and vulnerable groups

- This year the focus for the Healthwatch consortia, Help on Your Doorstep and Claremont was ‘Social Prescribing and Navigation.’ The Peel and Galbhur worked with the Islington Somalian Community, looking at barriers faced when accessing mental health support.

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

The [CCG’s engagement strategy](#) outlined the approach to inclusive engagement and demonstrates how people are engaged throughout the CCG’s work. One of the [CCG’s engagement objectives](#) (objective 4) is specifically focused on engaging with local residents who may fall into one of the protective characteristics or social inclusion groups. All CCG commissioners are assessed against these objectives as part of the CCG’s [Patient and Public Participation Committee](#).

A few further examples of work we have undertaken are given below:

- This year, we have continued our engagement partnership with the local voluntary sector through the Community Research and Support project. Not only hearing from local communities but also providing additional support for them to access statutory services and wellbeing support. Reports from this piece of work are [on our website](#). Demonstrating the variety of local community groups we work with and how commitment to supporting the voluntary sector in Islington through our commissioning approach.
- We commission a Community Wellbeing Project that works with a local estate in Islington. This community suffer high deprivation and health inequalities. The project works with (and employs) the local community to deliver a range of activities to both utilise their skill and to meet their needs by providing a range of wellbeing opportunities and linking local people into statutory services. You can find out more on [our website](#).
- We undertook targeted engagement throughout the year with local people on a range of topics. You can find examples of these in our [engagement library](#). Groups who face barriers to accessing services or having their voices heard are always a key part of this

Inclusive engagement and consultation (supporting the delivery of equality objectives 1 & 2)

engagement. We often commission the voluntary sector and community organisations to ensure we reach the communities that make up our diverse borough.

- This year we undertook a major consultation with Moorfields Eye Hospital. We worked with patients of the hospital, local charities, RNIB and local residents. The full reports and consultation process is available on our [website](#).
- We also undertook engagement to reshape the way we provided walk-in-services to ensure they met the needs of the entire Islington population. We undertook specific piece of work with our local BSL community to understand the impact of the service change for them. More information is available on our [website](#).
- We have provided [staff training](#) to all CCG commissioners on engagement this year, ensuring the links between engagement and equalities are clear, which supports our EDS2 commitments.
- We also commission or support a range of patient and community groups so that local people and patients have a clear voice in the way health services are commissioned and delivered. This includes mental health service users with complex needs open patient meetings, those who are carers of who are receiving Last Years of Life Care and meetings for people with Long Term Conditions. The range of groups is available [here](#).
- More information about our approach to engagement and our engagement activities is available on our website: <http://www.islingtonccg.nhs.uk/engagement/our-engagement-approach.htm>

NCL CCGs performance against the equality objectives 3 & 4 in 2019/20

The following two equality objectives are focused on our workforce and governance and there are specific policy documents and action plans that ensure the delivery of these objectives including the CCGs constitution, the Workforce Race Equality Standard (WRES) action plan and the communication and engagement strategy. Information on the performance against the equality objectives with regard to the workforce and governance are provided across the NCL CCGs as a whole because the CCGs had comparable objectives.

| Objectives | Key achievements/developments |
|--|---|
| <p>Objective 3: Recruit, support and retain staff from protected groups</p> | <ul style="list-style-type: none"> • The CCGs workforce data as at 31st March 2020 shows that the five NCL CCGs had a workforce that was generally reflective of the North Central London population/community demography with regard to ethnicity. The CCGs have made good progress with regard to retaining staff from other protected backgrounds (e.g. sexual orientation, disability). • The CCGs implemented this objective to ensure the achievements that had been made in the previous years with regard to recruiting staff from protected backgrounds in senior management bands. • It should be noted that due to the NCL CCGs transition programme, there was a vacancy freeze in 2019/20 and therefore only a small number of posts were recruited to on a permanent basis. • The CCGs continued to follow good practice in recruitment by ensuring managers were provided with the necessary advice, guidance and support on recruitment and selection. • The CCGs had in place an open, fair and transparent system for recruiting staff and Governing Body Members, which places emphasis on individual's skills, abilities and experience. This enables the CCGs to conduct recruitment campaigns in a fair and equitable manner. |

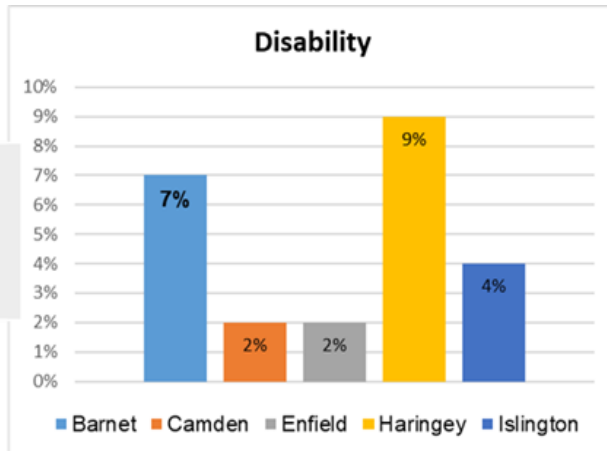
| | |
|--|--|
| | <ul style="list-style-type: none"> • The CCGs Resourcing Policy and Procedure explicitly states that managers will consider and make appropriate reasonable adjustments if an applicant declares themselves as disabled. Reasonable steps are taken accordingly to ensure all disabled applicants are treated fairly which includes making adjustments in terms of interviewing venue, selection and aptitude tests. All staff and managers are required to undertake equality and diversity training. The selection criteria contained within the job descriptions and person specifications are reviewed to ensure that they are consistent with duties and responsibilities, are essential for the effective performance of the role and do not unfairly discriminate directly or indirectly against any potential candidates. • The NCL CCGs key Workforce Race Equality Standard achievements for 2019/2020 are: <ul style="list-style-type: none"> ▪ <i>The number of staff from BAME and White background is generally reflective of the NCL population demography.</i> ▪ <i>The recruitment data shows that the likelihood of BAME staff being appointed from shortlisting has improved from 2.39 in 2018/19 to 1.48 in 2019/20 compared with White staff across the NCL CCGs.</i> ▪ <i>The number of staff from BAME backgrounds across band 1-7 has overall increased across NCL.</i> ▪ <i>The number of Governing Body Members and Office Holders from a BAME background has increased significantly due to an improvement in the reporting of the ethnicity of this group.</i> ▪ <i>The number of staff from BAME backgrounds experiencing discrimination, bullying and harassment from staff and managers has reduced therefore showing an improvement</i> ▪ <i>There has been a significant increase in the number of staff from BAME backgrounds undertaking non-mandatory training in 2019/20.</i> • Please see our 2019/20 Workforce Race Equality Standard (WRES) Report for further information on the NCL CCGs achievements against the nine indicators. Also see the workforce diversity section which provides the data on staff diversity from our 2019/20. |
| <p>Objective 4: Strengthen the role of governance and leadership beyond compliance.</p> | |

- Each Governing Body was responsible for CCG’s strategy, financial control and probity, risk management, oversight and assurance, and deciding which services to commission to improve the health and wellbeing of the people of NCL boroughs.
- The CCGs ensured solid local clinical representation on the Governing Body so that the people that deal with the day to day health care needs of the people play a key role in decision making. This included people from the clinical backgrounds elected by GPs, nurses, and lay members from the community.
- The Governing Body Lay Members had the responsibility for chairing the Patient and Public Engagement Committees which had a specific remit for equality, diversity and inclusion. The Committee chairs led the work on work diversity and inclusion- and provided advice to the Governing Body.
- Some examples of leadership commitment to advancing equality include:
 - The Governing Body (GB) and the Senior Management Team (SMT) played a significant role in supporting the equality, diversity and inclusion functions in the CCGs through assurance and risk management.
 - Members of the SMT and GB worked with Healthwatch, the voluntary sector, patient representatives from diverse backgrounds and partner organisations (e.g. social care, Public Health) to implement transformational programmes which had equality impact assessments completed as part of the consultation (e.g. Moorefields Eye Hospital, Adult Elective Orthopaedic).
 - There were individual CCG equality impact assessments which followed local best practice and engaged clinical leads and patient representatives.
 - GB members and senior managers attended meetings with patients and partners to discuss particular barriers to access to services by protected and vulnerable groups- and agreed actions as mitigating measures.
 - Through the Committee structure health inequalities amongst protected groups were scrutinised- and solutions explored (e.g. Primary Care Committee in Common).

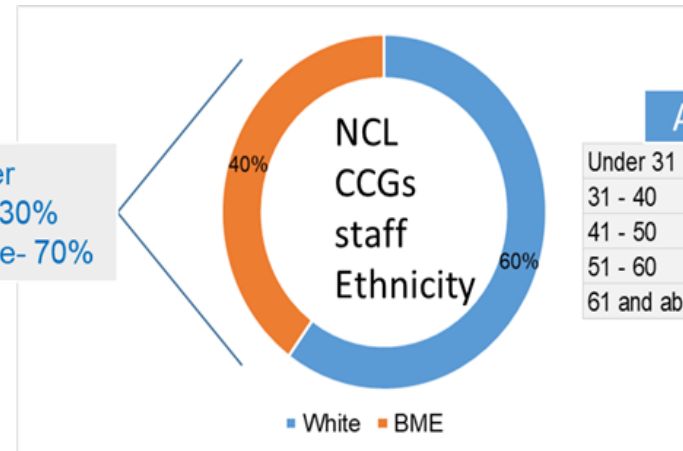
Workforce equality information

The following information shows the diversity data for the NCL CCGs as a whole and are based on the staff records as at 31st March 2020.

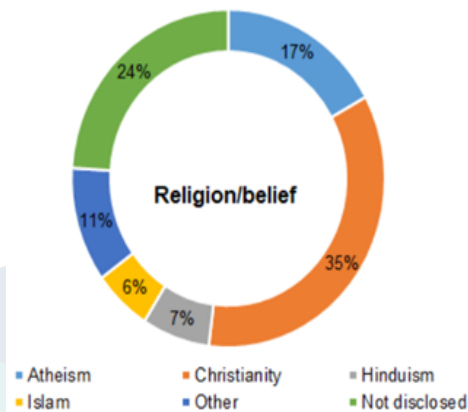
In NCL CCGs
5% staff have
declared to
have a disability



Gender
Male- 30%
Female- 70%



| Age | |
|--------------|-----|
| Under 31 | 9% |
| 31 - 40 | 31% |
| 41 - 50 | 29% |
| 51 - 60 | 25% |
| 61 and above | 6% |



5% Staff are from
LGBT
backgrounds

48% Staff are
married

40% Single

Staff race equality data as at 31st March 2020 and comparison with 2019 data

| Ethnic Group | Barnet | | Camden | | Enfield | | Haringey | | Islington | | |
|--|------------------------|------|--------|------|---------|------|----------|------|-----------|------|-------|
| | 2019 | 2020 | 2019 | 2020 | 2019 | 2020 | 2019 | 2020 | 2019 | 2020 | |
| Staff including those who did not wish to disclose their ethnicity | Self-disclosed - White | 64% | 64% | 49% | 48% | 47% | 56% | 43% | 46% | 61% | 62% |
| | Self-disclosed - BAME | 29% | 30% | 37% | 49% | 38% | 41% | 44% | 48% | 25% | 28% |
| | Not disclosed | 7% | 6% | 14% | 4% | 15% | 3% | 13% | 6% | 14% | 10% |
| Analysis based on self-disclosed ethnicity data only | Self-disclosed - White | 69% | 68% ↓ | 56% | 49% ↓ | 55% | 58% ↑ | 49% | 49% ↔ | 71% | 69% ↓ |
| | Self-disclosed - BAME | 31% | 32% ↑ | 44% | 51% ↑ | 45% | 42% ↓ | 51% | 51% ↔ | 29% | 31% ↑ |

Future strategy focus

In 2019/20, the NHS Long Term plan was published and set out the refreshed vision for building on the Five-Year Forward view. Implementing the Long Term Plan is extremely complex and poses significant challenges that require transformational change. The challenges have been compounded by the impact of COVID-19 pandemic on both the population and healthcare. The learnings from national reports and local experiences over the past few months will help us shape our policy responses with our primary focus on the following inclusion priorities in 2020/21:

Population based commissioning

- We are investing more resource in engaging our population – and we are changing how we commission services across NCL. We are restructuring the CCG to ensure ‘fit for purpose’ – and to seamlessly progress to an Integrated Care System (ICS). In doing all this we are putting our patients and communities at the heart of our commissioning. We are listening to people’s experience of the services that we are commissioning and we will keep exploring different means to reach out to our diverse communities- and listen to their diverse voices.
- The local systems and processes across our services, from primary care to specialist care, will work towards achieving equity in access and outcomes. We, as CCG, will work with our system partners to lead the way in implementing the NHS Long Term Plan – and also in tackling local health inequalities amongst protected and vulnerable groups.

Looking after our staff

- When we say that staff are our biggest assets, we mean it. We understand how important it is to look after our staff who look after our patients.
- Following the merger of the five NCL CCGs, the CCG has been developing our Equality Strategy and Objectives for 2020-2025. The CCG’s strategy will be informed and shaped by key statutory requirements and a number of strategic drivers including the NHS People Plan, The London Workforce Race Strategy, the Long Term Plan and the Workforce Race Equality Standards Leadership Strategy. These national and regional drivers and strategies will support the CCG with local actions and interventions to better our performance against the standards and thrive as a more inclusive workforce.

The CCG is strengthening staff engagement with our diverse workforce through the launch of a Diversity & Inclusion Steering Group and Staff Networks. We will use these forums to have open and honest conversations with our staff to help us support them, address incivility, and review our policies, processes and services as required to address discrimination and inequalities.

- Our Governing Body and the Executive Management Team remain committed to taking whatever action necessary to address structural racism and other forms of discrimination starting with developing a deeper understanding about the diversity of the workforce and the local population, providing training and learning opportunities and then, most crucially playing a sector leader role as a commissioner.