

**EQUALITY AND DIVERSITY STRATEGY
INCLUDING EQUALITY DELIVERY SYSTEM**

2015 – 2018

SECTION ONE

EQUALITY AND DIVERSITY STRATEGY

AIMS:

- To ensure that the delivery of services to the citizens of Luton is accessible and equitable through the embedding of equality and diversity across the Clinical Commissioning Group (CCG) at all levels and within all our commissioning.
- To support the increase of representation of under-represented groups at all levels across Luton CCG, including at senior levels.
- To provide the underpinning of the strategy with clear objectives from the undertaking of the Equality Delivery System as in the NHS Contract

INTRODUCTION

NHS England provides a Universal service to citizens, free at the point of contact and provided regardless of who the person is, it is a fundamental tenant of the NHS itself and can be found in the NHS Constitution;

Principle 1: The NHS provides a comprehensive service available to all.

This principle makes clear that the NHS covers every branch of medical and allied activity, and that it exists to address both mental and physical health. NHS services should be available to everyone: no individual should be excluded from receiving NHS services based on the characteristics cited. The protected characteristics set out in this Principle are the same as those listed in the Equalities Act 2010. Legal duties require the NHS Commissioning Board and each clinical commissioning group to have regard to the need to reduce inequalities in access to health services and the outcomes achieved for patients.

This principle is mindful of the NHS' integral role in alleviating health inequalities, which can be defined¹ as 'differences in health status or in the distribution of health determinants between different population groups.' The Principle makes clear that the NHS has a 'wider social duty to promote equality through the services it provides'. This is a reference to the Public Sector Equality Duty arising from the Equality Act. The Health and Social Care Act 2012 builds on the requirements set out in the Equality Act, placing new legal duties on the Secretary of State, the NHS Commissioning Board, clinical commissioning groups and Monitor in relation to health inequalities.

Principle 2: Access to NHS services is based on clinical need, not an individual's ability to pay.

This principle states unequivocally that NHS services should be free at the point of use, except where charges are expressly provided for in legislation (e.g. prescription charging and dentistry).¹

LEGISLATION

Luton CCG will ensure that it meets the duties of the Equality Act (2010) and Section 149 the Public Sector Equality Duty by putting the patient at the heart of what they do, which in turn supports the outcomes of the Principles 1 and 2 in the Constitution.

Protected characteristics of the Equality Act (2010)

- Age
- Disability
- Gender (sex)
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief or no belief
- Sexual Orientation
- Marriage and Civil Partnership (Employment and Training only)

Section 149; Public Sector Equality Duty

Luton CCG will ensure that all its policies and practices carried out within the organisations or on behalf of the CCG will make informed decisions based on equality analysis and assessment of impact that has identified if there are any effects on people; specifically with protected characteristics and consideration of health inequality; within the community who may use services or on staff in line with the Equality Act 2010.

The Equality Act also has general duties which have three clear duties which all public bodies, i.e. health, fire, police, local authorities, must adhere to. They are;

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010

¹ <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/handbook-to-the-nhs-constitution.pdf>

2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

As part of the duty, there are also the following specific duties public bodies must undertake, they are;

Publication of information

Each public authority must publish information to show that it is complying with the section149 duty on an annual basis. Authorities must include information about persons who share a protected characteristic who are its employees and its service users. Below we give a general view of members, staffing information and high level demographics in regard to the Town itself.

Data: The following sets out data relating to staff, members and service users across Luton for the year 2015

Current Board Members:

| Role | Gender | Race |
|---------------------------------------------|---------------|-------------|
| Chair | F | White |
| Assistant Clinical Chair/ Clinical Director | F | BME |
| Lay Member | M | BME |
| Lay Member | M | White |
| Lay Member | M | BME |
| Clinical Director | F | White |
| Clinical Director | M | BME |
| Clinical Director | M | BME |
| Clinical Director of System Change | F | BME |
| Secondary Care Member | F | White |
| Practice Nurse Member | F | White |
| Registered Nurse Member | F | White |
| Chief Officer (Accountable Officer) | F | White |
| Interim Chief Finance Officer | M | White |
| Director of Quality & Clinical Governance | M | White |

| Role | Gender | Race |
|-------------------------------------------|---------------|-------------|
| Director of Commissioning and Integration | F | White |
| Director of Public Health, LBC | F | White |
| Director of Operations | M | White |

Staff Data:

| Characteristic | % of Workforce |
|---------------------------|-----------------------|
| Gender | |
| Male | 18.18 |
| Female | 81.82 |
| Marital Status | |
| Divorced | 5.68 |
| Legally Separated | 1.14 |
| Married | 60.23 |
| Single | 17.05 |
| Unknown | 15.91 |
| Religion / Belief | |
| Atheism | 10.23 |
| Buddhism | 1.14 |
| Christianity | 39.77 |
| Hinduism | 5.68 |
| Undisclosed | 11.36 |
| Islam | 11.36 |
| Jainism | 1.14 |
| Other | 4.55 |
| Undefined | 14.77 |
| Sexual Orientation | |
| Heterosexual | 68.18 |
| Undisclosed | 17.05 |
| Undefined | 14.77 |
| Disability | |
| No | 76.14 |
| Undisclosed | 7.95 |
| Yes | 1.14 |
| Unknown | 14.77 |
| Ethnic Origin | |
| White | 52.27 |
| BME | 31.82 |
| Undisclosed | 15.91 |

Data of those affected by LCCG policies and procedures

The LCCG Commissions services on behalf of the Borough of Luton and its citizens, and therefore information will give an overview of the demographics and social considerations of the Town. Luton is now a Plural Town, whereby no specific race is now in the majority, but rather there are many differing races but what the census 2011 also showed us was that that 81% of Luton's residents have a British national identity 45% are of the White British ethnic group.

Luton's population against the national shows that we have a young population with a growing older population, we have high levels of long term ill health and children with disabilities, there is health inequality equating to a circa 10 year gap across the Town of life longevity which is a cause for concern. The gender of the population is almost 50/50 but slightly favour's men to women by 1%. There are no official statistics on LBG or transgender persons within the Town.

Luton Demographics:²

The following information gives an outline of those known to be resident in Luton up to 2013, including information from the 2011 Census, however there are clearly more people signing on to the G.P. register than are known to be, or estimated, to be living in the Town. Part of this is the changing migration within the Town itself, from into and migrating from the Town; the Town also sees Town churn, that is people moving from one part of the Town to another. The figures below show a large anomaly of the population figure for 2013 and those registered for a G.P. service, the main reasons for this could be;

1. Economic migrants returning to home Country but not having told the GP service
2. Living outside of Luton but the nearest GP service is in Luton
3. Registering at Luton GP service as a place where you work but not live
4. G.P, not informed of a deceased patient on their patient list
5. A Patient has moved away but not registered anywhere else

Table One: Population knowledge based on ONS figures for 2011, LBC and those known to be registered with a G.P;

| Year | ONS | LBC | GP Register |
|-------------|------------|------------|--------------------|
| 2010 | 199,600 | 205900 | 210200 |
| 2011 | 203600 | 205300 | 210200 |
| 2012 | 206800 | 207400 | 213900 |
| 2013 | 208000 | | 217800 |

²Research and Geospatial Information Team

LCCG G.P figures for April 2015 show that the register states 224170 – this is due in part because one surgery shut on the 31st March but remain registered within Luton.

Table Two: Luton Mid-Year Population Estimate 2013 by Quinary Age Groups

| | Male | Female | Total | Luton % Population | UK % Population |
|--------------|---------------|---------------|---------------|-----------------------|--------------------|
| 0-4 | 8300 | 8800 | 17100 | 8.1% | 6.3% |
| 5-9 | 7300 | 8000 | 15200 | 7.1% | 5.9% |
| 10-14 | 6500 | 6700 | 13200 | 6.3% | 5.5% |
| 15-19 | 6700 | 6900 | 13600 | 6.5% | 6.1% |
| 20-24 | 7600 | 8100 | 15700 | 7.4% | 6.7% |
| 25-29 | 9000 | 9800 | 18800 | 8.7% | 6.8% |
| 30-34 | 8600 | 9000 | 17700 | 8.4% | 6.7% |
| 35-39 | 6900 | 7200 | 14100 | 6.7% | 6.2% |
| 40-44 | 6700 | 6900 | 13600 | 6.5% | 7.0% |
| 45-49 | 6900 | 6700 | 13600 | 6.7% | 7.3% |
| 50-54 | 6100 | 6200 | 12200 | 5.9% | 6.8% |
| 55-59 | 4900 | 4900 | 9800 | 4.8% | 5.9% |
| 60-64 | 4200 | 4200 | 8300 | 4.1% | 5.5% |
| 65-69 | 3700 | 3500 | 7200 | 3.5% | 5.4% |
| 70-74 | 3000 | 2700 | 5700 | 2.9% | 4.0% |
| 75-79 | 2800 | 2500 | 5400 | 2.8% | 3.3% |
| 80-84 | 2100 | 1600 | 3700 | 2.1% | 2.4% |
| 85-89 | 1100 | 800 | 1900 | 1.1% | 1.5% |
| 90+ | 800 | 300 | 1100 | 0.8% | 0.8% |
| Total | 103300 | 104700 | 208000 | | |

Table Three: Ethnicity Luton - Total Population

| ETHNICITY – all residents | Number – Luton | % Luton | % East of England | % England and Wales |
|------------------------------------------------|-----------------------|----------------|--------------------------|----------------------------|
| White: English/Welsh/Scottish/N. Irish/British | 90,530 | 44.6% | 85.3% | 80.5% |
| White: Irish | 6,126 | 3.0% | 1.0% | 0.9% |
| White: Gypsy or Irish Traveller | 198 | 0.1% | 0.1% | 0.1% |
| White: Other White | 14,225 | 7.0% | 4.5% | 4.4% |
| Mixed/multiple: White & Black Caribbean | 3,831 | 1.9% | 0.6% | 0.8% |
| Mixed/multiple: White & Black African | 915 | 0.5% | 0.3% | 0.3% |
| Mixed/multiple: White and Asian | 1,805 | 0.9% | 0.6% | 0.6% |
| Mixed/multiple: Other Mixed | 1,730 | 0.9% | 0.5% | 0.5% |
| Asian/Asian British: Indian | 10,625 | 5.2% | 1.5% | 2.5% |
| Asian/Asian British: Pakistani | 29,353 | 14.4% | 1.1% | 2.0% |
| Asian/Asian British: Bangladeshi | 13,606 | 6.7% | 0.6% | 0.8% |
| Asian/Asian British: Chinese | 1,497 | 0.7% | 0.6% | 0.7% |
| Asian/Asian British: Other Asian | 5,871 | 2.9% | 1.0% | 1.5% |
| Black: African | 9,169 | 4.5% | 1.2% | 1.8% |
| Black: Caribbean | 8,177 | 4.0% | 0.6% | 1.1% |
| Black: Other Black | 2,563 | 1.3% | 0.2% | 0.5% |
| Other ethnic group: Arab | 1,646 | 0.8% | 0.2% | 0.4% |
| Other ethnic group: Other | 1,334 | 0.7% | 0.3% | 0.6% |

Below in Table Four we show the household composition at the time of the Census in 2011, lone parents make up 8.2% as against the national average of 6.2% but have a lower number of one person households of 65+ at 9.7% against a national average of 12.4%, this figure will probably increase over time as the population of older persons in the Town increases.

Table Four: Household Composition – All households

| HOUSEHOLD COMPOSITION – all households | Number – Luton | % Luton | % East of England | % England and Wales |
|---------------------------------------------------------|-----------------------|----------------|--------------------------|----------------------------|
| All Households | 74,293 | 100.0% | 100.0% | 100.0% |
| One Person Household: Aged 65 and over | 7,171 | 9.7% | 12.7% | 12.4% |
| One Person Household: Other | 13,148 | 17.7% | 15.8% | 17.8% |
| One Family Households: | | | | |
| ~ All aged 65 and over | 4,307 | 5.8% | 9.4% | 8.2% |
| ~ Married/same-sex civil p/ship: No children | 6,863 | 9.2% | 13.5% | 12.3% |
| ~ Married /same-sex civil p/ship: Dependent children | 13,587 | 18.3% | 16.7% | 15.2% |
| ~ Married/same-sex civil p/ship: Children non-dependent | 4,199 | 5.7% | 5.9% | 5.6% |
| ~ Cohabiting couple: No children | 3,069 | 4.1% | 5.4% | 5.3% |
| ~ Cohabiting couple: Dependent children | 2,707 | 3.6% | 4.3% | 4.1% |
| ~ Cohabiting couple: All children non-dependent | 331 | 0.4% | 0.5% | 0.5% |
| ~ Lone parent: Dependent children | 6,066 | 8.2% | 6.2% | 7.2% |
| ~ Lone parent: All children non-dependent | 2,856 | 3.8% | 3.2% | 3.5% |
| Other household types: With dependent children | 4,486 | 6.0% | 2.2% | 2.6% |
| Other Household Types: All full-time students | 907 | 1.2% | 0.3% | 0.6% |
| Other Household Types: All aged 65 and over | 169 | 0.2% | 0.3% | 0.3% |
| Other Household Types: Other | 4,427 | 6.0% | 3.7% | 4.4 |

EQUALITY OBJECTIVES

Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. The objectives must be specific and measurable, this has been achieved through the work of the equality delivery system, the engagement with key stakeholders and citizens of the town and can be found in more detail below in section two.

OBJECTIVES 2015 - 2018

Luton Clinical Commissioning Group Objectives and Actions going forward; there are five clear objectives for which the EDS has found patient/community priorities for the coming three years. These are shown below in the action plan, which are to be monitored on a quarterly basis to ensure they are being followed through and embedded within LCCG structures and commissioning priorities; The outcomes must also reflect the priorities outlined in the Strategic plans for the CCG and these are outlined in the overview action plan below, further detailed information on outcomes is shown in action Plan two below.

| No. | EDS Priority Identified | LCCG System Priorities | Five year Strategy | Equality Objectives | Lead |
|------------|-----------------------------------------------------------------------|-------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 | Dignity and respect Improved patient access and experience | Commission differently | | To ensure that all services commissioned by LCCG have clear values of dignity and respect, including training for staff which includes equality and cultural awareness | Training lead for CCG / Commissioners |
| 2. | communication with patients Improved patient access and experience | Transform organisation: | our | CCG supports and encourages good practice to be shared across commissioned services | Engagement Lead CCG |
| 3 | The needs of carers are understood Better health outcomes for all | Commission differently | | Supporting carers, particularly across the 3 protected characteristics of race, gender and age supports care for patients and better outcomes for carers. | Carers Lead CCG and LBC |

LCCG Equality and Diversity Strategy Draft Version One April 2015

10

* rate per 100,000 population

| No. | EDS Priority Identified | LCCG Five year Strategy System Priorities | Equality Objectives | Lead |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 4 | Clear understanding of the holistic needs of the Town and is differing communities including health inequality and differing health needs | Commission differently | Health inequality is a clear factor in the most deprived areas of the Town, and has an impact of life longevity, social interaction, generational social mobility and living well for longer – clear inequality across protected groups. | Commissioning leads /Public health/Equality Lead |
| 5 | A Diverse workforce | Empowered, engaged and included staff/ Inclusive leadership at all levels | Transform our organisation: | To aim to have a more diverse workforce, continuously monitoring workforce data. Human Resources |

* rate per 100,000 population

Objectives Action Plan with specific and measurable outcomes:

| Objective | Specific Action | Measurable | Assigned to/lead Officer | Able to be achieved/Areas of Concern | Time Frame |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|------------|
| <p>1. Dignity and respect – Improved patient access and experience</p> | <p>1a To ensure that commissioned services are undertaking appropriate training ie Equality and Diversity/ Cultural awareness</p> <p>1b. Staff are to be provided with appropriate training in regard to E & D and continued monitoring to support the aim of having a diverse workforce – reflecting the NHS Workforce Race Equality Standard</p> | <p>Number of training sessions undertaken and for what organisation</p> <p>Number of training opportunities undertaken</p> <p>Standard returns undertaken</p> | | | |

* rate per 100,000 population

| EDS Outcome | Specific | Measurable | Assigned to/lead Officer | Able to be achieved/Areas of Concern | Time Frame |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|------------|
| <p>2. communication with patients - Improved patient access and experience</p> | <p>2a. To identify areas of good practice</p> <p>2b. To ensure that the communication is delivered in such a way that all communities and individuals can participate in their health outcomes</p> <p>2c. To consider how to better target young people on whole NHS provision</p> | <p>To have four areas of good practice across Community, Mental health, Foundation Hospital and GP practices</p> <p>Set up two pilots – i.e. the lower number of people entering A & E but also using preventative targeted communications</p> <p>To set up a pilot project on a service to see how best to engage young people using social media</p> | | | |
| <p>3 The needs of carers are understood and actioned</p> | <p>3a. To monitor outcomes against the NHS Commissioning intentions for carers</p> | <p>To take two strands of the audit tool and consider where CCG and local NHS providers have a carers outcome</p> | <p>Marisa CCG/Diane Walsh LBC</p> | | |

| Action | Specific | Measurable | Assigned to/lead Officer | Able to be achieved/Areas of Concern | Time Frame |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 4 Clear understanding of the holistic needs of the Town and is differing communities including health inequality and differing health needs | <p>4a. All IIAs to have clear data showing differing needs across the Town to support service delivery;</p> <p>5b – to ensure that commissioning of services /commissioned services provide local expertise of local health needs</p> | Yes IIAs quality assured | Equality lead | <p>YES – no buy in from staff in relation to the IIA process and need for clear data sets</p> <p>Unable to employ staff with clear expertise on local health specialisms i.e. Sickle cell anaemia</p> | Continuous outcome in line with statutory obligation |
| 5. To have meaningful engagement with all communities in the Borough | <p>5a Expansion of PRG membership</p> <p>5b. Monitoring of membership by equality stands</p> <p>5c. To know</p> | Yes – Engagement to have clear monitoring to understand who they have engaged with, and to identify gaps in community engagement. | Engagement Lead | <p>Unable to persuade people to join a PRG group</p> <p>Lack of buy in by providers</p> | |

| | | | | | |
|--|------------------------------------------------------------------------------|--|--|--|--|
| | who we are engaging with – to have greater monitoring by equality strands | | | | |
|--|------------------------------------------------------------------------------|--|--|--|--|

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SECTION TWO:

Equality Delivery System (EDS2)

NHS England has developed a grading audit system for NHS organisations to consider how well they are providing services against an equality outlook, this is also in line with the Equality Act (2010) and its Public Sector Duty, the Act asks all public sector bodies to;

Equality Act – Public Sector Duty;

The Equality Duty has three aims. It requires public bodies to have ***due regard*** to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

Having ***due regard*** means consciously thinking about the three aims of the Equality Duty as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by public bodies – such as in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how they commission and procure from others.

Luton CCG undertakes analysis of decisions by using a process of Integrated Impact Assessment, this considers impact on decisions across equality, the nine protected characteristics of the Equality Act (2010) cohesion, social inclusion and health and wellbeing providing a more rounded view of the impact prior to a decision being agreed.

Protected characteristics are defined in the Act as:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – this includes lack of belief
- Sex (male & female)
- Sexual orientation

It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

For the specific duty:

- Publish information to demonstrate compliance with the general duty
- Publish data on the makeup of the workforce
- Publish data on those affected by LCCG policies and procedures
- Publish one or more equality objectives covering a 4 year period by

This report lists the final EDS grades agreed by our local interests consisting of representation from Patient Reference Groups, Healthwatch, community engagement and LCCG staff. It also lists a set of proposed objectives for the next year, in line with the public sector equality duty. This grading of the EDS begun with staff considering the criteria's and stating where they believed LCCG was in relation to the 18 questions, focus groups which particularly wanted to hear from those whose lives are often difficult and access to the NHS may, or may not, be problematic. In order to hear as many voices as possible, a more further reaching online pubic consultation was undertaken.

LLCG has not attempted to consider all nine protected characteristics at this time, but has agreed in the first instance to consider the following three key areas for Luton;

- **Age**
- **Race**
- **Disability**

The focus groups have been centred on these key groups, but also those most disadvantaged i.e. those who misuse drugs or alcohol or those who are homeless in relation to health inequality.

In the coming two years LCCG will consider the remaining six protected characteristics and consider objectives in relation to these groups to support positive outcomes going forward.

The EDS2 has four clear outcomes which are;

| | |
|----|----------------------------------------|
| 1. | Better health outcomes for all |
| 2. | Improved patient access and experience |
| 3. | Empowered, engaged and included staff |
| 4. | Inclusive leadership at all levels |

Luton CCGs engagement and outcomes of the EDS have been supported by an overview group, consisting of representation from the Patients Reference Groups and Healthwatch, engagement officers, lead equality officer and lead officer for equality at Board level. Engagement with focus groups has been undertaken, as has wider consultation with the citizens via an online questionnaire. This information has supported the EDS matrix to understand where it is thought that the CCG stands as

an organisation presently in regard to equality and diversity. Consideration has been given to all respondents, but as the EDS guidance states, greater weight is given to the opinion of the community. Below you will find the finalised matrix of outcomes showing where it is thought that the LCCG is presently in regard to equality and diversity. These outcomes have supported the clear objectives found in Section One.

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APPENDIX ONE: The following is the final matrix and grading's applied to the EDS following internal and external engagement with staff, patients and other stakeholders. The tables below show the internal grading's (1) and the external grading's (2). This was presented to the Overview group of the EDS2 on 23rd July 2015 and agreed by the CCG Board on *****.

The EDS2 has 18 outcomes which have been simplified since the initial EDS1, with two new questions.

TABLE ONE; INTERNAL RESULTS

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected fare as well as people over all |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|----------------------------------|-----|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| BETTER HEALTH OUTCOMES 1.1 - 1.5 | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities. | The CCG has undertaken a broad range of engagement activity to address this huge area, which has included a lot of activity to relationship build with service users, carers and broader local communities so that they trust their voices will be heard and the information will be used. There has also been some more specific targeted work pieces. See the attached engagement list and focus group overview for EDS2 | Developing | | David Foord |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | |  EDS2 Engagement Calender.docx  Round Up of Information from Foc | | | |
| | 1.2 | Individual people’s health needs are assessed and met in appropriate and effective ways | <p>Patient engagement is undertaken when looking at service re-design to ensure the most effective and beneficial delivery of service to the patient.</p> <p>This is evidenced in a number of policies and papers such as:</p> <ul style="list-style-type: none"> • NHS Constitution, • LCCG Commissioning Intentions 2015-16 https://www.lutonccg.nhs.uk/page/?id=3795 • Specialist Commissioning • Enhanced Recovery Program • By working with the new providers of community services to look at service re-design over the next 12 months starting in April 2015. • Better Together – The Better Care Fund for Luton https://www.lutonccg.nhs.uk/page/?id=3854 • All patients are treated as individuals and cases based on individual need, as per the Individual Treatment policy Individual | Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | Funding Policy https://www.lutonccg.nhs.uk/page/?id=3709 | | | |
| | 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed | Always reviewed and considered when looking at the whole pathway for the patient to ensure smooth transition between services. This is evidenced: <ul style="list-style-type: none"> • By agreeing pathways in service specifications. • Appointment of a new single provider of Adult and Children’s mental health services, following the procurement processes | Achieving/Developing | | |
| | 1.4 | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse | This is always a priority when commissioning services for the people of Luton. This is clearly demonstrated in: <ul style="list-style-type: none"> • LCCG Safeguarding Adults and Children’s policies, • LCCG Serious Incident reporting policy • All service specifications | Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | | | | |
| | 1.5 | Screening, vaccination and other health promotion services reach and benefit all local communities | <p>Joint CCG and LBC Communication and Engagement team is primarily responsible for this area, together with the Public Health Prevention team within LBC.</p> <p>The LCCG are starting to work more closely with these parties to promote services more widely and to ensure that GP practices are provided with sufficient information to address the needs of the local communities.</p> <p>Prevention is addressed in:-</p> <ul style="list-style-type: none"> • The LCCG 5 year strategy • The LCCG 2 year Operational plan • LCCG Commissioning Intentions 15-16 <p>All of which can be found on the CCG website.</p> | Developing | | |
| | 2.1 | People, carers | Information about the broad range of health | Developing | | |



| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|--------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| IMPROVED PATIENT ACCESS AND EXPERIENCE 2.1 – 2.4 | | and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds | <p>services available across Luton is readily available through NHS Choices, the 111 telephone service, Notice boards within hospital, community health, pharmacies & primary care settings, Luton CCG website.</p> <p>LCCG commission services for the more vulnerable people within the community such as the homeless, people who are usually resident within the Area and are not registered with a GP, and Looked After Children and Care Leavers. Specifically, the Safe Treatment Service provides health care to those who may not be provided with a service by other health providers within Luton (and Bedfordshire).</p> <p>When commissioning services, LCCG ensure that language and communication support is included in the contractual arrangements with all health providers.</p> <p>A recent GP Patient Survey (July 2013- March 2014) demonstrated gaining access to a Luton GP has improved. Historically, many patients have found</p> | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>access difficult and challenging.</p> <p>This is clearly demonstrated in:</p> <ul style="list-style-type: none"> • NHS Constitution, • LCCG Commissioning Intentions 2015-16 https://www.lutonccg.nhs.uk/page/?id=3795 • Specialist Commissioning • Better Together – The Better Care Fund for Luton https://www.lutonccg.nhs.uk/page/?id=3854 • All patients are treated as individuals and cases based on individual need, as per the Individual Treatment policy Individual Funding Policy https://www.lutonccg.nhs.uk/page/?id=3709 • CQC GP Patient Survey July 2013-March 2014 by Practice, Luton CCG | | | |
| | 2.2 | People are informed and supported to | Patient engagement is undertaken when looking at service re-design to ensure the most effective and beneficial delivery of service to the patient, a | Developing | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | <p>be as involved as they wish to be in decisions about their care</p> | <p>process that has been integral to the procurement of services. This is evidenced in the minutes and the notes of the Community and Engagement Steering Group and relevant re-procurement steering group meetings and specific activities.</p> <p>LCCG monitors health providers regarding their engagement and involvement of patients and service users in ascertaining feedback and comments regarding their experience of the service/care provided through its quality governance process. All evidence and reports are scrutinised and challenged by LCCG.</p> <p>Evidence and feedback is received by LCCG through:</p> <ul style="list-style-type: none"> • Quarterly reports from health providers • The Annual NHS Patient Survey <p>LCCG uses contract mechanisms to ensure that health providers have suitable arrangements in place for obtaining, and acting in accordance with,</p> | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>the consent of service users in relation to the care and treatment provided for them; this includes monitoring arrangements. Health providers undertake an annual Consent Audit to ensure they are compliant with local and national policy and indicators; LCCG receive a copy of the audit for information, scrutiny and challenge.</p> | | | |
| | 2.3 | <p>People report positive experiences of the NHS</p> | <p>LCCG monitors health providers regarding their engagement and involvement of patients and service users in ascertaining feedback and comments regarding their experience of the service/care provided.</p> <p>LCCG include service user/patient feedback as part of the contractual arrangements with health providers, and receive a summary of the feedback periodically throughout the year as detailed within the contract.</p> <p>LCCG have a close working relationship with Health Watch who provide regular feedback from specific</p> | Developing | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>groups or regarding specific services.</p> <p>Compliments are encouraged to support the good work of officers and also used as a learning tool for good practice and share with all officers through reporting and team meetings.</p> | | | |
| | 2.4 | <p>People’s complaints about services are handled respectfully and efficiently</p> | <p>LCCG uses contract mechanisms to ensure that health providers have suitable arrangements in place (in line with the NHS complaints system,) for receiving, managing and monitoring complaints.</p> <p>If LCCG become aware of issues around service provision via a different mechanism, they will work directly with the provider to manage this. Scrutiny and challenge are pivotal to LCCG understanding the information and data from health providers.</p> <p>All complaints, compliments, PALs, FOI and DPA requests are logged and responded to within the</p> | Developing | | Kam Bhangal |


| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>statutory timescales. Regular monitoring and reporting is undertaken to look at trend analysis and implement learning.</p> <div style="text-align: center;">   </div> <p>Joint Protocol sign up page 2014.doc Joint Protocol 2014 final.doc</p> <p>Policies and procedures are in place for all processes.</p> <p>As part of the statutory health and social care requirements, there is also a joint protocol in place agreed by all County health and social care partners to ensure that all areas of a complaint are thoroughly investigated and responded to without delay (attached). Learning is discussed and shared with all County partners including Health watch and relevant advocacy services.</p> | | | |
| | | | | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | | | | |
| A REPRESENTATIVE AND SUPPORTED WORKFORCE 3.1 – 3.6 | 3.1 | Fair NHS recruitment and selection processes lead to a more representative workforce at all levels | Fair NHS recruitment and selection processes lead to a more representative workforce at all levels | HR22 Recruitment and Selection Policy Recruitment operations manuals and paperwork Two tick scheme Workforce and recruitment annual reporting by protected characteristic | Achieving recruitment process Developing representative workforce | |
| | 3.2 | The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help | The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations | Agenda for change payscales HR06 Equality and Diversity Policy Workforce annual reporting by protected characteristic including | Achieving | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|----|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | fulfil their legal obligations | | gender by pay grade | | |
| | 3. | Training and development opportunities are taken up and positively evaluated by all staff | HR08 Further Education and CPD Policy HR28 Training and Development Policy Positive evidence available from Education and Training team from University courses | Achieving | | |
| | 4 | When at work, staff are free from abuse, harassment, bullying and violence from any source | LCCG Values HR06 Equality and Diversity Policy HR10 Harassment and Bullying at Work Policy HR36 Code of Conduct for Employees Policy HR41 Zero Tolerance Policy Staff survey information | Developing / Achieving | | |
| | 5 | Flexible working options are | HR01 Absence Management Policy HR02 Adoption Policy | Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|---|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | available to all staff consistent with the need's of the service and the way people lead their lives | HR03 Annual Leave Policy HR04 Career Break Policy HR06 Equality and Diversity Policy HR14 Maternity Policy HR16 Parental Leave Policy HR18 Paternity Leave Policy HR24 Retirement Policy HR34 Paid and Unpaid Leave Policy | | | |
| | 6 | Staff report positive experiences of their membership of the workforce | Staff survey information Thank yous Complaints Grievances | Developing | | |
| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| INCLUSIVE LEADERSHIP | 4.1 | Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations | <p>Board and senior leaders conduct and plan their business so that equality is advanced and good relations fostered within their organisation and beyond.</p> <p>Board and senior officers have undertaken updated training on Equality and Diversity; have commissioned new leads on E & D and have ensured that senior leaders have been identified to also attend updated training. The LCCG Board have identified E & D as a key work area alongside the transformation agenda. They regard it as a key plank in their governance and legal responsibilities outlined in the Equality Act 2010 Public Sector Duty.</p> <p>Both the CCG's published Commissioning Intentions https://www.lutonccg.nhs.uk/page/?id=3795 and their Contracting with providers clearly set out the need to promote equality and diversity.</p> <p>The CCG's key strategic objectives as drawn up with partners in the local healthcare system</p> | Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | |  <p>Plan on a Page.pdf</p> <p>and their vision, mission and values</p> <p>https://www.lutonccg.nhs.uk/page/?id=3296, demonstrate an unequivocal commitment to reducing inequalities.</p> | | | |
| | 4.2 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment | <p>The CCG has in place an equality training strategy, targeting the specific equality and diversity training requirements for the various staff groups. Equality and Diversity is a standing requirement for Annual Mandatory Training across the CCG. All job descriptions refer to equality and diversity in the standardised governance arrangements.</p> <p>Training Needs Assessment and Talent Mapping processes operate as outcomes of the annual appraisal process as tools to identify any knowledge/ skills gaps and potential for development among existing employees.</p> <p>Further Actions:</p> <ul style="list-style-type: none"> • A value-based recruitment tool is being developed as part of the refreshed | Developing/ Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>Organisational Development plan. This will be used to ensure that the CCG's Vision, Mission and Values inform recruiting decisions, together with the values in the NHS Constitution.</p> <ul style="list-style-type: none"> • Middle managers, other line managers and members will be kept better informed about CCG business including consultation and relationships with other organisations/ reference groups, through sharing of the Chairs' reports on a monthly basis. | | | |
| | 4.3 | <p>Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed</p> | <p>Papers that come before the Board and its sub-committees identify equality related impacts including risks and say how these risks are to be managed - including information from Integrated Impact Assessments (IIAs).</p> <p>All key staff have undertaken IIA training, including all members of the Board during Summer of 2014.</p> <p>Board training also included updated information on the Public Sector Duty (Equality Act 2010).</p> <p>All IIAs identify negative outcomes and, where possible, identify mitigation and plans to take forward.</p> | Developing/ Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>Further actions:</p> <ul style="list-style-type: none"> • Further embedding of IIA process across the organisation with sustained engagement with patients, building on the considerable pillars of engagement that have been developed since authorisation and during the re-procurement of mental health, community and intermediate services. • Clear evidence base used in all IIAs including demographic data and consistent use of JSNA information. | | | |

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Luton Clinical Commissioning Group Equality Delivery System 2 (EDS2)

TABLE TWO: EXTERNAL RESULTS

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected fare as well as people over all |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|-----------------------------------------|------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| BETTER HEALTH OUTCOMES 1.1 - 1.5 | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities. | Luton is identified as a super diverse Town –the following was raised in the engagement process; areas regarding specific cultural needs that require the NHS to consider – i.e. there not being enough female GPs, dietary needs at a provider centre’s, language support, discussions on translation of documents; it was raised that health | Developing | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>professionals needed to understand particular illness relating to race i.e. Sickle Cell; many spoke of not knowing where to find information; the local Health and Well Being groups for elder BME groups were considered excellent and delivered information and support to many in the communities which is able to be passed to those who do not attend; they are not funded via the NHS for this support. Young people had specific concerns relating to services and were the most resistant to registering with a GP service or attending to see a GP.</p> | | | |
| | 1.2 | Individual people's health needs are assessed and met in appropriate and effective ways | In particular the Cardiac and Cancer care at the L & D was praised for excellent service and care; not seeing the same GP | Developing | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>raised concerns in the assessment and knowledge of the individuals needs and it was felt that being able to see the same doctor would be beneficial. This was particularly pertinent for those with disabilities, or those with profound and differing needs; they did not want to have to continuously explain their diagnosis/disability and would prefer to have the same GP or health professional as much as possible to support this.</p> | | | |
| | 1.3 | <p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> | <p>Whilst not raised specifically people spoke of moving between services ie. GP, ambulance, L&D service . The need to see the same GP was raised as they would be familiar both with their care needs and those of the family – this was</p> | <p>Developing</p> | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>raised by people with disabilities for reasons explained above. In relation to equality outcomes the following was found;</p> <ul style="list-style-type: none"> - Asian respondents were more likely to say that being offered the necessary referrals was undeveloped (27%) compared to White respondents (14%) and Black respondents (19%). - People with disabilities were more likely to score 'receiving the necessary referrals' as achieving or excelling (73%) compared to respondents who did not have disabilities (62%). Although it should be noted that people with disabilities were also more likely to say that this area was undeveloped (19%) compared to people without disabilities | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>(14%).</p> <ul style="list-style-type: none"> - Almost 1 in 5 female respondents (18%) said that this area was undeveloped compared to 11% male respondents . - Although the majority of respondents aged 35 and over said that being offered referrals was achieving or excelling, the majority of younger people (16-34) said this was developing (43%) with a further 29% saying this was undeveloped. <p>Supporting evidence from focus groups</p> <ul style="list-style-type: none"> - GP and Sept referral process is good but more needs to be done to inform people of these services. (disadvantaged group) <p>Possible reasons for scoring developing or undeveloped are:</p> | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | <ul style="list-style-type: none"> - The majority of people felt that they received the necessary referrals (64%) - Very much dependent on the responsiveness of the GP - Difficulty in getting referrals for mental health services was mentioned | | | |
| | 1.4 | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse | No persons raised an issue of safeguarding or having been abused or mistreated whilst in the NHS system; there was dialogue to sometimes feeling condescended to and this was felt due to perceived cultural differences – speaking English. Young people felt ignored or treated disrespectfully because of their age; However in particular the focus group with adults with a learning disability spoke of feeling safe and cared for. Our equality outcomes showed the following; | Developing /Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <ul style="list-style-type: none"> - Women feel less safe than men when accessing NHS services. 17% of women have scored this area as undeveloped compared to 7% of men. - Younger people (16-34) also feel less safe than people in the older age brackets. 30% of 16-34 years olds scored 'feeling safe' as developing and a further 17% as undeveloped. - Asian respondents also felt considerably less safe when accessing NHS services. Just 40% of Asian people scored 'feeling safe' as achieving or excellent, 25% as developing and 33% as undeveloped. Supporting evidence from focus groups - Importance of having the same GP/dentist who | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | <p>knows family history / own condition was particularly important to people with disabilities and Afro-Caribbean communities.</p> <ul style="list-style-type: none"> - Having the presence of a family member/friend at appointments was important for some people with disabilities/learning difficulties. A number of people with disabilities expressed concern about the long waiting times for appointments or test results as this caused them increased anxiety. <p>Possible reasons for scoring developing or undeveloped are:</p> <ul style="list-style-type: none"> - The majority of respondents and participants in focus groups felt safe using NHS services (72%). - Some references suggested that the quality of | | | |
| | | | | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | service received by patients influenced how safe/unsafe people felt. | | | |
| | 1.5 | Screening, vaccination and other health promotion services reach and benefit all local communities | Regular checks up were offered – particularly those that were age relevant; the importance of prostate checks was raised; with the young people’s focus group it was most apparent that they did not know about services, feel attuned to health promotion messages or where to find services or information; young people felt that communication should be targeted at them using communication they use i.e. FB, Apps in particular; text messaging or leaflets which were age specific; adults with learning disabilities spoke of ; people with physical disabilities stated that they received and | Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|---------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | were offered regular checks up pertinent to their specific health needs; | | | |
| IMPROVED PATIENT ACCESS AND EXPERIENCE 2.1 – 2.4 | 2.1 | People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds | A continuous comment from across all service users was the difficulty in getting to see a GP in a timely manner; once seen by the GP there was considerable respect and thankfulness for the GP service itself; waiting times at Hospitals were raised – particularly after care, time it takes to actually leave the care of the hospital from discharge and time waiting for medication; The Walk In Clinic was seen as a good thing | Developing/Achieving | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>and was well known; people were often referred to the WIC particularly if no appointments available with own GP – so GP surgeries are recommending the WIC; of particular concern was that raised by those who are homeless or disadvantaged that often not having the correct ID such as a passport or driving licence can be a barrier to receiving a service such as changing or registering at GP surgeries. From our responses based on equality the outcomes show; - People aged between 16-34 were less likely to say that access to all necessary health services was achieving / excelling (41%) and more likely to say it was developing (36%) or undeveloped (23%).</p> <p>- People aged 55 and</p> | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|--|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>over were most likely to say that access to services was achieving / excelling (62%)</p> <ul style="list-style-type: none"> - The majority of Asian respondents said that access was developing (54%) whereas White and Black respondents were more likely to agree that access to services was achieving/excelling. - People with disabilities were significantly more likely to agree that access to services was undeveloped (34%). <p>Supporting evidence from focus groups</p> <ul style="list-style-type: none"> - Face to face contact was very important to people with disabilities and allowing another person to accompany them. In terms of accessing | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | <p>services, a number of focus group participants preferred to walk into their surgery to make an appointment, others were happy to use the phone but no-one interviewed made use of online services.</p> <ul style="list-style-type: none"> - Getting same day appointments or within a reasonable timescale was identified as a main issue (Asian participants). - Receptionists were sometimes seen as a barrier to getting an appointment (Asian, Afro-Caribbean participants, also reflected in the survey). - Some services, which are particularly relevant to certain ethnic minorities, are not very accessible e.g. care for | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | <p>sickle cell in adults.</p> <ul style="list-style-type: none"> - Young people were reluctant to see their GP and their perception of health services in Luton was fairly poor. Services best known to young people in focus group were L&D A&E and walk-in Clinic. Some young people felt ignored by receptionists (because they were young). This was also voiced by a disadvantaged young person who cares for his mum – he felt ‘marginalised and invisible’ when trying to organise GP access and appointments for her. - Required ID to register with or change GP can be a barrier for homeless people or disadvantaged people as they do not always have the quality | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | <p>of ID required (passport, driving license).</p> <p>Possible reasons for scoring developing or undeveloped are:</p> <ul style="list-style-type: none"> - The majority of people agreed that they could access the necessary health services (59%)? - Difficulty in making appointments - Waiting times to get appointment at L&D - Lack of suitable wheelchair access at some surgeries - Lack of suitable disabled parking at L&D close enough to hospital building, long corridors and nowhere to | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>sit.</p> <ul style="list-style-type: none"> - Difficulties accessing mental health services including out of hours mental health services. Concerns were raised by parents and carers of people with mental health who fall under a protected characteristic group i.e. disability/mental health | | | |
| | 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care | <p>Some felt that they had been informed of their care and choices available to them as patients – this was not widely held as some felt that choice was not explained as well as it could; or was not given. There were clear concerns regarding medication and its use and not being properly informed what to take and why you were taking it;</p> <p>The Cardiac Unit was specifically</p> | Developing | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | | | <p>stated as a service that provides excellent communication to patients with its easy to understand leaflets; the focus group which was with people with physical disabilities had a positive response to receiving information face to face rather than in other formats;</p> | | | |
| | 2.3 | <p>People report positive experiences of the NHS</p> | <p>Most people were complimentary of the NHS however parts of the service were not perceived as well; in particular the food at the L & D was seen as always culturally appropriate; the most negative aspect appeared to be the inability to get an appointment on the day needed or with the same GP; HOWEVER the issue regarding appointments is seen as a general complaint rather than an issue of equality.</p> | <p>Achieving</p> | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
|------|-----|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------|
| | 2.4 | People’s complaints about services are handled respectfully and efficiently | <p>The online response showed that a quarter of respondents felt that it was either developing or underdeveloped. A larger percentage had not made a complaint to date. However the following in relation to equality showed that;</p> <p>People with a disability were more likely to agree that the complaints were handled respectfully and efficiently by scoring this ‘achieving/excelling’ (50%).</p> <p>- The majority of women said the handling of complaints respectfully and efficiently was undeveloped (36%) whereas the majority of men said this was achieving/excelling (44%).</p> | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | <ul style="list-style-type: none"> - Just 17% of 16-34 said the handling of complaints respectfully and efficiently was achieving/excelling compared to 32% of the 35-54 year olds and 48% of the people aged 55 and over. However it should be noted that a high percentage of 16 – 34 year olds and 35-54 year olds said that this area was undeveloped at 42% and 40% respectively. - Asian respondents were much more likely to say that the handling of complaints respectfully and efficiently was developing (75%) or undeveloped (25%). Black respondents were also more likely to say this area was developing (43%) compared to White respondents (23%). Even though 46% of White | | | |

| Goal | | Outcome | Evidence | Initial Grading – evidenced from consultation and EDS1 | Monitored Grading | Officer to support |
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| | | | respondents scored this area as achieving/excelling, a third of respondents scored it as undeveloped (31%).. | | | |

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