



Equality Objectives

Action Plan 2012 - 2016

December 2012

This Action Plan details the practical steps that Central London Community Healthcare (CLCH) will take to achieve the Equality Objectives published in April 2012.

1. We will deliver more targeted intervention and outreach activities to protected groups in order to promote our health services			
Action	Lead	Baseline	Target / Measures 2012-2016
<p>Diabetes Service: South Asian and African Caribbean groups</p> <ul style="list-style-type: none"> • X-PERT & X-POD structured education programmes • X-PERT insulin and Arabic speaking programmes • Diabetes awareness talks to community groups 	Senior Manager - Diabetes	<p>Westminster – South Asian 19.7% (census 10.2%); African / Caribbean 15.2% (census 8.7%)</p> <p>Barnet – South Asian 15% (census 10.2%); African / Caribbean 3.4% (census 7%)</p> <p>Hammersmith & Fulham (approximate) – South Asian 10.6% (census 5.4%); African / Caribbean 11.6%.</p> <p>Kensington & Chelsea – South Asian 8.4% (census 8.3%); African / Caribbean 22.2% (census 8.45%).</p>	Increase South Asian and African Caribbean representation by 10% (2016).
<p>Psychological therapies K&C: Black Minority Ethnic (BME) patients, men, people with disabilities and gypsies / travellers.</p> <ul style="list-style-type: none"> • Promoting service to GPs with high percentage of BME population. • Partnership with Community Learning Disabilities team. • Producing service leaflet in easy read format. • Arabic speaking counselor • Same-sex therapist requests. • Social services referral for stroke patients / hidden carers. 	Senior Manager – Psychological therapies	<ul style="list-style-type: none"> • Kensington & Chelsea – BME patients 19% • Men – 31% • Gypsies / travellers – not recorded 	<p>BME</p> <p>2%- 2012/13</p> <p>5% -2013/14</p> <p>8% - 2014/15</p> <p>10% - 2015/16</p> <p>Men</p> <p>2%- 2012/13</p> <p>4% -2013/14</p> <p>6% - 2014/15</p> <p>8% - 2015/16</p>

<ul style="list-style-type: none"> Publicity to promote the service within GP surgeries targeting men and BME people. 			
<p>Walk-in centres:</p> <ul style="list-style-type: none"> Improve communication methods used for patients with sensory impairments. Using Easy Health leaflets within walk-in Centre's and other services. Improve signage within walk-in Centre's. 	Senior Manager – Walk-in Centre's	No baseline data available.	Improve access for people with disabilities.
<p>Stop Smoking Service: <i>BME men particularly Bangladeshi and Eastern European Men</i></p> <p>Activities: An analysis of the age, ethnicity and gender of service users will be undertaken. Any high risk groups will be identified and a plan for targeting these groups will be set.</p>	Senior Manager - (SLT, Dental, GP, Health and Wellbeing)	<p>Percentage of men and women accessing service based upon their ethnicity (ethnic groups with higher prevalence of smoking):</p> <ul style="list-style-type: none"> Irish men – 2.4% Irish women – 2.5% Pakistani men – 1.3% Bangladeshi men – 2.8% Black Caribbean men – 0.7% Black Caribbean women – 2.1% 	Target groups identified.
<p>Health Visiting: <i>Vulnerable Groups (Black Caribbean and Asian ethnic groups and gypsy / travellers)</i></p> <p>Activities: The identification of all care packages within children's services as part of stage 1 'Pathway Development within the Children's Model of Care'. This includes improvements to the care pathway¹ for vulnerable groups / high risk.</p>	Senior Manager – Children's Services	<ul style="list-style-type: none"> Black Caribbean ethnic groups are under-represented (2%) in H&F and Westminster (1%). Asian ethnic groups are under-represented in K&C (3%) and slightly in Barnet (0.8%). Gypsy / travellers not recorded. 	Re-design of care pathway for vulnerable groups.

¹ A care pathway is a complex intervention for the mutual decision making and organisation of care processes for a well-defined group of patients during a well-defined period.

2. We will improve how we communicate with diverse patients using alternative and accessible formats.

Activities	Lead	Current position	Target / Measures 2012-2016
<ul style="list-style-type: none"> • Promote the use of easy read through mandatory training. • A guide for staff to translate information into easy read. • Training session on easy read with community learning disabilities teams. • Framework for staff on producing patient information including providing accessible and alternative formats. 	Equality and Human Rights team / Communications	Minimal information is produced in easy read. Community learning disabilities teams provide guidance when requested.	6 publications per year in accessible and alternative formats including easy read and other languages.
<ul style="list-style-type: none"> • Costs for translating information are included in new project costs. • Business strategy to include translation costs in new tenders and bids. 	Business Strategy	Some leaflets are translated in community languages. Service budgets do not include translation costs.	More publications are translated into community languages and alternative formats.

3. We will educate and raise awareness of our health services amongst our patients based upon their protected characteristic.

Activities	Lead	Current position	Target / Measures 2012-2016
Foundation Trust Membership activities: patients and service users will regularly receive information on our services.	Membership Manager	Consultation on Foundation Trust status is being undertaken promoting benefits of membership.	7,000 patients and service users are members of CLCH.
<ul style="list-style-type: none"> GP engagement: improving our referral routes from GPs to our services. Better working between GPs and District Nurses. 	Business Strategy	<ul style="list-style-type: none"> Patient feedback showed that BME patients are less aware of our health services. Compared to census 2001 data, lower number of BME and male patients accessing District Nursing. 	Increase number of BME and male patients accessing District Nursing services.
CLCH website: improving information on services for both patients and other healthcare providers.	Head of Communications	Re-designed website has information on all CLCH services but some is incomplete.	All service information on CLCH website has referral criteria, discharge information and waiting times – June 2012
Service leaflets / education sheets are displayed in all our health centres: guidance provided to staff on producing publicity information.	Director of Operations	Patient feedback showed that all patients	More information / leaflets displayed in CLCH sites.

4. We want to provide reasonable adjustments for patients with Learning Disabilities who use our mainstream health services.			
Activities	Lead	Current position	Target / Measures 2012-2016
Implementing Vulnerable Patient Training: <ul style="list-style-type: none"> • Staff groups (medical, nursing, allied health professional and admin and clerical) who have patient contact are identified. • Provision and delivery of training agreed and delivered. 	Senior Manager – Learning Disabilities	As part of disability awareness within refresher / induction training some guidance is provided.	Safeguarding vulnerable adults training includes patients with learning disabilities.
Reasonable Adjustments within CLCH community Service <ul style="list-style-type: none"> • Easy read information on website for CLCH services • Easy read information on treatment options available in pilot sites (to be determined). • Reminder phone calls for all service users with a Learning Disability or their carers • Follow up appointments, case conferencing meetings organised by Wheelchair Services to discuss patient needs in partnership with 	Senior Manager – Learning Disabilities	MENCAPs 'Getting it Right Charter' was not systematically followed.	Pilot services achieve the MENCAPs 'Getting it Right Charter'.

<p>Learning Disabilities Care Managers.</p> <ul style="list-style-type: none"> • Setting up flagging systems to flag patients with learning disabilities and autism on referral forms and patient notes. • Pilot care pathways are reasonably adjusted to meet the health needs of people with Learning Disabilities and Autism (pathways to be determined) • Prescription information is produced in easy read. • Health passports are available for patients with LD. 			<p>Health passports are rolled out across all CLCH services - 2013 Online version - 2014</p>
---	--	--	--

5. We will increase the number of CLCH staff disclosing their disability by providing reasonable adjustments and individual support for our disabled staff.			
Activities	Lead	Position	Target / measures 2012-2016
Raise awareness on mandatory staff training on benefits of disclosing a disability.	Equality & Human Rights (E&HR) team	2.8% of staff disclosed their disability on HR records.	By 2016, 10% of staff have disclosed their disability.
Working with NHS Employers and Employers Forum on Disability to improve Access to Work ² process.	Equality & Human Rights team		Access to Work process is simplified and quicker.
Information sheet for staff and their managers on applying for Access to Work funding for reasonable adjustments.	HR Business Team	Information is provided on an ad-hoc basis via the E&HR team	Information sheet available on intranet and readily used by staff.
HR Transformational team provide support to staff and managers once a disability has been disclosed and ensure annual reviews by managers are completed.	HR Business Team	There is no record of annual reviews being undertaken.	<ul style="list-style-type: none"> • All staff with a disability recorded receive an annual review. • System for recording annual review is maintained.

This provides a workplace assessment to identify support and equipment needs and refunds 90% of reasonable adjustments costs.

6. We will increase the representation of our Black Minority Ethnic (BME) staff at senior manager levels.			
Activities	Lead	Position	Target / measures 2012-2016
Empowerment Leadership Programme	Equality & Human Rights team	19% of senior managers are from a BME background.	By 2016 improve senior manager BME representation from 19% to 34%.
The Diversity & Inspire Network: meets quarterly and provides a support and lobbying network for BME staff	Equality & Human Rights team	19% of senior managers are from a BME background.	By 2016 improve senior manager BME representation from 19% to 34%.
Fair recruitment and selection which reduces risk of unconscious bias in the decision-making	Head of Recruitment	19% of senior managers are from a BME background.	No drop-off between short-listing and appointment based upon ethnicity.
Equality Impact Assessments for all restructuring proposals.	HR Transformational Team		Equality Impact Assessments completed for all restructuring consultations.

If you need information in another way we can provide this Action Plan in other languages, in Braille or easy read format. A larger print format is available.

Please contact Lesley Soden by emailing lesley.soden@clch.nhs.uk with stating your communication needs.