

Armenians, Aromanians, Arubans, Australians , Indigenous Australians  
 Azeris, Bahamians, Bahrainis, Bangladeshis, Barbadians, Belarusians, B  
 Belizeans, Bermudians, Boers, Bosnians, Brazilians, Bretons, Britons, Bri  
 Islanders, Bulgarians, Burkinabès, Burundians, Cambodians, Cameroonians  
 Canadians, Catalans, Cape Verdeans, Chadians, Chileans, Colombians, Cor  
 Congolese, Croatians, Cubans, Cypriots , Turkish Cypriots, Czechs, Danes  
 (Republic), Dominicans Dutch, East Timorese, Ecuadorians, Egyptians, E  
 English, Eritreans, Estonians, Ethiopians, Finns, Finnish Swedish, Fijian  
 French citizens, Georgians, Germans , Baltic Germans, , Ghanaians, Gibr  
 Grenadians, Guatemalans, Guianese (French), Guineans, Guinea-Bissau  
 Guyanese, Haitians, Hondurans, Hong Kongers, Hungarians, Icelanders,  
 Indonesians, Iranians , Persians, Iraqis, Irish, Israelis, Italians, Ivoirians, J  
 Japanese, Jordanians, Kazakhs, Kenyans, Koreans, Kosovo Albanians, Ku  
 Latvians, Lebanese, Liberians, Libyans, Liechtensteiners, Lithuanians, Lu  
 Macedonians, Malawians, Malaysians, Maldivians, Malians, Maltese, Ma  
 Mauritian, Mexicans, Moldovans, Moroccans, Mongolians, Montenegrins,  
 Mozambicans, Namibians, Nepalese, New Zealanders, Nicaraguans, Nige  
 Nigerians, Norwegians, Pakistanis, Palauans, Palestinians, Panamanian  
 Guineans, Paraguayans, Peruvians, Poles, Portuguese, Puerto Ricans, Que  
 Réunionnais, Romanians, Russians, Baltic Russians, Rwandans, Salvad  
 Tomé and Príncipe, Saudis, Scots, Senegalese, Serbs, Sierra Leoneans, Sik

# Equalities Annual Report

January 2012

Introduction.....	3
Who we are and what we do .....	4
Our plans to improve health services in north central London to reduce the health gap .....	10
Some examples of how Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts have improved services .....	13
How we are making sure NHS North Central London is a fair employer ..	17
Other ways we make sure we promote equality and diversity.....	21
Going forward and improving our performance.....	28

# Introduction

This report tells you how we are making sure health services in Barnet, Camden, Enfield, Haringey and Islington are fair and equitable and improve the health of people from the most disadvantaged communities and groups.

Equality and human rights are of major importance to us at NHS North Central London and we work hard to make sure we meet our legal duties under the Equality Act 2010 and promote equality in everything we do. Our population is very diverse and there are significant health inequalities we want to reduce.

This is the first report of this kind so we would welcome any ideas you have for improvement and what you would like to see in future reports. Please use the contact details at the end of this report to give us your feedback.

**If you require a copy of this document in an alternative format such as Braille or large font, or in an alternative language, please contact our equality and diversity specialist Dipen Rajyaguru:**

[Dipen.rajyaguru@nclondon.nhs.uk](mailto:Dipen.rajyaguru@nclondon.nhs.uk)

Switchboard: 020 7685 6300

NHS North Central London was established in April 2011 and is a collaborative working arrangement between Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts.



Primary Care Trusts hold the budget for all health services in their area. They are responsible for a number of different things including:

- Measuring the health needs of local residents and developing an understanding of these needs
- Commissioning (buying) the right services to meet local people's needs, for instance from GPs, hospitals and mental health services
- Monitoring the quality of local health services
- Improving the overall health of local communities
- Listening to local people's views and experiences about local services and acting on them
- Making sure local organisations delivering NHS services, such as hospitals and GP surgeries, work well together.

NHS North Central London will continue to work for you until April 2013 when Primary Care Trusts will be abolished and their responsibilities transferred to a number of groups including Clinical Commissioning Groups, the National NHS Commissioning Board, and local authorities.

#### SOME KEY FACTS ABOUT OUR POPULATION AND THEIR HEALTH NEEDS

NHS North Central London is responsible for buying, monitoring and improving health services for the 1.27 million residents in Barnet, Camden, Enfield, Haringey and Islington. We have a budget of about £2.5 billion.

Our population is relatively poor and varied in terms of ethnicity, country of birth, languages spoken and health needs. For example just over one

in three of our residents are from a black or minority ethnic background and over 100 languages are spoken by children attending local schools.

More information about the health and health needs of our residents can be found in our PCT Annual Reports and the Joint Strategic Needs Assessments that we undertake each year jointly with the local authorities in Barnet, Camden, Enfield, Haringey and Islington.

Generally speaking people living in the west of the North Central London area (West Camden and Barnet) live longer than people living in the east (East Enfield and Haringey). However, all the five boroughs have areas where poverty and wealth, good and poor health, sit side-by-side.

In terms of life expectancy, people in Barnet live the longest and people in Islington the shortest. This is caused by poverty as well as lifestyle issues such as smoking, diet and exercise. Men in our poorest areas die at least 10 years earlier than those in our richest areas.

The biggest killers are diseases of the heart and circulatory system – called cardiovascular disease – followed by cancer. There are particularly high numbers of people with mental health needs in Camden and Islington with exceptionally high numbers amongst black and ethnic minority populations.

More information about our populations and their health needs is published on our website on the equalities page <http://www.ncl.nhs.uk> or can be obtained by using the contact information at the end of this report.

## SERVICES NHS NORTH CENTRAL LONDON COMMISSIONS AND MONITORS

There are eight general hospitals in our patch delivering a wide range of hospital care, three mental health organisations and four NHS Trusts that provide community services like physiotherapy. We have over 1,000 GP surgeries, dental surgeries, pharmacies and optometrists.

The quality and ease of getting access to GPs, dentists, pharmacists and optometrists varies a great deal. We spend a relatively high percentage of our budget on hospital services, including Accident and Emergency Care.

We know our residents need more joined up care and more care to be delivered in community settings like health centres. People with long

term conditions like diabetes and heart disease would benefit from care that is better planned and co-ordinated.

## SATISFACTION WITH THE SERVICES WE COMMISSION



We are aware that people in Barnet, Camden, Enfield, Haringey and Islington are less satisfied with their health services, compared to the rest of England. However, this is true for London as a whole.

Unfortunately we do not currently collect information on whether there are particular groups who are more or less satisfied than other groups with the health services we commission (for example whether men or women are more or less satisfied with their GP services). However, from national studies and reports we know that different patient groups do report differing experiences and satisfaction with NHS services.

Inequalities in patients' experience of NHS care were clearly demonstrated in a report published by the Healthcare Commission in 2006 and another report from the Department of Health published in 2008.<sup>1,2</sup>

These reports showed that age, gender, ethnicity and disability have a strong bearing on a person's perception and satisfaction with NHS care. Older patients are more positive about the care they receive than younger people. Men are generally more satisfied with NHS services than women, especially in relation to their experience in A&E. White British and Irish respondents are more likely to respond favourably about their treatment than other ethnic groups. South Asian ethnic groups (Indian, Pakistani and Bangladeshi) are the least satisfied with their care, with Bangladeshi respondents being the most dissatisfied.

People with a Caribbean, African or Chinese ethnic background are less satisfied than white British and Irish patients, as are white non-British and people from a mixed ethnic background. People from a Chinese ethnic

---

<sup>1</sup> No patient left behind. How we can ensure world class primary care for black and minority ethnic people. Department of Health 2008

<sup>2</sup> Unpacking the patient's perspective: Variations in NHS patient experience in England. Healthcare Commission 2006

group are significantly more likely to state they were not given enough privacy when being treated.

People with long term conditions, or who are disabled, are more likely to be negative about the care they receive than others. People in areas of significant poverty are more likely to be negative about the care they receive than those in more affluent areas.

These reports show there are a number of complex factors which affect patient satisfaction and that the most satisfied groups are those that live the longest and enjoy the best health status throughout their lives.

However, it is clear that there are cultural and communication issues the NHS needs to tackle to ensure all patients get access to appropriate, timely and high quality care that promotes patient and carers dignity and treats them with respect.

To tackle quite low levels of satisfaction with local services across the board, NHS North Central London has made patient experience one of the key issues we ask our service providers to improve, with a financial penalty if this is not achieved. Next year we intend to report on improvements that have been made as a result.

The following are the results of the annual Care Quality Commission patient experience survey covering hospitals and mental health trusts in our area. We have also included the annual GP patient survey results for last year.

**TABLE 1****Patient Satisfaction: NHS North Central London's Hospital Trusts  
inpatient experience survey results 2010**

Trust Name	% questions scoring in top 20% of Trusts in England	% questions scoring in middle 60% Trusts in England	% questions scoring in bottom 20% of Trusts in England
Barnet & Chase Farm Hospitals NHS Trust	11	55	34
North Middlesex University Hospital NHS Trust	3	28	69
Royal Free Hampstead NHS Trust	3	42	55
University College London Hospitals Foundation Trust	59	36	5
Whittington Health NHS Trust	25	56	19

**TABLE 2****Patient Satisfaction: NHS North Central London's Mental Health Trusts  
community services patient experience survey results 2010**

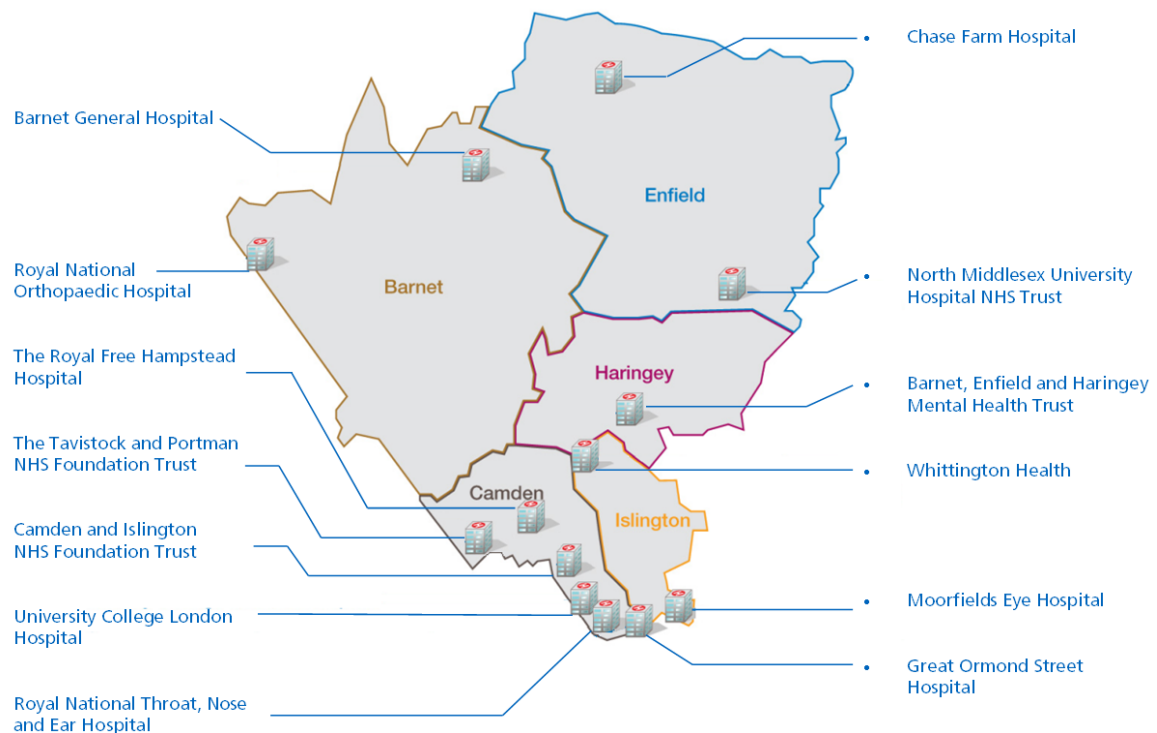
Trust Name	% questions scoring in top 20% of Trusts in England	% questions scoring in middle 60% Trusts in England	% questions scoring in bottom 20% of Trusts in England
Barnet, Enfield and Haringey Mental Health Trust	21	58	21
Camden and Islington NHS Foundation Trust	8	71	21

**TABLE 3**

**Patient Satisfaction: NHS North Central London GP services patient experience survey results 2010-2011**

Area/Region	Overall patient satisfaction (%)	Patients that would definitely recommend the surgery to someone new in the area (%)
<b>England</b>	90	60
<b>London Strategic Health Authority</b>	85	52
<b>NHS Barnet</b>	85	53
<b>NHS Camden</b>	84	53
<b>NHS Enfield</b>	85	49
<b>NHS Haringey</b>	82	47
<b>NHS Islington</b>	85	53

**MAP 1 – NHS NORTH CENTRAL LONDON HOSPITALS AND MENTAL HEALTH ORGANISATIONS**



We have developed four work programmes to improve health and health services in Barnet, Camden, Enfield, Haringey and Islington and make them fairer for everyone, especially people who have the worst health such as older people, disabled people, black and minority ethnic groups and men. The first three programmes focus on how we are going to prevent people getting ill, treat people earlier and have more joined up health services. The fourth one aims to free up money and resources, as well as organisational changes, that we need to deliver these programmes and reduce the health gap. For all of our plans we complete an equality impact analysis to ensure our programmes and new services promote equality and deliver better services for everyone.

## **OUR PREVENTION PROGRAMME**

A significant number of people are dying unnecessarily from treatable conditions because our poorest communities do not receive the healthcare they need, when they need it. We estimate that there are nearly 72,000 people at risk of stroke, heart disease or respiratory (breathing) diseases in north London who are not known to their GPs and are not being treated. To deal with this we are going to focus on prevention, early diagnosis and better treatments to save these lives. Our aim is to find the “missing 72,000” people who are at risk of stroke, heart or breathing diseases, and get them assessed and treated by their GPs earlier.

## **OUR PRIMARY CARE PROGRAMME**

We want to improve GP services in north London so that people get early diagnosis and treatment which we know will save lives and reduce the health gap between the richest and poorest communities. We need to improve GP services by putting in more time and money into improving quality and getting better services, for the money we spend.

## **OUR INTEGRATED CARE PROGRAMME**

Many of our frailest and sickest residents, especially older people, receive care in a disorganised way, both planned care, for long term conditions or mental illness, and unplanned like Accident and Emergency. About four in ten people using local accident and emergency departments need better care from their GP and other community services, not emergency

care. We are developing new ways of buying and delivering healthcare so that care is planned and managed close to people's homes, with the right support.

## **OUR CLINICAL AND COST-EFFECTIVENESS PROGRAMME**

To pay for these changes we need to make sure that we spend money wisely on treatments and services that give the best results for patients in the most cost effective way. We are calling this our clinical and cost-effectiveness programme.

We want to reduce the amount of money we spend on hospital services by getting better GP care and more community services. This will save money that we can then invest elsewhere. We plan to spend less money on treatments that give poor value for money.

We are also planning improvements in maternity services, children's services and hospital services for people with cardiovascular disease.

Finally, we are want to change the way hospital services are delivered in Barnet, Enfield and Haringey and to make the most out of the redeveloped Finchley Memorial Hospital in Barnet.

We have developed these plans and priorities over the last few months by speaking to patients and the public, staff and others and by building on the excellent work that was done by the previous five Primary Care Trusts. We believe the priorities we have set ourselves will help to close the health gap and deliver more services to the people who need them most.

## **COMPLAINTS AND OTHER FEEDBACK**

We collect information about local services through complaints and contacts from patients and carers that are either copied to us or made directly in relation to our commissioning decisions. We work hard to make sure our complaints process is accessible to everyone by recording people's access needs and providing complaints leaflets in Easy Read format for learning disabled people and in other formats on request for people with particular access needs. We also offer translations in the top 10 community languages.

We offer advocacy for complainants and interpreting services if this is required. This year we have changed our complaints database so that we can record if a complainant feels they have been discriminated against and next year we will report on these cases and any actions we have taken.

We also send complainants a form to fill in to let us know if they were happy with the way their complaint was handled. Next year we will be able to report on whether some groups are more or less satisfied with the way their complaint was handled by NHS North Central London.

However, this is a complex issue as more complaints from, say, one ethnic group might be a positive thing as it could indicate they feel more able to complain and expect a positive outcome.

Below are some examples of how Primary Care Trusts in North Central London improved services over the last three years to promote equality and human rights:

## NHS BARNET

### SEXUAL HEALTH SERVICES FOR YOUNG PEOPLE

NHS Barnet improved the provision of sexual health information for young people and created a specific website and text messaging service for young people.

### ANNUAL HEALTH CHECKS FOR PEOPLE WITH LEARNING DISABILITIES

NHS Barnet reviewed the way GPs gave people with learning disabilities health checks to ensure all adults received this service. NHS Barnet was one of the top three Primary Care Trusts in London for delivering this new service.

### SEE ME! HEAR ME!

NHS Barnet worked with partners at the London Borough of Barnet to engage deaf, deafened or hard of hearing people living in Barnet. A questionnaire was used to get feedback on audiology, GP services, social services, and advocacy and interpreting services available in the borough, together with questions about local council services. Feedback on what improvements would be made was provided via a public event.

## NHS ENFIELD

### SCREENING SUCCESSES IN 2009

NHS Enfield invested in increasing the numbers of women coming forward for cervical screening. Enfield is the highest performing PCT in North Central London for cervical screening coverage.

---

## HEALTH TRAINERS

Over 500 local people are now healthier thanks to help from the local Healthy Enfield Health Trainers. The Enfield Health Trainers team worked with a range of disadvantaged groups giving one-to-one support and advice to help people make lifestyle changes, especially in relation to healthy eating, weight loss, physical activity and smoking cessation.

---

## EQUALITY & HUMAN RIGHTS CHAMPIONS FORUM

NHS Enfield established a vibrant equalities and human rights forum and created staff champions who engaged with members of the community. This has changed staff attitudes with increasing interest in disability issues and language support for people whose first language is not English.

## NHS CAMDEN

---

### THE PATIENT SUPPORT SERVICE

NHS Camden created a new project and employed a new outreach and engagement worker to raise awareness of the Patient Support Service within community groups, especially those from disadvantaged groups.

---

### LISTENING TO YOUNG PEOPLE

NHS Camden worked with the National Children's Bureau to engage with young people (13-18) in Camden to find out their views about a range of new health services.

---

### IMPROVING ACCESS

NHS Camden worked with disabled residents and black and minority ethnic groups in the borough to find out their views of primary care services. As a result of feedback, NHS Camden invested over £2 million in GP premises to improve access, safety and comfort for disadvantaged residents.

## HARINGEY

### 'GOING LOCAL' – THE PRIMARY CARE STRATEGY

Going Local is a primary care strategy aimed at addressing the considerable health inequalities that exist across the borough. It will ensure more services are delivered outside hospital settings and will make it easier for people to access these services where and when they need them. Collaborating with GPs, local hospitals, the local authority and the public means the PCT can understand the different health needs of communities living in the borough, and commission the appropriate services to meet these needs.

### A FLAGSHIP HEALTH CENTRE FOR HARINGEY

A flagship building for west Haringey was built providing a range of services to the local community. This venue, now called the Hornsey central Neighbourhood Health Centre includes a GP surgery, a dementia day care centre and various clinics, community and social care services. It also acts as a base for other activities open to the residents of west Haringey, making it a community asset for all.

### PATIENTS HELP SHAPE THE FUTURE OF HEALTH SERVICES

Four patient panels were set up in Haringey facilitated externally by a charity - Health Link – who worked hard to make sure all sections of the community were included and supported to be involved.

## ISLINGTON

### IMPROVING ACCESS TO PRIMARY CARE SERVICES FOR DISABLED PEOPLE

NHS Islington improved access to primary care services for disabled people by identifying housebound patients in need of and unable to access primary care services who were then offered clinical care in the home.

### IMPROVING MENTAL HEALTH SERVICES FOR WOMEN AND MEN

NHS Islington commissioned a new women-only mental health ward and a male only Psychiatric Intensive Care Unit (PICU).

---

## SUPPORTING STAFF

NHS Islington participated in Men's Health Week with three events held and attended by 285 male staff over the last three years. The PCT also reviewed the staff occupational health service to support staff who were victims of domestic violence and employed a project worker during 2008-9 to improve the interview process with the aim of increasing the number of black and minority ethnic staff recruited to more senior grades. Finally the Trust developed a policy to support transgender/transsexuals in the workplace in consultation with the staff lesbian, gay, bisexual and transgender network.

## NHS NORTH CENTRAL LONDON

As the NHS was going through restructuring, we wanted to ensure that any good/best practice that was being delivered at borough level was not lost and that there would remain a legacy of the good work done in the boroughs. It is also a way to bring good practice into NHS North Central London and prevent duplication of resources. The handover looked to find what was being done or had been done under the headings below:

- Equality Impact Assessment
- Equality schemes & reports
- Training
- Key contact/s
- Equality Delivery System (EDS)
- Human Resources
- Public Health
- Procurement/contracts
- Budgets
- Communications.

We are working hard to promote equality in everything we do including the way we treat our staff. Below we set out some key areas which we have prioritised for the next year. We aim to use good management practices and to provide a safe working environment that is free from unlawful discrimination.

We place a positive value on diversity and believe that by utilising the skills, talents and knowledge of our staff, we are better able to deliver and commission health care that meets the needs of our population.

## OUR STAFF

To ensure we have fair employment practices we collect a range of information about our staff to judge how well we are promoting equality as an employer. However, we have some gaps in the kinds of information as we have about our staff which we are working hard to fill.

Next year we will report on who gets interviewed and appointed so we can see if any groups are more or less likely to be successful when applying for jobs at NHS North Central London, and whether particular staff groups are more or less likely to get training to enhance their career or report problems in the workplace such as bullying and harassment.

## AGE AND GENDER

NHS North London employs 1,181 staff of which 38% are male and 62% are female. Of these staff, 10% are under 30 years old, 57% are 30-50 and 32% are 50 years or older.

Compared to the local population we have more female staff than the national average, perhaps indicating female friendly employment practices in the NHS.

## ETHNICITY

The majority of our staff our staff are White (57%) with 44% reporting they are White British. 16% state they are Asian with 5% being Asian Indian. 16% of our staff are Black, with 9% being Black African. 3% of our staff are from a mixed ethnic background and 1% are from a Chinese ethnic background.

## **DISABILITY**

In terms of disability, 2% of our staff report they have a disability and 21% state they do not have a disability, leaving 77% of staff who have declined to inform us of their disability status. Compared to the local population we are employing fewer disabled people than we should be as the national figure is about 18% of the working population<sup>3</sup>. However, there are significant numbers of staff who do not declare their status.

## **SEXUAL ORIENTATION**

The majority of our staff have not provided us with information about their sexuality (59%), however 39% state they are heterosexual, with nearly 2% stating they are lesbian, gay or bisexual.

## **RELIGION AND BELIEF**

Nearly half of our staff declined to provide this information (47%) and a further 5% state they are atheist. Of those who provide information about their religious beliefs, 27% are Christian, 4% "other", 3% are Muslim, 2% Hindu, 0.3% Buddhist, 0.6% Jewish, 0.6% Jain and 0.2% Sikh.

## **GENDER REASSIGNMENT**

We are not aware that any of our staff have experienced problems in the workplace because they are transgender.

## **MARRIAGE AND CIVIL PARTNERSHIP**

Less than half of our staff report they are married (40%) with another 32% stating they are single, 3% divorced, and less than 1% separated, widowed or in a civil partnership.

## **HOW WE PROMOTE EQUALITY FOR ALL OUR STAFF**

Below are some key areas that ensure we treat staff fairly and promote equality in our employment practices.

---

<sup>3</sup> <http://www.efd.org.uk/media-centre/facts-and-figures/disability-in-uk> accessed December 9th 2011

## TRAINING AND PROFESSIONAL DEVELOPMENT

All our staff receive high quality induction and a range of obligatory, essential training which includes equality and diversity. This ensures all staff are equipped to do their job, know their equality duties and are helped to gain the skills to succeed. Each year staff meet with their managers to agree performance objectives and a personal development plan for training and other support to help them develop professionally and deliver high quality work.

A range of training is made available to all staff and openly advertised on the staff intranet and via staff newsletters.

## GRADING JOBS AND DECIDING FAIR PAY LEVELS

NHS North Central London uses the national NHS system to grade jobs and determine the appropriate salary. This provides a clear framework for ensuring pay grades are fair and there is no pay discrimination in grading different types of work more highly than others.

## STAFF POLICIES

NHS North Central London has agreed a number of policies and guidance that ensure a fair and consistent approach to employment issues including: bullying, harassment and discrimination; performance appraisal; grievance; and recruitment and selection. All these policies have been reviewed to ensure they promote equality using the NHS North Central London Equality Impact Analysis Tool – see page 22 of this report for further details.

## POSITIVE ABOUT DISABLED PEOPLE

NHS North Central London has joined the NHS 'Two Ticks' scheme which guarantees an interview to any applicant who is disabled and who meets the essential criteria for the post.

We also provide staff with access to high quality occupational health services to ensure that staff are supported in the workplace if they have a long or short term disability or particular health problem or needs.



## POSITIVE ABOUT FLEXIBLE WORKING AND MATERNITY LEAVE

NHS North Central London has a flexible working policy to meet the needs of staff who have parental or caring responsibilities. We also provide “keep in touch days” for staff on maternity leave to ensure we support women who take maternity leave.

22 employees were scheduled to finish maternity leave this year; of these 12 returned.

## STAFF SURVEYS



NHS North Central London will be undertaking the regular annual staff survey this year to help us find out what staff feel about the organisation. We will report on this in our next Annual Equality Report so we can tell you what staff say about us as an employer, if they feel there is any discrimination in

the workplace, and any actions we take in response.

## STAFF GRIEVANCES AND DISMISSALS

To protect the confidentiality of our staff we will report on grievances and dismissals next year as these are very small numbers and there is a danger individual people may be identified.

## OUR FUTURE PLANS FOR STAFF

Over the next year we plan to support staff to deliver the significant organisational changes that are taking place in the NHS at this time.

We will continue to develop a range of training, mentoring and other approaches that will ensure all staff get the opportunity to develop professionally and take advantage of opportunities for career development. We also plan to collect more information about our employment practices so that we can report on any positive or negative impact on different staff groups.

There are a number of other ways we promoting equality and ensure we meet the requirements of the Equality Act 2010. Below are the two most important ways that NHS North Central London ensures we systematically promote equality in everything we do.

## **THE NHS EQUALITY DELIVERY SYSTEM**

We are adopting a systematic approach to promote equality and diversity in Barnet, Camden, Enfield, Haringey and Islington that will, over time, improve and promote equality. We have agreed to use the new national NHS Equality Delivery System which has been developed with over 50 community groups representing black and minority people, gay, lesbian and transgender people, disabled people, different age groups, men and women. This system requires NHS organisations to report on how they deliver four strategic objectives set out below:

1. The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results
2. The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience
3. The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs
4. NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.

We intend to use the NHS Equality Delivery System to grade our current performance in relation to these objectives by April 2012 as well as agree, with community organisations and Local Involvement Networks, at least one area where we will improve our performance over the next 18 months before the new Clinical Commissioning Groups take control of commissioning healthcare services.

## EQUALITY IMPACT ASSESSMENT/ANALYSIS

In NHS North Central London we have agreed to use a process called Equality Impact Analysis (EQIA) to make sure everything we do, including any new policies and services we develop, is reviewed to make sure we think about how they affect different people and whether they promote equality for people who share any of the following “protected” characteristics:

1. Age, including specific ages and age groups
2. Disability, including cancer, HIV, multiple sclerosis, and physical or mental impairment where the impairment has a substantial and long-term adverse effect on the ability to carry out day-to-day activities
3. Gender re-assignment where people are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attribute of sex
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race, including colour, nationality and ethnic or national origins
7. Religion or belief, including a lack of religion or belief, and where belief includes any religious or philosophical belief
8. Sex
9. Sexual orientation, meaning a person’s sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex.

Equality impact analysis means considering the effect on different groups to check if there are any unintended consequences for some groups, and also if the policy or service will be fully effective for everyone. It can help us to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations between different groups.

The Joint Boards of NHS North Central London requires all policies and strategies that come before it to be screened for any negative impacts on

these groups. We also train staff on their legal responsibilities under the Equality Act and how to use the EQIA tool.

A good example where the EQIA has changed a policy or service is the new Continuing Health Care Policy. The new policy was designed to create a single policy for all five PCTs, covering the care of people who have been assessed as eligible for fully funded NHS continuing care. However in concluding the EQIA, possible gaps and concerns were raised in relation to how far the policy could accommodate individual's race, religion and beliefs. The draft policy was judged as failing to fully take into account the customs or religious practices of local residents and being in danger of putting people into a care home that might not meet their cultural or religious needs.

The EQIA changed the policy so that the new Continuing Health Care Policy states NHS North Central London will pay an additional 10% on top of normal fees to enable care homes or other providers to meet the religious and cultural needs of clients. For example kosher or halal food can be provided as well as prayer space and provisions to observe religious festivals.

## **EQUALITY IMPACT ASSESSMENTS UNDERTAKEN FROM APRIL TO DECEMBER 2011**

This is a list of the policies and services that have been developed using Equality Impact Analysis. The full impact assessments are published on our website and can be obtained by using the contact details at the end of this report.

---

### HEALTH BUDGET PILOT

Personal health budgets should help deliver more flexible care, which is sensitive to patient's needs and preferences.

---

### NEW MENTAL HEALTH LIAISON SERVICE

The purpose of the service would be to reduce acute alcohol and dementia admissions and readmissions.

---

#### NEW HEART FAILURE SERVICE AND COMMUNITY CLINIC PILOT

The service will deliver a pilot multi-disciplinary heart failure service in a community setting by moving one consultant's clinics from University College London Hospitals/The Heart Hospital into a community base in South Camden.

---

#### PATIENT REHABILITATION BEDS

To procure non-stroke in-patient rehabilitation beds to improve the quality of the service and increase efficiencies.

---

#### TARGETED ENGAGEMENT TO INFORM THE PROCUREMENT OF NON-STROKE IN-PATIENT REHABILITATION BEDS

The targeted engagement has been undertaken in order to inform the procurement process for non-stroke in-patient rehabilitation beds (currently provided on Chestnut Ward, St Ann's Hospital).

---

#### OUT OF HOURS SERVICE

The new NHS 111 telephone service pilot.

---

#### PERFORMANCE APPRAISAL POLICY

This policy aims to ensure that all members of staff are supported and developed to make a high quality contribution to NHS North Central London.

---

#### HEALTH & SAFETY POLICY

The policy outlines common health and safety issues and provides templates and tools to assist employees and managers to carry out their health and safety roles and responsibilities.

---

#### COMMUNITY MINOR ORAL SURGERY SERVICES

To provide high quality and complex oral surgery treatment in locations closer to patient's homes and improve access and reduce waiting times for oral surgery treatments.

---

#### COMPLEMENTARY MEDICINE POLICY

This proposal aims to create a single policy for the sector and to classify Complementary therapies.

---

#### CONTINUING HEALTHCARE POLICY

This proposal aims to create a single policy for the NHS North Central London cluster to make provision for the care of people who have been assessed as eligible for fully funded NHS continuing care.

---

#### QUALITY AND SAFETY STRATEGY

To ensure that we have quality at the heart of everything we do, that it is central to our strategies, developments and services.

---

#### SAFEGUARDING ADULTS POLICY

This policy provides guidance to NHS North Central London employees to enable them to fulfil their adult safeguarding responsibilities and to ensure that all providers of commissioned services adhere to this policy.

---

#### SAFEGUARDING CHILDREN POLICY

This policy provides guidance to staff to drive continual improvement of services for children in terms of equity, effectiveness, safety, timeliness, efficiency and child centeredness.

---

#### PALS AND COMPLAINTS POLICY

This policy defines how NHS North Central London will help to deal with any issues and complaints about its services.

---

#### DATA ENCRYPTION POLICY

The Data Encryption Policy defines the security operational requirements of NHS North Central London to secure all data held.

---

#### DATA PROTECTION POLICY

This policy sets out the requirements for complying with the Data Protection Act 1998 in the collection, storage, processing and destruction of personal and sensitive data.

---

#### EMAIL POLICY

The purpose of this policy is to establish NHS North Central London's definition of acceptable and unacceptable use by users of the email service.

---

## INFORMATION GOVERNANCE POLICY

This policy states the key principles that appropriate and effective information management must be based upon.

---

## INFORMATION LIFECYCLE MANAGEMENT (RECORDS MANAGEMENT)

The purpose of this policy is to outline the role of information lifecycle management within NHS North Central London and its relationship to the overall information governance strategy and records management.

---

## INFORMATION SECURITY RISK MANAGEMENT PROCEDURES

The primary goal of risk management is to reduce risk to an acceptable level.

---

## INFORMATION SECURITY EVENT REPORTING POLICY

This policy sets out the procedures and key requirements surrounding the identification, reporting and investigation of information security (IS) and information governance (IG) related incidents and near misses.

---

## INFORMATION SHARING AND DISCLOSURE POLICY

This policy outlines, in broad terms, NHS North Central London requirements for communication and information sharing with patients and third-party organisations.

---

## INFORMATION SECURITY POLICY

The information security policy sets the requirements and standards for the development and implementation of an information security management system (ISMS) that will protect, to a consistently high standard, NHS North Central London information assets from a wide range of threats.

---

## INTERNET SERVICE POLICY

The purpose of this policy is to establish NHS North Central London's definition of acceptable and unacceptable use of the internet.

---

#### NCRS SMARTCARD REGISTRATION AUTHORITY POLICY

This policy provides the registration requirements for Healthcare Professionals in order to access National Programme for Information Technology (NPfIT) applications.

---

#### PHYSICAL AND END OF DAY IG POLICY

This policy outlines the requirement to ensure that physical security is fit for purpose via the definition and implementation of a physical security baseline throughout NHS North Central London.

---

#### PERSON IDENTIFIABLE DATA SECURITY POLICY

This policy sets out the key Information Governance requirements to implement appropriate safe haven policies, procedures and practices to protect the confidentiality and integrity of Person-identifiable (PID) and sensitive data.

---

#### FREEDOM OF INFORMATION & ENVIRONMENT INFORMATION REGULATIONS POLICY

This policy sets out how NHS North Central London complies with the Freedom of Information Act 2000 (FOI Act) and the Environmental Information Regulations 2004 (EIR).

---

#### NHS NORTH CENTRAL LONDON COMMISSIONING STRATEGY & QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) PLAN 2012/13 – 2014/15

This is the main strategic plan for NHS North Central London which sets out our plans for improving services, including how we will ensure that each pound spent is used to bring maximum benefit to our residents.

This is the first equality report from NHS North Central London and we welcome your feedback for future reports.

We expect that by adopting the NHS Equality Delivery System we have put in place a systematic approach to improving our performance and reducing the health gap in Barnet, Camden, Enfield, Haringey and Islington.

We have highlighted a number of areas which we intend to develop over the next year including improving patient satisfaction with local services, reducing the health gap, utilising our four work programmes to improve health and health services in Barnet, Camden, Enfield, Haringey and Islington and make them fairer for everyone, especially people who have the worst health such as older people, disabled people, black and minority ethnic groups and men. We are also aiming to improve the data we collect about complaints and concerns and to increasing the type and range of data we collect about our staff and employment practices to ensure we are a fair employer.

**Please give any feedback to:**

Dipen Rajyaguru

Equality and Diversity Specialist

NHS North Central London  
5th Floor, Stephenson House  
75 Hampstead Road  
London NW1 2PL

020 7685 6756

[www.ncl.nhs.uk](http://www.ncl.nhs.uk)