

EVIDENCE SUBMISSION TEMPLATE

Goal 3

Develop the right services: targeted, useful, useable, and used.

PCT name:	NHS Tameside and Glossop March 2011
Provider trusts where you are the lead commissioner:	

OR

Provider trust name:	
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Goal 3

Develop the right services: targeted, useful, useable, and used.

Deliverable 3.1

Target health improvement initiatives to particular groups in the population, underpinned by robust and up-to-date intelligence. Improve the efficiency and targeting of health services and thus value for money, by ensuring commissioning meets the health needs of all sections of the population.

Performance level	Guidance
<ul style="list-style-type: none">Developing <p>Accurate and contemporary data is used to identify and target health improvement initiatives. Board approved programme is in place to support prioritisation of the necessary interventions.</p>	<ol style="list-style-type: none">1. Do you have plans in place to develop targeted initiatives, segmented by particular population groups based on robust and up to date intelligence?2. Do you have systems in place to facilitate the engagement and involvement of equality stakeholders in the setting of priorities and the development of the initiatives?3. Are these initiatives prioritised within your commissioning strategic plans? Are they detailed in the operating plans?

Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

General response across all equality strands

Race
Disability
Gender
Trans
Age
Sexual Orientation
Religion and Belief

Performance level	Guidance
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• Achieving

Local population needs have been prioritised and are being addressed through the delivery of targeted initiatives as a result of accurate and contemporary data.

1. What targeted health initiatives for equality target groups are underway based on local population needs and priorities?
2. Are there systems in place to evaluate the effectiveness of these programmes?
3. Are equality stakeholders involved in the evaluation process?

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General response across all equality strands

Dignity in Care Campaign and accreditation
Customer service workbook and training: this is an award-winning programme that is aimed at ensuring the dignity of service users is embedded in all care delivery and the environment. There is a dedicated Matron, who with a small team, provides information and supports services and partner agencies to undertake an audit and complete an accreditation process, which if successful results in the service being accredited. This programme has won the Nursing Times Award 2010 and the NHS Leadership awards 2010 for quality and innovation. Embedded below is a report about the pilot scheme



DiC Pilot Report
v1.1.doc

LIPs service- provides interpretations services for individuals who do not have English as a first language. The service is available across the whole health economy.



Survey 2009.docx

Refuge & Asylum seekers – a dedicated worker who works directly with all the refugees and asylum seekers that are accommodated within Tameside and Glossop. This work is

undertaken in close partnership with multiple agencies. The worker focuses on the individuals' health and social needs, provides advice and signposts to the relevant services.

COMPASS is an early intervention service for children, young people and families. The aim is to support individuals and families to achieve positive outcomes both in health and in wellbeing. The service is a partnership between Health and Local authority. The team consist of health professionals, social care and local authority staff.

Health Mentors- this is an award winning (Nursing times 2010) innovative service. The service focuses on school aged children and the families, the aim is to offer support and direction to anyone who is willing to engage with the service. There are a group of health mentors who working with schools, school nurses, youth worker ,GPs, parents and carers, anyone who is involved with the young person. Their role is to provide support and signpost if applicable. The type of work they undertake directly with the young person and family is smoking cessation which involves working with the health improvement team, body image, self confidence, alcohol, sexual health etc. The mentor is not an expert but provides support and signposts the individual to the appropriate 'expert'.

Clinical services delivering individualised care closer to home for all service users

Support groups for postnatal depression, breast-feeding, weight matters, smoking cessation, parenting groups. These groups are targeted at certain characteristic groups as required or by default. The postnatal depression group is by default female, it can be targeted to a group of females based on race and or religion and belief. Casestudy from HIMP team is embedded as is the Equity audit for the Stop smoking service



Casestudy
HIMP.docx



T&G SSS Equity Audit
2010 exec summary \

Little Angels is a service which is commissioned to provide breast feeding support and advice, the provider division work alongside this service to promote and support breast feeding to all women. Embedded is an presentation of the work of Little Angels



Service Delivery
Questionnaire Feedb:

Customer satisfaction surveys are being utilised by services, the next step is to centralise the surveys so they can be quality controlled and more importantly monitored. The Business unit in conjunction with the Commissioners and E&D lead are developing a satisfaction survey as part of the Community Contract. The aim is to have a quality tool which provides robust information which reflects the service users level of satisfaction, and identify areas for further development. Embedded are the results of our previous survey



Patient satisfaction survey analysis and r

Provider division have involved service users to provide direct feedback in relation to their own experience of our service and their expectations of our service. This feedback was used to promote and increase the number of Non-medical prescribers in District nursing. The service user also took part in a video that was presented to the Nursing times as part of the short listing process for the team of the year at the Nursing times award 2010, the team were a runner up.

Race	
Disability	
Gender	
Trans	
Age	<p>Selected invitations are being sent out for the Health Check – a complete GP check up targeted at those groups most at risk of certain conditions. The Health Check is aimed at preventing individuals’ risk of stroke, diabetes, heart and kidney disease.</p> <p>Invitations are being sent out to people aged 40-74 who have not previously been diagnosed with one of these conditions. The aim of the Health Check is to lower the high rates of CVD in Tameside and Glossop and to encourage people to make changes to their lifestyle which will reduce the chance of developing disease later in life.</p> <p>Equality stakeholders in the form of a Residents Panel are involved in the programme right through from sitting on the ICP Board to assisting with patient communications and awareness raising around the Health Check programme.</p>
Sexual Orientation	

Performance level	Guidance
<ul style="list-style-type: none"> Excellent <p>Entrenched health challenges are being addressed through innovative targeting of initiatives which fit the needs of specific equality groups in the population.</p>	<ol style="list-style-type: none"> 1. What improvements in equality target groups health outcomes have been made as a result? How is the achievement of outcomes measured? How are you demonstrating that you are narrowing the health gaps? 2. How have equality stakeholders been involved in developing and delivering (where appropriate) the targeted initiatives e.g. third sector delivery of services. 3. What exceptional and innovative methods have you employed to produce results? What best practice can you share with other PCTs?

Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

General response across all equality strands

A new patient representative Consumer Advisory Panel was established in September 2010, with clusters of members encouraged through flexible membership approaches across each of the protected groups (including carers).

Mini Case studies are brought to the Panel by PCT Lead staff focusing on key change areas such as TCS, service (re) designs, and policy / strategy reviews. Areas covered include: Minor hand surgery, Pharmaceutical Needs Assessment, Out of hours A&E service, Glossop Dental Access service (re-design). Panel members scrutinise our changes for any adverse or differential impact on any of the protected groups. As we don't know what we don't know, this is an essential engagement tool for PCT Commissioners and Providers. Feedback is tracked on an Issues Matrix. We are keen to ensure outcomes are embedded into practice for practical patient improvements.

The average time for practical patient outcomes to be agreed has been 3 to 6 months to date.

See attached:

- Issues Matrix (see outcomes column)
- Panel Testimonials from Panel members

- Benefits of membership.



Consumer Panel
Issues Matrix v2.p



Consumer
Advisory Panel.doc



Membership
Benefits of joining

The Consumer Panel is supporting the E&D Lead in compiling a lean Inclusive Commissioning Handbook, based on Panel discussions and outcomes achieved to date.

Draft Handbook attached



Inclusive
Commissioning Ha

This year two meetings were held in March and April to involve key stakeholder partners in scrutinising our EPIT 2 evidence for annual assessment and grading. This feedback is currently being summarised and will inform our practice going forward in terms of inclusion and best practice.

See email re process of above stakeholder involvement 2011. A summary of this process and outcomes achieved, will be presented to E&D Leads at next SHA Strategic Communication meeting on 12 May 2011.



RE for response
EPIT scrutiny mee

Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Consider this deliverable in conjunction with:

- Equality legislation
- Equality Framework for Local Government: knowing your community and equality mapping; responsive services and customer care
- Care Quality Commission Criteria for assessing core standards in 2009/10
- World Class Commissioning competencies five: manage knowledge and assess needs and six: prioritise investment
- Local Area Agreements
- Lord Darzi report High Quality Care for all
- 2009/10 Operating Plan – NHS North West Self Assessment Tool

Goal 3

Develop the right services: targeted, useful, useable, and used.

Deliverable 3.2

Assure that effective engagement and involvement models with equality target groups are in place.

Performance level	Guidance
<ul style="list-style-type: none"> Developing <p>Work is underway to achieve routine engagement and involvement with equality target groups where gaps still exist.</p>	<ol style="list-style-type: none"> How do you and your providers engage with the different equality target groups on an ongoing basis and where are the gaps? How are equality target groups already involved in the planning and delivery of services and how are you planning to build on this? How are you and your providers ensuring that the people or groups you are consulting with or involving are representative of their communities and the breadth of needs?

Submit Evidence Below

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General response across all equality strands	
Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Performance level	Guidance
<ul style="list-style-type: none"> Achieving <p>Engagement and involvement with equality target groups is</p>	<ol style="list-style-type: none"> What model or protocol have you established to ensure appropriate engagement of equality target groups across all business functions and in all

sustainable and fully embedded into all business functions.

equality impact assessments? What equivalent arrangements do your providers have?

2. How are you and your providers developing a sustainable relationship with these equality target group stakeholders? Are your partners more knowledgeable about the working of the NHS and health strategy?
3. How is engagement and involvement integral to prioritising of plans and development of service delivery? Are equality target groups empowered to challenge effectively?

Submit Evidence Below

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General response across all equality strands

Provider services engage directly with all service users and partners. There is a strong link between Provider and Commissioners. The Consumer Advisory Panel is a vital resources and a source of immense value in the relation to our engagement with protected characteristic group stakeholders

The new patient representative Consumer Advisory Panel was established in September 2010, with clusters of members encouraged through flexible membership approaches across each of the protected groups (including carers).

Mini Case studies are brought to the Panel by PCT Lead staff focusing on key change areas such as TCS, service (re) designs, and policy / strategy reviews. Areas covered include: Minor hand surgery, Pharmaceutical Needs Assessment, Out of hours A&E service, Glossop Dental Access service (re-design). Panel members scrutinise our changes for any adverse or differential impact on any of the protected groups. As we don't know what we don't know, this is an essential engagement tool for PCT Commissioners and Providers. Feedback is tracked on an Issues Matrix. We are keen to ensure outcomes are embedded into practice for practical patient improvements.

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- Issues Matrix (see outcomes column)
- Panel Testimonials from Panel members
- Benefits of membership.



Consumer Panel
Issues Matrix v2.p



Consumer
Advisory Panel.doc



Membership
Benefits of joining

The Consumer Panel is supporting the E&D Lead in compiling a lean Inclusive Commissioning Handbook, based on Panel discussions and outcomes achieved to date.

Draft Handbook attached



Inclusive
Commissioning He

I have attached copies of two service specifications for new services which we have recently commissioned, the first is Non Obstetric Ultrasound and whilst I have attached the specification for Manor House, the same specification has been written for our Provider Division and Tameside FT who will be delivering same service. The second specification is for a community hearing aid assessment and fitting service, which is currently out for tender.....if you go to KPIs in both specs, I have started to include measurement and reporting of satisfaction of Protected Characteristic Groups.

These are new services so not received any monitoring information as yet but think this demonstrates that we are being more inclusive in terms of our monitoring and commissioning of all protected characteristic groups for services going forward (see yellow highlighted sections only).

Sara Latham
Commissioning Business Manager
Commissioning Directorate
NHS Tameside & Glossop
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Final service spec
- with pricing.doc



NOUS SERVICE
SPECIFICATION M

Race

Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Performance level	Guidance
<ul style="list-style-type: none"> Excellent <p>Engagement and involvement with equality target groups has affected decision making and delivered positive outcomes.</p>	<ol style="list-style-type: none"> 1. Describe the ways in which you believe that your equality target stakeholders operate as equal partners. Are they able to advance ideas of their own? 2. How can you demonstrate that engagement and involvement is leading to successful outcomes in relation to World Class commissioning and Transforming Community Services? 3. What priorities have been changed as a result of engagement? What has been the impact on the population that the stakeholders represent (e.g. in relation to service access, patient experience and health outcomes)? 4. Are you building capacity in equality target group stakeholder organisations to engage more widely? How are you supporting the third sector to become the providers of choice in health services? 5. What exceptional and innovative methods have you and your providers employed to fully embed engagement and involvement. What best practice can you share with other PCTs?

Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

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General response across all equality strands	
Race	
Disability	
Gender	

Trans	
Age	
Sexual Orientation	

Consider this deliverable in conjunction with:

- Equality legislation
- Equality Framework for Local Government: knowing your community and equality mapping; responsive services and customer care
- Care Quality Commission Criteria for assessing core standards in 2009/10
- World Class Commissioning competency three: engage with public and patients
- Lord Darzi report High Quality Care for all
- 2009/10 Operating Plan – NHS North West Self Assessment Tool
- NHS North West: An Equal Partnership

Goal 3

Develop the right services: targeted, useful, useable, and used.

Deliverable 3.3

Enable the development of local third sector provision.

Performance level	Guidance
<ul style="list-style-type: none"> Developing <p>Prospective third sector services that are able to meet identified ETG needs are being mapped.</p> <p>Gaps in third sector capacity and capability are being identified and joint plans are being made to address these</p>	<ol style="list-style-type: none"> 1. What systems are in place to develop intelligence on your local third sector providers, especially those who provide specific services aimed at equality target groups? 2. How are you developing robust relationships with third sector providers to bring them into the marketplace as potential providers? 3. How are you enabling third sector organisations to work in partnership to develop better service offers?

Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

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General response across all equality strands	
Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Performance level	Guidance
<ul style="list-style-type: none"> Achieving <p>Third sector providers are supported through, and involved in, the tender process for NHS contracts.</p>	<ol style="list-style-type: none"> 1. How are you actively engaging and involving third sector providers in the tender process for NHS contracts? Are all tendering opportunities disseminated widely amongst the third sector?

2. What evidence do you have that the third sector is actively competing for NHS contracts?
3. Are you working with third sector providers to develop capability and capacity to compete effectively and credibly for NHS contracts?

Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

General response across all equality strands

With all tenders for NHS provider contracts, 3rd Sector providers can register via the Supply to Health website which is a mandated health website. Here organisations from all sectors register to be involved in our tender process for provider provider status. Our communications team provide links via LINKs organisation of the site for tender opportunities for all provide organisations. Support is available to third sector organisations who wish to tender for preferred provider status. This is provided by the Equality and Diversity Lead in consultation with Contracting and Performance colleagues in the form of available Workshops.

In addition to this we currently map provision by our local 3rd sector organisations, to ensure our Communications and Engagement team work closely with providers focusing on each of the protected characteristic groups and key service changes.

See Community Mapping document attached



Community Mapping Equality

Little Angels is a 3rd sector organisation which successful competed with the Provider Division to win the contract to deliver breast feeding support
 The Provider Division is providing work experience for young people by working directly with AGE UK.

Race

Disability

Gender

Trans	
Age	
Sexual Orientation	

Performance level	Guidance
<ul style="list-style-type: none"> Excellent <p>Novel community centred approaches to meeting the needs of different sections of the population are being delivered as a result of innovative commissioning.</p>	<ol style="list-style-type: none"> 1. Do you have third sector organisations that deliver services to equality target groups providing NHS services? 2. How are you ensuring that providers are continually meeting the changing needs of the population? 3. In which areas can you demonstrate that the third sector have become the providers of choice? 4. What exceptional and innovative methods have your commissioning team employed in conjunction with third sector organisations to deliver positive outcomes. What best practice can you share with other PCTs?

Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

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General response across all equality strands	
Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Consider this deliverable in conjunction with:

- Care Quality Commission Criteria for assessing core standards in 2009/10
- World Class Commissioning competency seven: stimulate the market
- Transforming Community Services

