



Midlands and Lancashire
Commissioning Support Unit

Equality and Inclusion Annual Report 2017/2018



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Derek Kitchen
Managing Director

Sarah Shepard
Director of People

Tim Waldron
Head of Equality, Diversity
and Human Rights

Executive Summary

Midlands and Lancashire Commissioning Support Unit (MLCSU) recognises delivering on equality, inclusion and diversity is a key driver to achieving the MLCSU's ambition to be a leading organisation in the NHS; supporting the delivery of person-centred commissioning for healthcare and supporting a diverse and largely agile customer facing workforce operating across many localities.

This publication provides an overview about our aims and achievements and evidences how we are meeting the three aims of the Public-Sector Equality Duty (PSED) and outlines our approach to: a diverse, reflective and supported workforce; how we provide support to the commissioning of healthcare services, which is inclusive of protected groups.

It shows our commitment to promoting equality and recognising, addressing and reducing health inequalities amongst people who are protected by the Equality Act 2010 and other vulnerable groups. It sets out the way we fulfil our responsibilities arising from the Equality Act.

The publication highlights our innovative U Assure system - an on-line platform for equality impact and risk assessment (EI&RA), which provides evidence for the MLCSU and its customers to show they have given 'due regard' of protected groups in their planning and decision-making processes.

It evidences a range of equality and inclusion support for our customers - Clinical Commissioning Groups (CCGs); and within our own organisation to ensure that decision making, and commissioning decisions are made in line with Public Sector Equality Duty (PSED) and reflects MLCSU's approach to working in partnership with CCGs.

Introduction

This is NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) annual Equality and Inclusion publication.

This publication provides evidence for meeting the public-sector equality duty, which requires all public-sector organisations to publish their equality information annually and supports our customers in meeting their Statutory Obligations as set out in the Equality Act 2010. Our Equality and Inclusion Policy and Strategy is currently under review.

Our Vision, Mission, Values and Strategic Goals

Our Vision

To be pivotal in fully supporting the delivery of major improvements in health and wellbeing.

Our Mission

To be a great place to work, to be great people to work with, striving to be better tomorrow than we are today.

Our Values



Quality and excellence – in our services



Adding value – exceeding customer expectations



Partnership working – with our customers and suppliers



People matter – patients, staff and customers



Innovation – supporting state-of-the-art commissioning



Transparency and integrity – in everything we do



Our Strategic Goals 2015 – 2017

- Be responsive to customers and excel in delivery
- Develop a high-quality workforce that is valued, agile and highly motivated
- Continue to develop services and partnerships to support our customers and local health economies with transformational and integrated commissioning
- Deliver a strong financial position, with net growth, resistant to market fluctuations.

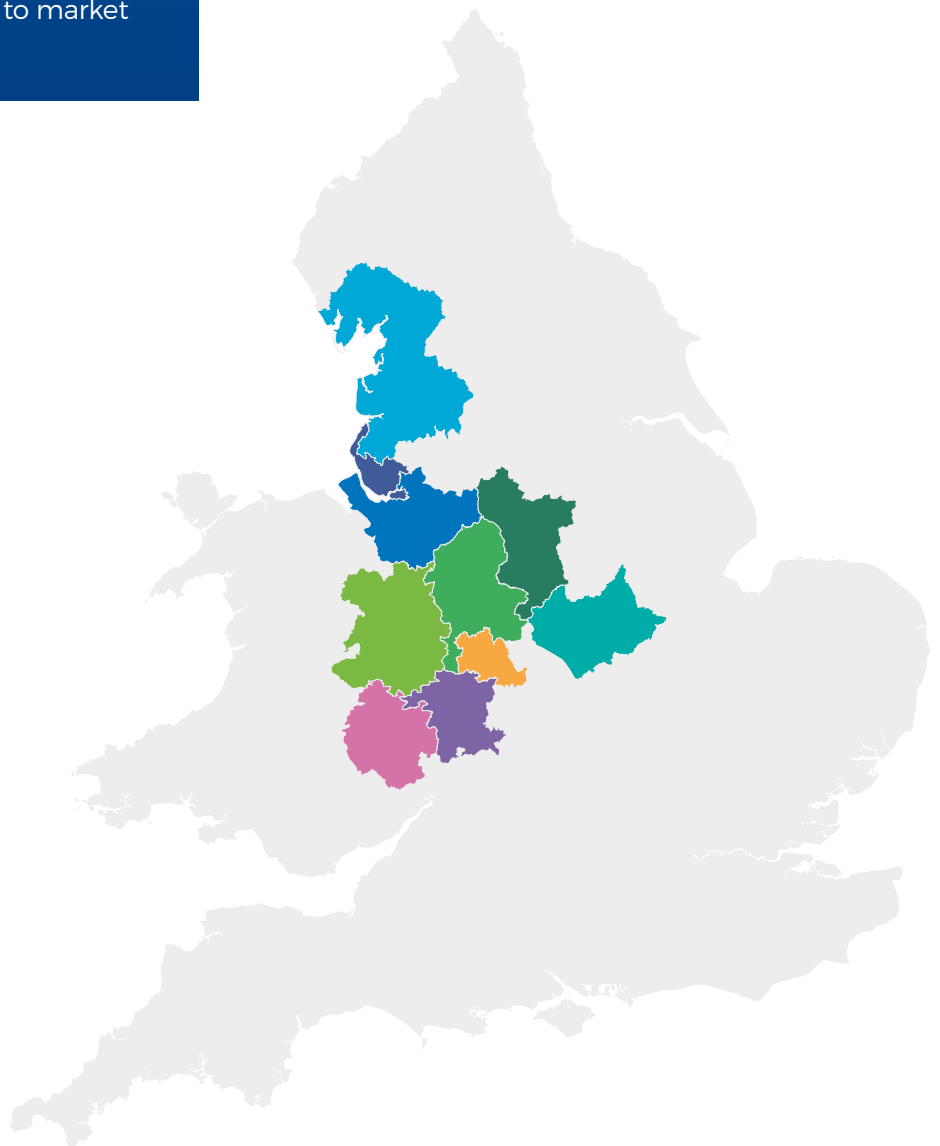
A Local Context

NHS Midlands and Lancashire Commissioning Support Unit is one of the largest Commissioning Support Units (CSUs) in the country providing local, high quality commissioning support services to CCGs and other customers with a diverse range of commissioning challenges and pressures.

The areas we provide services to:

KEY

- Birmingham and Black Country
- Cheshire
- Derbyshire
- Herefordshire
- Lancashire and South Cumbria
- Leicestershire and Rutland
- Merseyside
- Shropshire
- Staffordshire
- Worcestershire



Key Facts about Midlands and Lancashire CSU



We've got
1,600+
highly skilled
NHS professionals
and subject
matter experts



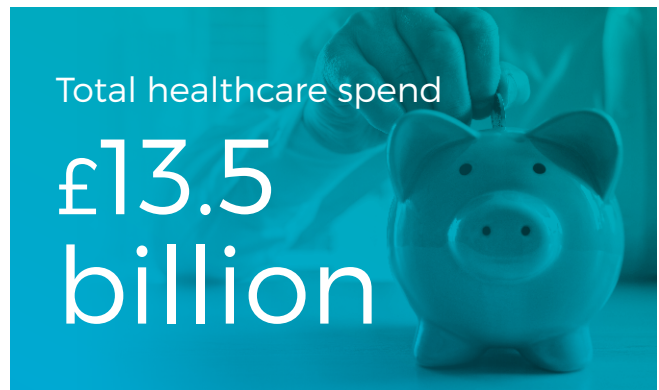
28
established
supply chain
partners adding
experience



Leading
performance
in customer
and staff
satisfaction



Annual turnover:
**£94
million**



Total healthcare spend
**£13.5
billion**



Covering
1/4
of England's
patient
population



9
STPs served
in addition to
diverse clients
from the
public sector,
government and
NHS England

Of the NHS,
for the NHS

**Industry-leading
accreditations**
Crown Commercial
Service, Cyber
Essentials, LPF
provider and
NHS Rightcare to
name a few

Our Legal Duties

The Equality Act 2010 (applies to all organisations within the UK)

The Equality Act makes it unlawful to discriminate, harass or victimise people because of a reason related to their protected characteristic.

Public Sector Equality Duty 2011 (PSED section 149 of the Equality Act 2010 (applies to: Public Bodies and bodies delivering public services).

Organisations in the exercise of their functions must have due regard to the duty to:

- Eliminate unlawful discrimination, harassment, victimisation and other prohibited conduct
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those that do not.

See page 10 for more details on the protected groups.

The Human Right Act 1998 (applies to all organisations within the UK)

The Human Rights Act 1998 sets universal standards to ensure that a person's basic needs as a human being are recognised and met. Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Human Rights Act 1998. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998.



In practice this means treating individuals with fairness, respect, equality, dignity and autonomy, this is known as the FREDA Principles.



The Modern Slavery Act 2015 (applies to all organisations within the UK with a turnover of £36m)

At the end of March 2015, the Modern Slavery Act, a piece of landmark legislation, came onto the statute. The Act focuses on illegal activity in the UK; however, the legislation also looks at the potential for slavery down the supply chain outside of the UK.

The Act has direct implications for businesses operating in any sector in the UK.

A key element of the Act is the 'Transparency in Supply Chains' provision. Businesses above a certain threshold are required to produce a 'Slavery and Human Trafficking Statement,' outlining what steps they have taken in their supply chain and own business to ensure slavery and human trafficking is not taking place. To view our Modern Slavery Statement on our website, please access by this link:

www.midlandsandlancashirecsu.nhs.uk/about-us/modern-slavery-act/

The Health and Social Care Act 2012

14T – Duties as to Reducing Inequalities

Each Clinical Commissioning Group, must in the exercise of its functions, have due regard to the need to:

- a) Reduce inequalities between patients with respect to their ability to access health services and
- b) Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

14Z2 – Public Involvement and Consultation

Each Clinical Commissioning Group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

- a) In the planning of the commissioning arrangements by the group
- b) In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the way the services are delivered to the individuals or the range of health services available to them, and
- c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Nine Protected Characteristics



Age

This refers to a person belonging to a particular age (e.g. 50 year old) or range of ages (e.g. 18 to 30 year old). Age includes treating someone less favourably for reasons relating to their age (whether young or old).



Disability

A person has a disability if s/he has a physical, mental impairment, Learning Disability or sensory impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.



Gender Reassignment

The process of transitioning from one gender to another. Gender Identity refers the way an individual identifies with their own gender, e.g. as being either a man or a woman, or in some cases being neither, which can be different from biological sex.



Marriage and Civil Partnership

The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same sex partners. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.



Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.



Race

Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.



Religion and Belief

Religion has the meaning usually given to it but belief includes religious convictions and beliefs including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.



Sex (Gender)

A man or a woman, but also includes men and women as groups. Treating a man or woman or men and women less favourably for reasons relating to their sex.



Sexual Orientation

A person's sexual attraction towards their own sex, the opposite sex or more than one sex. This includes people who are Lesbian, Gay, Bisexual or Heterosexual.

NHS Equality Mandated Requirements

The Equality Delivery System (EDS)

(applies to Commissioners and Providers)

Requirements in four key areas

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership.

The Workforce Race Equality Standard (WRES)

(applies to Commissioners and Providers)

Requirements to collect and publish workforce and workforce training data, see page 19 of this report to view our workforce data.

MLCSU publish an annual WRES report on our website. To view the latest report please follow the link:

www.midlandsandlancashirecsu.nhs.uk/about-us/equality-and-inclusion/workforce-race-equality-standard-wres/

The Workforce Disability Equality Standard (WDES)

(applies to Commissioners and Providers)

Requirements to collect and publish workforce and workforce training data.

The Accessible Information Standard (AIS)

(applies to Commissioners and Providers)

Requirements to collect information about accessible information needs and produce information in accessible formats.

The NHS Standard Contract 2018/2019 and Service Conditions 2018/2019:

- Section SC12 Communicating with and Involving Service Users, Public and Staff (Provider compliance with the AIS)
- Section SC13 Equity of Access Equality and Non-Discrimination (Provider compliance with EDS, WRES and WDES)
- Section SC14 Pastoral, Spiritual and Cultural Care (Provider compliance with religious, pastoral and cultural needs of service users)

The standard contract places a requirement on NHS Commissioners to evaluate the ability of Providers to be compliant with all the above duties and Invitation to Tender (ITT) stage and a duty to evaluate compliance throughout the life of the contract and places a duty on the Provider to be compliant and produce annual monitoring reports.

Meet the Equality and Inclusion Team

Our Team



Head of Equality,
Diversity and
Human Rights



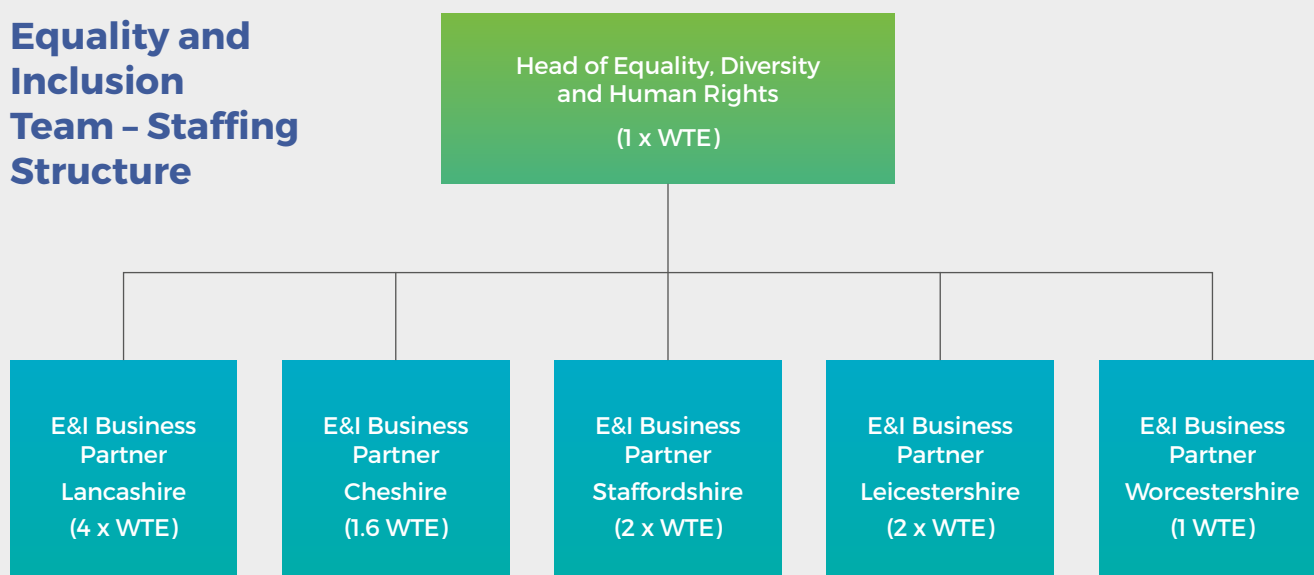
10 Equality and
Inclusion Business
Partners

The Equality and Inclusion Team and Our Growth

During 2017/2018 the Equality and Inclusion (E&I) Team's footprint has continued to support 6 regions and has expanded their CCG customers from 24 to 26 CCGs.

The Head of Equality, Diversity and Human Rights supports the team with strategic support. This has ensured that quality and consistency of operational practice is maintained during a period of team growth. The strategic oversight has enabled improvements in practice, marketing and developing our service to new customers.

Equality and Inclusion Team – Staffing Structure



The team achieves consistently good or very good customer feedback from our core customers and is fast becoming the 'go-to' equality, inclusion, diversity and human rights experts for other organisations needing a service. The team continues to develop innovative approaches to the way it does business i.e. web based EI&RAs through the U Assure online platform.

Equality and Inclusion Business Partners and the CCG areas they support

All areas

Tim Waldron

Head of Equality, Diversity
and Human Rights

Lancashire and South Cumbria

Catherine Bentley

Blackpool CCG, Fylde and Wyre CCG,
West Lancashire CCG, MLCSU Corporate

Jennifer Mulloy

Blackburn with Darwen CCG,
East Lancashire CCG,
Pan Lancashire Clinical Policies,
MLCSU U Assure

Jessica Pathak

Chorley and South Ribble CCG,
Greater Preston CCG, Morecambe Bay CCG

Travis Peters

Pan Lancashire Clinical Policies

Staffordshire

Granville Thelwell

East Staffordshire CCG,
Cannock Chase CCG

Julia Allen

North Stafford CCG,
Stoke-on-Trent CCG,
South East Staffordshire
and Seisdon CCG

Greater Manchester

Jessica Pathak

Trafford CCG



Award Celebration for Catherine

In December 2017, Catherine won the MLCSU Michel Kongolo-Mankou staff award. The Michel Kongolo-Mankou Award is awarded to an individual who has been nominated for demonstrating outstanding achievement in promoting equality and inclusion issues to contribute to making a fairer society.

Cheshire and Merseyside

Nicola Griffiths

West Cheshire CCG, Wirral CCG

Qurban Hussain

East Cheshire, South Cheshire CCG,
Warrington CCG

Jennifer Mulloy

Pan Cheshire and Merseyside
Clinical Policies

Travis Peters

Pan Cheshire and Merseyside
Clinical Policies

Leicestershire

Sabrina Richards

Leicester City CCG,
East Leicester and Rutland CCG

Travis Peters

Leicester City CCG,
East Leicester and Rutland CCG

Worcestershire

Ramzam Mohammed

Worcestershire CCG, Redditch CCG

Equality Impact Responsibilities

The three aims of the PSED need to be considered when making decisions and devising policies (i.e. in all their planning and decision making).

To do this, it is necessary for the organisation to understand and consider the potential impacts of its activities on people with protected characteristics. Where these are not immediately apparent, it may be necessary to carry out some form of assessment or analysis, in-order-to understand them.

The Brown and Gunning Principles (based on case law) set out clear guidance on what organisations need to do in-order-to give 'due regard'. This is relevant to the equality duty. Decision-makers need to:

- be aware of their responsibilities under the duty
- make sure they have adequate evidence (including from targeted engagement and formal consultation, if appropriate) to enable them to understand the potential effects of their decisions on different people with protected characteristics
- consciously and actively consider the relevant matters, in such a way that it influences decision-making
- do this before and at the time a decision is taken, not after the event
- be aware that the duty can't be delegated to third parties who are carrying out functions on their behalf.

Case law also suggests that it is good practice to document how decisions were reached i.e. produce an audit trail of how CCGs / MLCSU have prompted their deliberate consideration of the nine protected characteristic groups in all their planning and decision making.

Equality Impact and Risk Assessments (EIRA)

The MLCSU has provided support for the Clinical Commissioning Groups to adopt an EI&RA scrutiny process. This process provides a framework for undertaking a robust equality, risk and human rights impact assessment. Equality Impact & Risks Assessments (EI&RA) are a primary source for demonstrating how CCGs have considered legal duties under the Human Rights Act 1998, The Equality Act 2010 and the Public-Sector Equality Duty 2011. These assessments can be carried out for the following:

- change in service – commissioning or decommissioning
- policy development or review
- strategy development
- change in work practices.


The MLCSU has developed a robust user-friendly template which enables staff to evaluate potential impacts of decision making on people with a protected characteristic. The process enables the organisation to consider and demonstrate the three aims of the PSED. The template also prompts consideration of vulnerable groups in addition to groups with protected characteristics. These include people from lower socio-economic groups, homeless and other groups that may experience disadvantage.

During 2016 the Equality and Inclusion team reviewed the stage 2 EIRA template resulting in improving the risk assessment section and adding a section to help link evidence to Equality Delivery System.

The assessment also includes Human Rights screening tool and consideration of impacts on other groups outside of the protected characteristics.

These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who are war veterans
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated.

 **The MLCSU has developed a robust user-friendly template which enables staff to evaluate potential impacts of decision making on people with a protected characteristic.**

U Assure Equality Module for Equality Impact and Risk Assessments (EIRA)

During 2017, the MLCSU developed a user-friendly web tool to support completion of Equality Impact and Risk Assessments. The system was developed alongside an Information Governance module which helps MLCSU and its customers in logging, storing and managing its assets in one place.

The majority of CCGs supported by the Equality and Inclusion are moving their EIRA processes onto the U Assure System.

The system provides access to a range of guidance documents and templates for completing EIRA's. New features added to the system now enable EIRA's to be shared with other CCGs which will help develop collaborative working arrangements for some areas. This has been useful for sharing information across the Sustainable Transformation Partnerships (STPs).

The Equality and Inclusion Business Partners (MLCSU) are trained in supporting U Assure users across the MLCSU, CCGs and other customers. This support includes the reviewing of EIRA's between the EIRA author and the Equality and Inclusion Team. Comments and feedback can be provided quickly and securely and uploaded to the U Assure Module.

The introduction of U Assure to MLCSU and its customers has been supported by a designated Equality and Inclusion Business Partner who has provided training to the E&I Team, MLCSU, produced a visual user guide and provided general support for CCGs embedding the system into their work practices.

To date, there are approximately over 250 EIRA's on U Assure, see page 27 of this report for a breakdown and overview of how many EIRA's the Equality and Inclusion Team have supported our customers and CSU with over the last financial year.

Involving People in Decision Making

Evidence shows that involving patients and the public in decisions about their health care increased their confidence, empowers them to consider how to stay healthy and ultimately, leads to better health outcomes.

The MLCSU supports the CCGs engagement processes resulting in a commitment to patient and public involvement at all stages of the commissioning cycle, not just because it is a statutory duty, but because it is the right thing to do. The MLCSU continues to support CCGs to commission health services in order to:

- meet patient needs
- understand both negative and positive impacts from decision making.

Gaining understanding from engagement is balanced with clinical evidence and academic research, which will help the MLCSU support commissioning of efficient and effective services.

Examples of how CCGs have involved patients within the commissioning process during 2017 include:

- Patient and Public involvement on Governance Boards / Committees. Patient representation is integral to the assurance and governance processes of the CCGs. They bring the patients' voice to the table and are able to influence decisions taken at a strategic level. Their presence at our Committees ensures that this influence is born out at all levels throughout the organisation
- Patient representatives attend on Prioritisation groups to help decide on which services will be commissioned or decommissioned in light of limited financial resources. Patients are represented when evaluating tenders from potential providers on significant contracts
- All CCGs have Patient Engagement forums which meet independently and jointly to consider policies, procedures and proposals and work with CCGs to co-produce and shape them. For example, Quality Strategy for Staffordshire CCGs was refreshed with patient involvement
- Sign up schemes including social media for patients to receive regular CCG updates and invites to surveys
- Community Consultation events held by CCGs to provide information, consult and promote health and wellbeing
- MLCSU coordinated Pan Lancashire engagement events with patients and stakeholders to consult on specific policies
- Specific engagement projects, the focus for Lancashire region is Mental Health
- GP Practices have Patient Participation Groups who are active volunteers in their local communities
- Stakeholder and patient representation in Equality Delivery System (EDS) grading events across CCGs and Health Providers.

All engagement work endeavours to ask and monitor equality and diversity monitoring data. This enables accurate monitoring of representativeness of any engagement work.

The MLCSU are proud of work in public and patient involvement and are committed to embedding this as a golden thread through all of our decision-making processes.



Our Workforce

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) has nearly 1500 employees at the time of this report being published, the data outlined below is captured at the time an employee of the MLCSU is recruited via a new starter form.

The MLCSU monitors its workforce against the following protected characteristics:

- Age
- Disability
- Ethnic Origin
- Religious Belief
- Sex (Gender)
- Sexual Orientation
- Marriage and Civil Partnership.

Midlands and Lancashire CSU Workforce Profile

Workforce diversity monitoring is an important means of demonstrating, implementing and promoting equality of opportunity. It provides a demographic picture of diversity within organisations and can help to identify barriers that prevent access to employment and career development for certain groups of people, and to develop solutions such as positive action plans or alternative policies and practices.

NHS organisations routinely ask their staff to complete diversity monitoring information when they join or undertake staff engagement and learning activities.

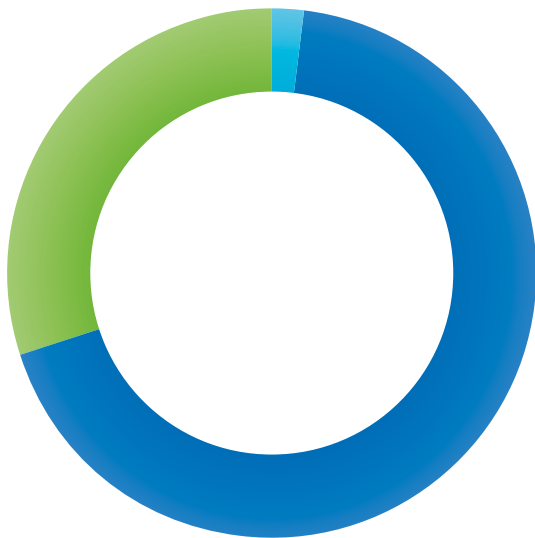
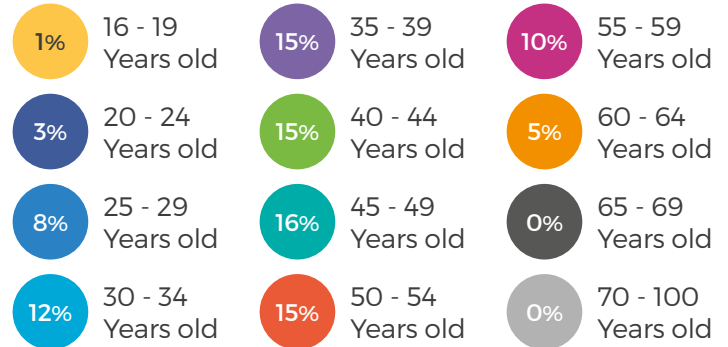
At MLCSU, we are determined to ensure that we offer equal access to health care and employment opportunities to all. The data in our 2017/2018 suggests that the MLCSU is performing well in the following areas of equality in employment.

The following charts show a breakdown of our workforce by protected characteristics. Data on Age, Disability, Sex (Gender), Ethnicity, Religion or Belief, Sexual Orientation, Marriage and Civil Partnership, and full time and part employees is collated. Pregnancy and Maternity and Gender Reassignment has been omitted due to some numbers being small (less than 10) to ensure individual staff cannot be identified from the data in line with UK Data Protection Law.



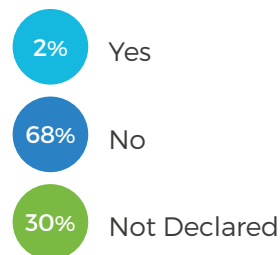
Workforce by Age

The graph below shows that the largest proportion of staff falls within the age category of 45 - 49 years (16%). The next two highest categories are 35 - 39 years (15%), 40 - 44 years (15%) and 50 - 54 years 15%. The MLCSU has taken on several apprentices in the last 12 months.



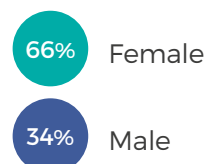
Workforce by Disability

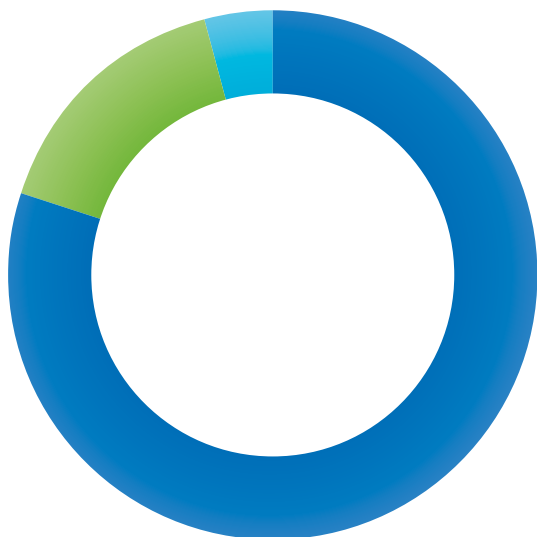
2% of our workforce have declared to have a disability, however we believe this is much higher than our collated data suggests, due to the number of reasonable adjustments made for our employees.



Workforce by Sex (Gender)

Female staff make up 66% of the workforce and 34% are male, this figure is consistent. According to National Statistics it is 47% of women who make up the overall workforce in the United Kingdom.





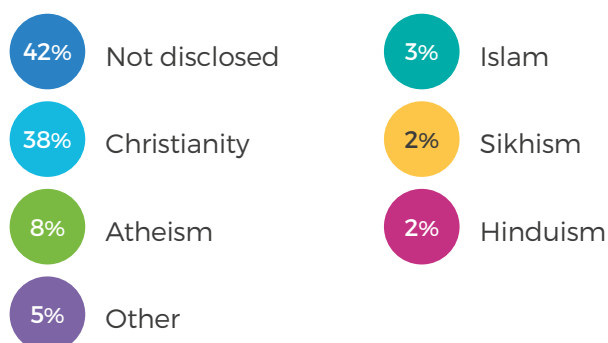
Workforce by Ethnicity

80% of our workforce identify as white compare to 16% Black and Minority Ethnic (BME) staff and 4% of the overall workforce have not disclosed their ethnicity. Further analysis will be undertaken in line with the Workforce Race Equality Standard (WRES) to identify if there are any concerns that need to be addressed, e.g. whether BME staff are represented at all levels of the organisation. The MLCSU annual Workforce Race Equality Standard (WRES) report will be published on our website by the 1 August 2018.



Workforce by Religion or Belief

42% of the workforce has chosen not to disclose their religion or belief, making it difficult to draw any meaningful conclusions from this data.



Workforce by Sexual Orientation

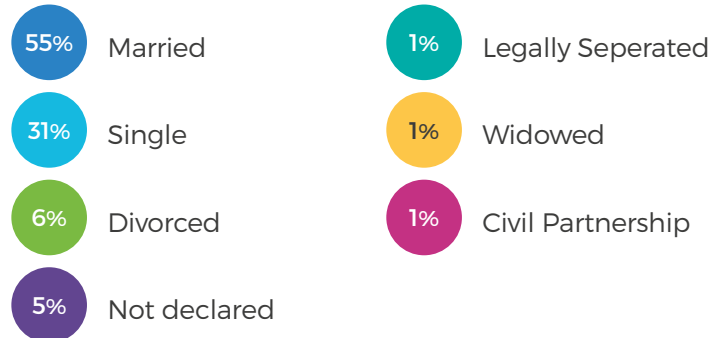
61% of staff declared themselves as heterosexual with 38% of choosing not to disclose their sexual orientation. Only 1% of the workforce has declared themselves to be lesbian, gay, bisexual or transgender, therefore no further meaningful analysis can be drawn.





Workforce by Marriage and Civil Partnership

The data shows that the larger percentage of our workforce is married at 55%.



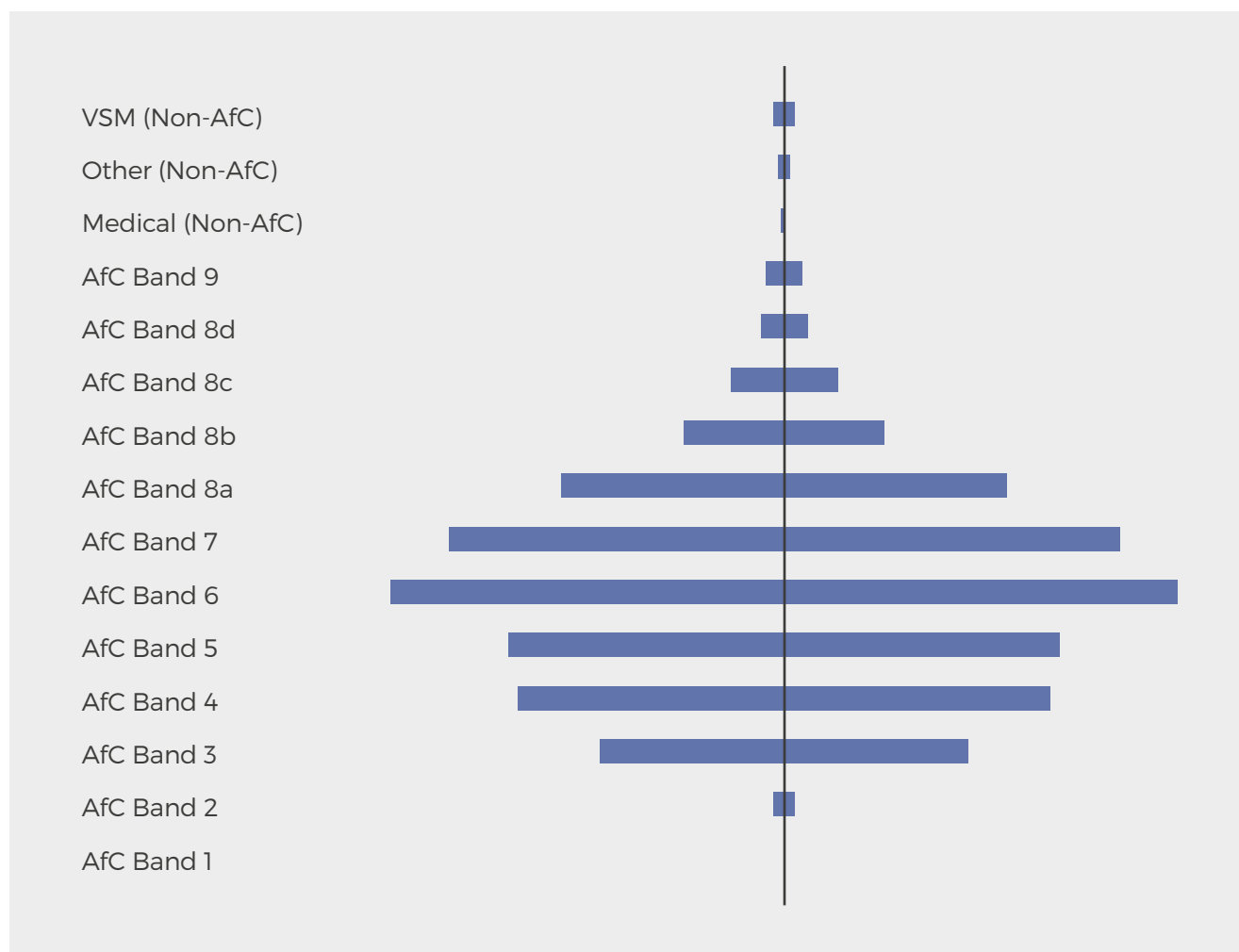
Full time and Part Time Working Arrangements

The largest percentage of our staff work full time, with 24% of staff working part time, all staff can request flexible a working arrangement that both enhanced their own work life balance and fitted with the needs of our service delivery. The MLCSU also have a working arrangement called the 9-day fortnight which allows staff to request working their full-time hours of 37.5 hours over 9 days.



Staff by Pay Band

The graph below outlines staff by Agenda for Change Pay Bands, this graph shows that larger percentage of staff are on Bands 5 to 7.



Training and Development

Equality and Inclusion Training

All MLCSU staff complete their Equality and Inclusion mandatory training on an online system annually. This is accessed via the Learning Management System (LMS).

A range of mandatory and non-mandatory training is available through the LMS, such as personal development, health and wellbeing, manager courses and MLCSU systems training.

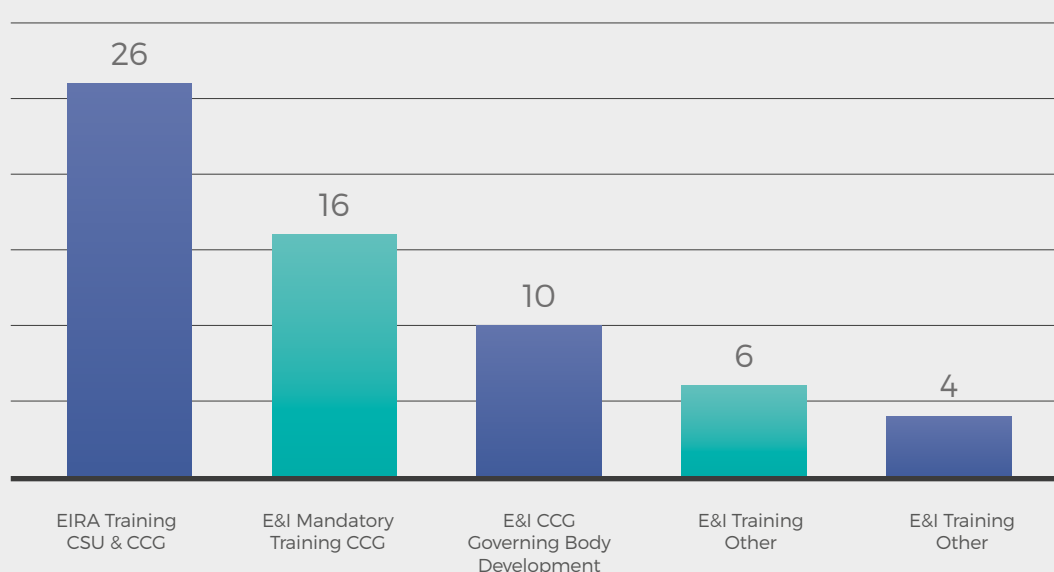
During 2017 the Equality and Inclusion Team have provided bespoke face to face Equality and Inclusion Training to:

- Specific teams within the MLCSU
- GP Practices
- CCG staff via targeted training programmes in place of or in addition to the mandatory eLearning programme
- Governing Board Development within CCGs

- Targeted Equality Impact and Risk Assessment Workshops and 1:1 coaching sessions
- Procurement and Contract Leads Equality and Inclusion Awareness are examples of some of the bespoke training provided by MLCSU Equality and Inclusion Team to both CSU and CCG staff this year.

The chart below show an overview of Equality and Inclusion Training delivered by the Equality and Inclusion Team across the regions as a CSU and the customers we provide a service to. The E&I Team also support staff on a one to one basis and have induction one to one session with new employees at the CSU and with our CCG customers.

Equality & Inclusion Training Delivered in 2017/2018



Training for MLCSU with Management Responsibilities

The MLCSU have several courses that run throughout the year for existing managers or new managers or that individuals with people management responsibility that will help them support staff on the following:

The courses are designed to provide you with an overview of a best practice attendance management process. It outlines why good attendance is important and how it can be effectively managed using the tools provided.

The course covers:

- Attendance management
- Special leave
- Flexible and agile working.

Corporate Induction

Colleagues who have recently joined MLCSU are invited to attend our corporate inductions which give colleagues the opportunity to find out more about our values and ethos and to ask any questions you may have about the organisation. It will include:

- Values and behaviours of the organisation
- Overview of the appraisal system
- Our staff portal
- Statutory and mandatory training
- Key contacts.

Appraisals

All MLCSU have a mandatory annual appraisal and regular one to one meetings with their line manager.

Staff Side Representation

The MLCSU Staff Side group is made up of trained and elected representatives from recognised trade unions. Staff side representatives are based over several sites across the organisation, and work in partnership with staff members, management and human resources to ensure that MLCSU not only is legally compliant in matters of equality, but actively promotes awareness and inclusion.

Staff side representatives work to promote equality and inclusion in a number of ways:

- On a day-to-day basis, staff side representatives support trade union members in the workplace who may have any concerns or issues regarding equality and inclusion; this involves researching relevant MLCSU corporate policies, and wider legislation in order to negotiate with trade union members, team managers and Human Resources (HR) to highlight issues and work towards a resolution.
- Staff side representatives also assist in ensuring that due regard of equality and inclusion is made during organisational change, for example raising consideration of staff who may have protected characteristics that could be affected by a change in working hours or office base etc.
- Staff side representatives from each recognised trade union work collectively as members of a number of the MLCSU's working groups, such as the Health and Safety group, the Peoples Group, and the Staff Side Partnership group. Each working group meets several times throughout the year, and staff side representatives attend in order to negotiate, review and ratify MLCSU corporate policy, and discuss organisational issues such as staff health and wellbeing. A key responsibility for staff side members of each group is to check due regard for equality and inclusion has been made – such as providing information within the policy document regarding the Equality Act 2010 where relevant, and that Equality Impact Assessments have been completed.
- The MLCSU provides HR function to a number of CCGs, and MLCSU Staff Side representatives currently have an agreement to sit on the CCG Staff Side Partnership Group to support Trade Union representatives and members working in 25 clinical commissioning groups. Similar to the role taken in the MLCSU's working groups, staff side representatives work with CCG representatives to negotiate and ratify corporate policies and discuss staff concerns.

Our Customers

The Equality and Inclusion Team, MLCSU support our customers who are mainly NHS Clinical Commissioning Groups (CCGs) in meeting their Equality Legal Duties and Public-Sector Equality Duties.

CCGs have consistently given high satisfaction scores for the support they receive by the MLCSU Equality and Inclusion team.

How we support our customers

We support our customers through business support and range of products.



Meeting their Equality
Legal Duties and Public
Sector Equality Duties



Equality Impact and Risk
Assessments



Equality Delivery System
Grading Assessments



Workforce Race Equality
Standard Reporting



Equality and Inclusion
Annual Reporting



Equality Related
Training specific to our
customer's needs for
example: GP Training

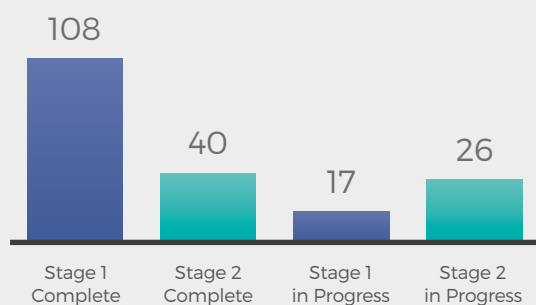


Equality and Inclusion
and Equality Legal Advice
and Guidance

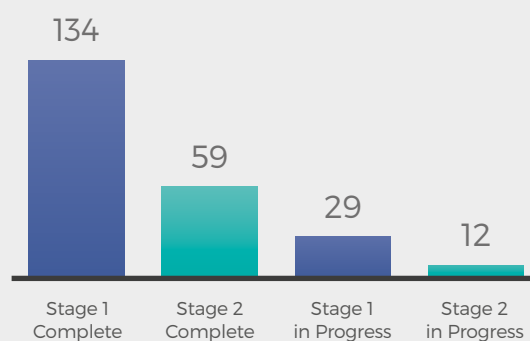
Equality Impact and Risk Assessments

The graphs below provide an overview of how many EIRAs the Equality and Inclusion Team have received during 2017/2018.

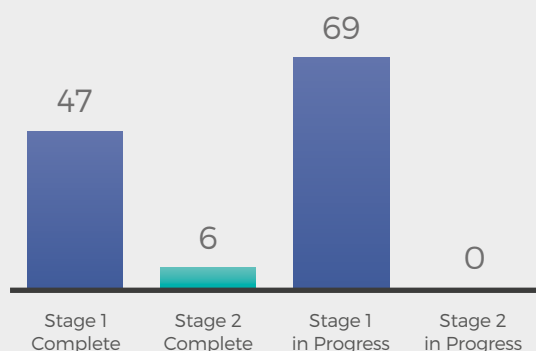
EIRAs Lancashire CCGs and Pan Lancashire EIRAs



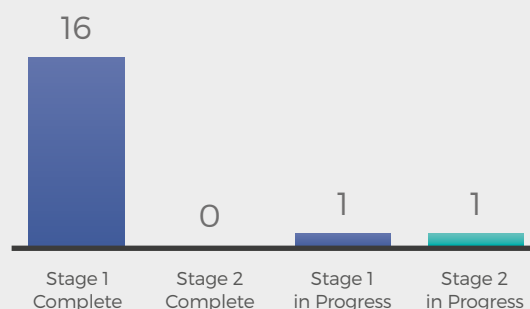
EIRAs Cheshire CCGs inc. Cheshire and Merseyside Clinical Policy



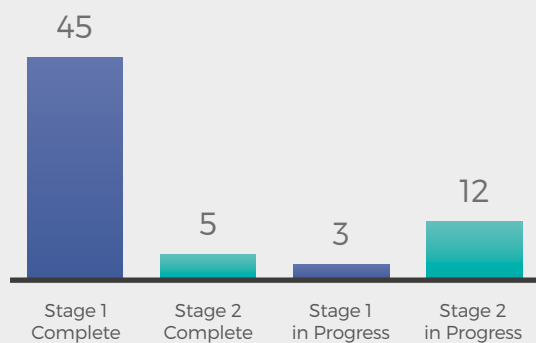
EIRAs Staffordshire CCGs



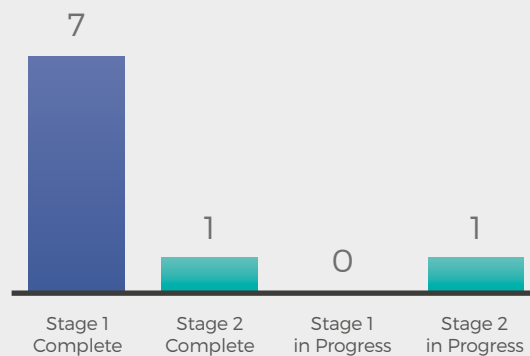
EIRAs Leicestershire CCGs



EIRAs Worcestershire CCGs



EIRAs Midlands and Lancashire CSU



Pan Lancashire and South Cumbria Clinical Commissioning Group (CCGs) Policy Review Project

In 2016, the Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) along with Public Health Consultants, Public Health Lancashire decided to review a range of clinical policies that were termed as 'low clinical priority'. This project is assisting to bring together one common set of criteria for health-related treatments and procedures across the Lancashire and South Cumbria footprint. The project has continued into 2017/2018 and is project managed by the MLCSU.

The CCGs in Lancashire and South Cumbria are represented on the Policy Development Group, which also includes Clinical and Commissioning Leads and Public Health Consultant from Local Authorities and Unitary Authorities. All the policies are reviewed within a clinical engagement process. The aim of this project has been to align policy criteria, update clinical criteria in line with the National Institute of Clinical Excellence (NICE) Guidance and clinical evidence. The project also includes managing NHS resources to meet the health need of the population it serves.

Consideration of equality impacts are embedded within the development of the project. An Equality and Inclusion Business Partner from the MLCSU Equality and Inclusion Team alongside a Communication and Engagement Specialist (MLCSU) attend the Policy Development Meetings. All proposed changes to the policies undergo an Equality Impact and Risk Assessment (EIRA) which are reported and discussed with the Policy Development Group. Identified impacts are discussed to identify potential discrimination and mitigate and/or reduce risk. Each policy also undergoes a Human Rights Screening which may prompt a Stage 2 Human Rights Assessment.

The Equality and Inclusion Team work closely with colleagues within the Communications and Engagement Team. The engagement process with the public and stakeholders is particularly important as it helps to identify potential impacts of policy criteria. This project is aligned to the Brown and Gunning Principles, for more information on the Brown and Gunning Principles see appendix 2. The public engagement project work varies according to the level of change and at a minimum involves a public questionnaire coordinated by the MLCSU and promoted through the Communication and Engagement Teams within each CCG. Some of the project review work such as the Cosmetic Policies and the Assisted Conception Policy has involved more in-depth engagement due to the level of change and emotive feelings of such treatments. The CCGs have worked hard to ensure that the targeted focus groups have been held in each of the CCG areas across Lancashire and South Cumbria to enable the public to discuss and consult on the proposed policy changes with Commissioners. The project review has received valuable feedback from stakeholders such as Lancashire LGBT, Diabetes Groups, Fertility Matters and Disability Groups.

The project is planned to continue into 2018/2019.

Merseyside Clinical Commissioning Groups (CCGs) Policy Review

The following CCGs have worked collaboratively to develop this harmonised core set of commissioning criteria:

- Halton CCG
- Knowsley CCG
- Liverpool CCG
- St Helens CCG
- South Sefton CCG
- Southport and Formby CCG
- Warrington CCG.

The project has involved reviewing policies of 'low clinical priority' under the term 'Reviewing Local Health Policies'. MLCSU have project managed the project review since September 2016. This project is helping to bring together one common set of criteria for health-related

treatments and procedures across the Merseyside and Warrington CCG area footprints. This will help to reduce variation of access to NHS Services in different areas (which is sometimes call 'postcode lottery' in the media) and allow fair and equitable treatment for all local patients. The aim of this work has been to align policy criteria in line with NICE Guidance and clinical evidence. The project review also includes managing NHS resources to meet the health needs of the population it serves.

The policy review work is coordinated by a project manager and commissioners from each CCG are represented on the group. The group is supported by clinicians and a virtual clinical review group. A member of the MLCSU Equality and Inclusion Team alongside a Communication and Engagement Specialist attend the Policy Development Meetings.

Communication and Engagement work has been carried out across the footprint and has been well supported by CCG Communication and Engagement Teams. As a result, engagement work has been promoted to over 60 different stakeholders across the area and involved surveys, focus groups and targeted engagement events. This project is aligned to the Brown and Gunning Principles.

Within 2017/2018, forty-seven policies have been reviewed. All proposed changes undergo an Equality Impact and Risk Assessment (EIRA's) which are reported and discussed with the Policy Development Group. Identified impacts are discussed to identify potential discrimination and mitigate / reduce risk. Each policy also undergoes a Human Rights Screening which may prompt a more thorough Human Rights Assessment.

This project is planned to continue into 2018/2019.

Equality Delivery System (EDS)

MLCSU is not required to follow the NHS England Equality Delivery System (EDS) annual equality performance framework which is designed for commissioners and their provider partners.

The MLCSU Equality and Inclusion Team support CCGs to follow the EDS through holding annual EDS engagement events. These events are important events for both Commissioners and larger health providers to evidence how they are meeting the PSED. Although the style and delivery of the EDS event may differ between providers and CCGs they all involve a grading process linked across 4 goals consisting of 18 outcomes.

The support of this work from the MLCSU has resulted in:

- 24 EDS grading events run in 2017/2018
- Raising profile of equality and inclusion across CCGs, health providers and their stakeholders
- Preparation work resulting in equality briefing sessions for both staff and stakeholders including patient representatives with the aim of raising awareness of equality
- CCGs being able to showcase best practice in relation to equality work relating to commissioning services.

EDS overview of all our CCG customers

Overview - Equality Delivery System (EDS) Grading Assessment 2017/18

Clinical Commissioning Group (CCG)	Goal 1 Better health outcomes	Goal 2 Improved patient access and experience	Goal 3 A represented and supported workforce	Goal 4 Inclusive leadership
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Lancashire and South Cumbria

Blackburn with Darwen CCG	Developing	Achieving	Achieving	Achieving
Blackpool CCG	Achieving	Achieving	Achieving	Achieving
Chorley and South Ribble CCG	Achieving	Achieving	Achieving	Achieving
East Lancashire CCG	Developing	Developing	Excelling	Achieving
Fylde and Wyre CCG	Achieving	Achieving	Achieving	Achieving
Greater Preston CCG	Achieving	Achieving	Achieving	Achieving
Morecambe Bay CCG	Developing	Developing	Developing	Developing
West Lancashire CCG	Achieving	Achieving	Achieving	Achieving

Cheshire

East Cheshire CCG	Achieving	Achieving	Achieving	Achieving
South Cheshire CCG & Vale Royal CCG	Developing	Achieving	Achieving	Achieving
Trafford CCG	Developing	Developing	Developing	Developing
Warrington CCG	Achieving	Achieving	Achieving	Achieving
West Cheshire CCG	Developing	Developing	Developing	Developing
Wirral CCG	Developing	Developing	Developing	Developing

Staffordshire

Cannock Chase CCG	Developing	Developing	Achieving	Developing
Stafford and Surrounds CCG	Developing	Developing	Achieving	Developing
South East Staffordshire and Seisdon Peninsula CCG	Developing	Developing	Achieving	Developing
North Staffordshire CCG	Developing	Developing	Developing	Achieving
Stoke on Trent CCG	Developing	Developing	Developing	Achieving

Leicestershire

East Leicester and Rutland CCG	Developing	Developing	Not graded	Not graded
Leicester CCG	Developing	Developing	Achieving	Developing

Worcestershire

Redditch and Bromsgrove CCG	To be graded in 2018/19	To be graded in 2018/19	Developing	Developing
South Worcestershire CCG	To be graded in 2018/19	To be graded in 2018/19	Developing	Developing
Wyre Forest CCG	To be graded in 2018/19	To be graded in 2018/19	Developing	Developing



Workforce Race Equality Monitoring

The Equality and Inclusion Team support all their CCGs in producing their Workforce Race Equality Standard Reports annually, this work includes analysing Equality monitoring information relating to a number of key indicators for race and ethnicity outlined by the WRES Standard mandated by NHS England in 2015.

Training for our Customers

- Equality and Inclusion mandatory training face to face
- Equality and Inclusion coaching and inductions sessions for CCG staff and embedded MLCSU staff
- EIRA workshops
- Contact workshops
- CCG staff briefings
- Lunch and learn sessions
- Procurement and Contract Leads Equality and Inclusion Awareness are examples of some of the bespoke training provided by MLCSU Equality and Inclusion Team
- Equality and Inclusion training to Voluntary Sector Organisations that provide services for the CCGs.

NHS Standard Contract Service Conditions

These service conditions are required as part of all NHS contracts and contain specific requirements in section SC13 “Equity of Access, Equality and Non-Discrimination” these requirements relate to commissioners and providers and require differing levels of compliance with the Equality Delivery System and Workforce Race Equality Standard depending on circumstances.



Our equality team work with internal and external contracting managers to ensure the spirit of these duties is embedded in commissioning work and plays a part in measuring successful outcomes for patients

Equality Related Case Studies

Below are a range of examples of key work that the Equality and Inclusion Team have been involved in with our customers.

CASE STUDY 1:

Blackpool CCG Accessible Information Standard – Implementation

What was the issue to address?

Accessible Information Standard (AIS): Supporting the reduction of health inequalities; and fair access to information and health / social care services; i.e. making health and social care information accessible. The AIS was to be fully implemented by 31 July 2016. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

What did we do?

Completed an Equality Impact and Risk Assessment on how to implement the AIS Standard.

- Assessed data for people in Blackpool – In Blackpool there are 535 people are registered as severely sighted impaired or blind and 730 people are registered as partially sighted or sight impaired
- Identified a Lead for that AIS Standard – The Chief Nurse
- AIS to be included in the revised Equality and Inclusion Strategy
- Review the CCGs website to ensure accessibility and compliance with the Standard
- Develop a protocol for production for all CCG information/leaflets
- Add AIS into the Equality Impact and Risk Assessment Tool
- AIS was added into all NHS Provider contracts.

What difference did we make?

- AIS Toolkit was produced to support GP Practices to implement the standard and to ensure compliance, this Toolkit was distributed to all the GP Practices in Blackpool
- The CCGs weekly newsletter included reminders and details of the standard and the requirements for GP Practices to hold a database of patients requiring information in an accessible format
- The standard was discussed at the CCGs Patient Participation Network Group (PPNG) which is a group made up of patients of the 18 individual practices for them to feedback to the GP practices and act as 'gatekeepers' to ensure the Standard was being met
- Established a five-step protocol for meeting the five key steps for GP practices
- How to identify people with additional communication needs
- How to flag accessible information requirements at the point of patient contact
- When and how to share peoples needs
- How to meet people's needs.



What were the keys to our success?

Action on Hearing Loss Group mentioned the CCG in a letter to another Lancashire CCG as having Good Practice for the implementation of the standard in how the CCG had briefed their Patient Participation Groups (PPGs) and issued a press release to local media encouraging people to notify their GP practice about their communication and information requirements.

The Low Vision Committee, Blackpool were very complementary about the CCGs commitment to the AIS Standard and the CCG worked very closely with this group to gather patient views. Survey's were sent out via the CCG Your View to get a baseline overview of how people in Blackpool access information and if/what difficulties they have in relation to accessibility of information in relation to their health and wellbeing.

The CCG completed an Equality Impact and Risk Assessment on implementing the Standard which supported the CCG to consider all the protected groups rather than just disability.

The CCGs Equality Delivery System Grading for 2016/17 focused on the implementation of the Standard to support EDS Goal 2: Improved Patient and Experience and the CCG received a grade of Achieving.

What are we doing next?

The CCG are continuing to monitor providers on the Accessible Information Standard. To ensure that patients who require accessible information are receiving in the desired format – Target engagement work will take place during 2017/18.

CASE STUDY 2:

Equality Delivery System (EDS) Outcome 4.3 Excelling Grade Fylde and Wyre CCG October 2017

EDS Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

What was the issue to address?

NHS Fylde and Wyre CCG recognises that its people are its strength. Building on the strengths of our highly dedicated workforce, we implemented a comprehensive programme of staff development measures.

This approach ensures:

- Our NHS Staff Survey 2016 showed that staff and line managers have regular meaningful opportunities for a two-way conversation
- Staff views are listened to and form part of our plans going forward
- Human Resources policies are up to date and equitable
- Staff are supported to embed Equality and Inclusion in their day to day work through support to produce Equality Impact and Risk Assessments (EIRA's)
- The completion of EIRA's is embedded into the commissioning process
- Staff feel confident to raise any issues at any level in the CCG.

What did we do?

- In 2016 the CCG published its Organisational Development Plan and established a forum which meets monthly and has representation from all departments within the CCG
- The CCG took part in the National NHS Staff Survey for the first time in 2016 and used the results to make improvements to staff experience
- The CCG worked with the Equality and Inclusion (E&I) Team, MLCSU to provide E&I mandatory training and E&I non-mandatory training, EIRA workshops took place to support staff on completing EIRA's and ongoing support for E&I.

What were the keys to our success?

The CCG places people at the heart of what it does. The biggest key to our success is having a dedicated and engaged workforce. Inclusive leadership is demonstrated at all levels of the CCG both within the organisation and to external stakeholders.

- Staff are encouraged to share their views and contribute to the CCG's development and we hold regular staff briefings with our Clinical Chief Officer
- Managers are visible and supportive to staff
- Our staff survey showed that no staff experience discrimination at work in the last 12 months
- We engage with our staff through a series of focus groups to update and refine our appraisal process for 2018/2019.

What are we doing next?

Based on staff feedback we will:

- Implement an updated appraisal process in 2018
- Refine the Training Analysis Toolkit
- Implement a training opportunity portal on the Staff Intranet
- Take part in the National NHS Staff Survey in 2017
- All new employees will have an Introductory Session with the E&I Business Partner within their first month of employment with the CCG
- Ensure staff are supported to work flexibly
- Support for staff to build resilience
- Hold focus groups with staff about internal communications.

CASE STUDY 3:

Pennine Lancashire CCGs – Gypsy, Roma and Traveller Community Research Project

What was the issue to address?

- Pennine Lancashire are working to transform Health and Social Care Services under the 'Together a Healthier Future' Programme
- An element of the winter engagement on the Draft Pennine Plan during December 2017 and January 2018, focussed on engagement with 'hard to reach communities' across Pennine Lancashire
- All the partners involved in the programme recognise that Gypsy, Roma and Traveller Communities are hard to engage and face greater disadvantages in accessing health care.

What did we do?

Following on from a previous successful engagement programme with the Gypsy, Roma and Traveller (GRT) Community it was recognised that there would be great value in setting up a further project to support, recruit and train interested members of this community to conduct a community research project which involved upskilling these individuals in engagement and research methods.

Members of the GRT Community were recruited and trained as Community Researchers. The project was supported by a Specialist Communication and Engagement Officer from the CCG and received support from Support Officer from Lancashire GRT Achievement Service, Lancashire County Council.

What difference did we make?

- The GRT Community Researchers were able to gain honest feedback from the GRT Community on their views and experiences of services
- The approach enabled the programme to help break down barriers to engagement

- Project trained up four Community Researchers involving upskilling researchers with a range of skills and knowledge to carry out community research on behalf of the programme
- Initial engagement on the Draft Pennine Plan with the GRT Community across Pennine Lancashire has reached 125 people from the GRT Community of which 45% male and 55% female and a mix of ages between 0 – 74 years old.

What were the keys to our success?

A number of factors have resulted in the success of the project (so far):

- Organisations involved in the transformation of services having a genuine willingness to listen and understand the needs of different groups
- Brown and Gunning Principles embedded within the engagement planning to ensure that commissioners understand the potential impacts on groups with protected characteristics
- Project well supported with dedicated CCG support for the individual researchers though a Specialist Communication and Engagement Officer
- Well supported training programme for the Community Researchers who were recruited from the GRT Community
- Commitment from the Community Researcher and compensated for their time
- Researchers from the GRT Community have overcome traditional problems with engagement work as the GRT Community are more willing to share their views and experiences within their own community.

CASE STUDY 4:

West Lancashire CCG - Using technology to improve effectiveness and efficiency, this was one of West Lancashire CCGs Equality Objectives 2012 – 2017

What was the issue to address?

NHS West Lancashire CCG (WL CCG) is one of number of CCGs in Lancashire and South Cumbria that contributed to the delivery of a Lancashire Wide Digital Roadmap aligned to the Lancashire and South Cumbria Sustainability and Transformation Plan. The Digital Roadmap builds on an established programme to:

- Share electronic records across organisations to support safe, effective and efficient care
- Empower the patient to be an active participant in their care by giving them access to their health records
- Enable citizens to harness the power of assistive technology to live independent, health lives
- Make better use of our data to predict need and inform future service delivery
- Create a robust, affordable IT infrastructure that supports integrated working and new models of care across the public-sector workforce
- Create opportunities for economic growth within the region in the digital life sciences sector.

What did we do?

Our CCG worked on a number of digital health projects which included:

- Florence Simple Telehealth (FLO) which is deployed initially into the Heart Failure Service
- Rally Round which connects carers and patients and is now available to the West Lancashire population
- Musculoskeletal (MSK) Portal and App to support patients to self-manage their conditions and this development is currently underway
- An App which if deployed will offer rewards to West Lancashire patients in return for being active and improving their health and wellbeing.

What difference did we make?

Assisted Technology: WLCCG, Liverpool Community Health and Southport and Ormskirk NHS Hospitals Trust have collaboratively introduced the SMS Telehealth System called FLO to help improve how care is delivered and to help and support patients with Heart Failure and to empower patients to self-manage their condition.

Medicine Optimisation - Improving Patient Access and Care: Patient Access is a secure 24-hour online service through which patients can order their medications, book appointments, change address details, send messages to their registered GP practice and where agreed, view their medical records.

What were the keys to our success?

In this financial year, WL CCG has successfully delivered various technologies to support our organisation's commitment to deliver quality health services to the citizens of West Lancashire.

- We communicated with all our stakeholders
- We worked in consultation with local people, partner organisations and community and voluntary organisations
- Winning an Award for our Digital Work at the NHS Sustainability Award Ceremony 2017
- All GP referrals for elective MSK Physio and MSK Clinical Assessment Service are now sent via a single point of access for clinical triage via NHS Electrical Referral System (ESR) Community Web and can view the patients records with the patients consent
- Patient Access is a secure 24-hour online service through which patients can order their medications, book appointments, change their address details, send messages to their registered GP practice and where agreed view their medical records.

What are we doing next?

Having re-tendered our Community and Urgent Care contracts we are looking to a continued programme of Digital Health Innovations as new technology enabled models of care are introduced.

WL CCG continues with its intentions to continuously improve services and deliver enhanced quality care and improved access to health services; and has delivered successful change management programmes and projects, thereby improving the quality and efficiency of patient centred services.

CASE STUDY 5:

Lancashire and South Cumbria CCGs Stroke Programme – Developing a Stroke Information Guidance

What was the issue being addressed?

The Lancashire and South Cumbria Integrated Stroke Services recognised that good quality communication and information were key components that would need to be embedded across Lancashire and South Cumbria.

To support this requirement a Stroke Patient Information Workshop was held to get a better understanding of:

- The requirements for providing accessible patient information
- What information is currently provided to patients and felt to be good / well received
- What the gaps in the service provision were and therefore what needs to be developed/put in place.

Developing the Stroke Information Guidance

The workshop included Stroke Survivors and their families and representatives from the BME Community, Carer Organisations, the Stroke Association, Public Health and the other health services e.g. Clinical Psychology, Speech and Language Therapy and Members from the Stroke Team. The group met several times and worked through a range of information requirements for primary prevention.

The Stroke Information Work Group's insight, feedback and suggestions helped create and shape the Stroke Information Guidance.

Findings from the Stroke Information Work Group included:

- A stroke survivor and their family / carer may not immediately realise their own information needs
- Wherever possible, receiving information verbally, on a one to one basis from someone trusted and who has the relevant knowledge and experience was highly valued
- The family and/or carer should always be included, when it is appropriate to do so, in the provision of information to the stroke survivor
- There needs to be a regular refresh of information to take into account the health literacy and cognitive ability of the recipient and to reflect the degree of the individual's recovery.

Outcome

The final Stroke Information Guidance was shared with a Patient Advisory Group. The feedback was that the Stroke Information Guidance was 'an exemplary piece of work'.

Next steps

- Obtain the feedback from the Lancashire Teaching Hospitals Trust who will be hosting the guidance document on their website
- Launch and promote the Guidance through a number of communication and engagement channels within health, district council and Voluntary Community and Faith Sectors areas.

CASE STUDY 6:

E&I Team working with North Staffordshire and Stoke-on-Trent CCGs

What was the issue to address?

- Supporting LGB&T awareness amongst health and social care professionals
- LGB&T and Cancer, Staffordshire Project Report 2018, (Macmillan Cancer Support working in partnership with Disability Solutions, West Midlands)
- Disability Solutions also recently delivered on the Rainbow Health Project (RHP) re: fair access to health and social care services. This included a Transgender – Who Cares? successful event at Staffordshire University targeting young people.

What did we do?

- Disability Solutions / Macmillan are members of Local Equality Advisory Forum (LEAF) (working with North Staffordshire CCG (NS CCG) and Stoke-on-Trent CCG (SOT CCG) in 2018 the CCGs are currently extending membership to include all 6 Staffordshire CCGs
- Supported the NS CCG and SOT CCG working with NHS England on a project called Equality into Cancer Services
- NS CCG and SOT CCG were 2 of 6 CCGs nationally working with NHS England on what works re: good practice for inclusion of BME patients taking up cancer services
- This followed the National Cancer Strategy highlighting poor take up of cancer services by BME patients, as a national issue for focus
- Shared good practice for inclusion across the nine protected groups protected by the Equality Act 2010
- Facilitated a Lunch and Learn LGB&T awareness session at Staffordshire CCGs.

What difference did we make?

- NHS England's Engagement and Equality Teams are using the information gathered from CCGs (also using BRAP an external organisation, to scrutinise past research and through some patient engagement), to produce a 'Equality in Cancer Services Good Practice Guide for all CCGs
- NS CCG and SOT CCG have shown good practice on (1) equality monitoring with advice from LEAF members as a group of local community representatives working closely with CCGs to help shape inclusive services for all sections of our local communities (2) EDS public grading of evidence (with LEAF member representatives) over a 4-year cycle, to inform their Equality and Inclusion Strategy and their 3 Equality Objectives.

NS CCG and SOT CCG Equality Objectives:

- Embed equality, diversity and human rights considerations into our commissioning decisions and the culture of the CCGs
- Ensure senior leadership is fully understanding of equality, diversity and human rights responsibilities and effectiveness in ensuring awareness and delivery of the Equality and Inclusion agenda across the CCGs.
- Ensure that health inequalities as they affect protected groups are measurably reduced.

CASE STUDY 7:

Leicester, Leicestershire and Rutland (LLR) CCGs – Better Care Together Partnership- Collaborative Working

Working with and on behalf of Leicester City CCG and East Leicestershire and Rutland CCG to deliver a system wide Diversity and Inclusion Workforce Conference.

The Better Care Together Partnership aims to encourage and support the population of Leicester, Leicestershire and Rutland (LLR) to improve their health and wellbeing. The project was initiated out of the recognition that the culture and behaviour in both the NHS and the community needs to change in order to achieve a sustainable NHS.

What did we do?

Several organisations from across LLR as part of the Better Care Together Partnership came together to organise a system wide Diversity and Inclusion Workforce Conference within a very short timescale (6 weeks). In line with the aims of the Sustainable Transformation Partnership the Better Care Together Programme aims to promote collaborative working.

What difference did we make?

137 delegates attended the event from across the health and social care partner organisations in LLR. 90 evaluations were completed; overall the feedback was extremely positive with the majority identifying the content of the day being useful or very useful. 92% of delegates identified that the duration of the event was just right and 92% identified they felt the amount and balance of information presented was just right. 99% identified that the overall event was informative or very informative.

What were the keys to our success?

- Commitment, passion and enthusiasm effect affect workforce diversity and inclusion culture change
- Working in supportive and collaborative ways to achieve the end goal
- A willingness and commitment to ensure key tasks were completed
- Behaviour and culture change are long term commitments.

What are we doing next?

- The development of an LLR Wide Diversity and Inclusion Steering Group
- A programme of work is being developed to determine how the group can work collaboratively in the future
- Identification of opportunities to create a system wide approach to diversity and inclusion.

CASE STUDY 8:

Working with West Cheshire CCG

What was the issue to address?

- Health inequalities facing those living in our most disadvantaged communities
- An increasing proportion of older people – a large proportion of whom have complex needs
- An increase in unhealthy lifestyles leading to preventable diseases and early death
- The need to ensure equal access to services for vulnerable groups, including those with mental ill-health, physical disabilities and / or learning disabilities, children living in care, gypsy, roma and travellers and lesbian, gay, bisexual and transgender community.

What did we do?

- Made fair and transparent commissioning decisions use equality impact and risk assessments, considering our Public-Sector Equality Duty and using quality schedules to improve the equality performance of our providers.

What difference did we make?

- We placed a strong emphasis on patient and public involvement in care commissioning to provide greater opportunity to influence commissioning to help address health inequalities
- We engaged and worked with the West Cheshire Poverty Trust Commission
- Partnership working with the local authority and the community, voluntary and faith sector and working closely with Public Health colleagues to affect positive change.

What were the keys to our success?

- We commissioned a diverse range of services in different locations to help address health inequalities. We also recognised that only by working in partnership across the whole health and social care economy will the greatest success in reducing health inequalities be achieved
- We understood that people's health, access to services and experiences can be affected by factors such as their age, gender, disability, race, sex, sexual orientation and religion/belief.

CASE STUDY 9:

Working with Wirral Clinical Commissioning Group

What was the issue to address?

To provide a bespoke Leadership Development Opportunity... To reflect the vital role that good quality leadership will play in enabling Wirral CCG to achieve its strategic goals in a rapidly changing local and national health economy we looked at:

- Action Learning Sets
- Four projects
- Leadership lifelines
- Public narrative
- Coaching skills
- Negotiation skills
- Impression management
- Assertive skills
- Time management.

What did we do?

- We identified the benefits of working together and how we've increased our trust
- We maintained and developed what is already working within the confines of a changing and demanding environment (Projects/Action Learning Sets)
- Embrace, shape and develop integration between health and social care.

What difference did we make?

- Shared an understanding of respect and professional behaviours
- We understand the skills required to be successful and the behaviours required to maximise the impact of these skills
- We need to see consistency of behaviours, inconsistency creates inefficiency, demotivation and staff feeling devalued
- Reciprocation, we want honest feedback and better recognition of individual and team effort.

What were the keys to our success?

- We agreed how we build on this trust across the organisation(s)
- We made a commitment to continue with all the elements that have succeeded and in future organisational projects
- We acknowledged that this needs to be part of an overall and interlinked development initiative for all relevant staff across the organisation(s)
- We have a better understanding of the structure that links all our development initiatives together and how it will be communicated and continued.

What are we doing next?

- We want to restate our total commitment to the organisation
- We need to see upskilling of the whole organisation(s) to close the gaps and make space for us
- We care, which means we want to initiate change and challenge the status quo, but need support particularly when we make mistakes
- We want to look at how all our development aligns (Executive Directors, Assistant Directors, Bands 3 to 6 and Local Authority Colleagues) to create seamless cultural change
- We will be a huge part of the decision making and shape the positive growth of this organisation.

CASE STUDY 10:

Wyre Forest, Redditch & Bromsgrove and South Worcestershire Clinical Commissioning Groups - Audit of QIPP projects leads to the embedding of EIRAs into key template Gateway

What was the issue to address?

There was anecdotal evidence that the number of EIRA's coming through had fallen for a number of projects in the organisation and an exploratory meeting took place with the Head of Strategy, Planning and QIPP (SP&Q) to look further into this issue as it was a potential risk to the organisation. It is imperative that CCGs take 'due regard' as defined in the Equality Act 2010 in all its business functions. It was decided at the meeting that an audit of all the QIPP schemes needed to be undertaken to ascertain whether Equality Impact and Risk Assessments had taken place on each of the projects.

What did we do?

The Equality and Inclusion Business Partner was tasked to undertake the Audit and present the findings to the Head of SP&Q. The Audit took place and revealed that for the vast majority of the projects, no EIRA had taken place and also the template used for QIPP project had no key questions around EIRA completion by Commissioning Managers there the EIRA was most often than not – not completed. Findings were sent to the Head of SP&Q and the E&I Business Partner suggested wording for the QIPP template so that from now on all the QIPP schemes were subject to an EIRA before approval.

What difference did we make?

The difference that this piece of work made was that first and foremost, it made the organisation aware of the great risk that it was taking in not considering the impact and 'due regard' of proposals which had the potential to have a detrimental impact on communities and individuals. Secondly, this piece of work enabled the CCGs to identify the gaps and address these by strengthening the governance process for approval and completion of templates.

What were the keys to our success?

In order, to get this project off the ground collaborative working with commissioning colleagues was crucial where appropriate support and advice was given having carried out the audit of QIPP projects. Further, setting out the business case for completion of EIRA's and providing a sound rationale was also key in order to get the 'buy in'. It was important to highlight the sound business case for completion of EIRA's whilst pointing out organisational risks. By strengthening the QIPP template with the EIRA toolkit, which all commissioners must complete. A key gap in the governance process has been addressed which will ensure that no project can overstep the EIRA process in future.

What are we doing next?

Ongoing review, support and guidance to Commissioning Managers on completion of Stage 1 EIRA and Stage 2 EIRA toolkit. Further training is planned on successful completion of EIRA's completed for future projects.

Work with Other Organisations

Lancashire LGBT

Lancashire LGBT is a registered charity with an overall aim to support lesbian, gay, bisexual and trans (LGB&T) people across the county to become happier, healthier and well connected. National, regional and local research tells us that many LGB&T people experience significant health inequalities compared to the general population, including poorer physical and mental health, and can experience barriers to accessing healthcare services. Additionally, LGB&T people are often socially isolated and hidden in their communities. These issues are compounded for LGB&T people who live in rural areas – and nearly a quarter of people in Lancashire live in a rural area.

To ensure that LGB&T people feel better supported, the work of Lancashire LGBT includes:

- Providing a Helpline and Information service
- Delivering social and support opportunities for LGB&T people
- Supporting VCFS organisations and the public sector to reduce the barriers that LGB and/or T people experience when accessing services
- Influencing decision making to ensure that the voices of LGB and/or T people are amplified and acted upon
- Delivering key research projects that underpin the need for policy change
- Raising awareness of the needs of LGB&T people by delivering training.

In 2013, Lancashire LGBT formed links with Midlands and Lancashire Commissioning Unit's Equality and Inclusion Team. This has been vital in ensuring that the voices and specific needs of LGB&T people are heard, considered and acted upon within the healthcare sector in Lancashire. To date, Lancashire LGBT has worked alongside MLCSU in the following ways:

Supporting Equality Delivery System (EDS) grading events for CCGs and Trusts across the county

- Providing guidance, information and evidence to support the development of robust Equality Impact Risk Assessments to minimise the risk of discrimination towards LGB&T people in service design
- Supporting targeted consultation and providing specialist knowledge around the potential impact on LGB&T people in the development of Pan-Lancashire policies and guidance in a wide range of areas including Cosmetic Procedures, Assisted Conception and Asylum Seekers and Refugees
- Delivering tailored, CPD-accredited Gender Identity Awareness training to CSU and CCG staff to improve their knowledge around issues affecting transgender and gender variant people.

In return, MLCSU's Equality and Inclusion Team has been integral in promoting the support that we can offer and providing us with key contacts within Lancashire's CCGs and Trusts to ensure that the needs of LGB&T people are considered at a local level. For example, in 2015, with the support of MLCSU, Lancashire LGBT was commissioned to deliver a key research project on behalf of NHS Fylde and Wyre CCG to gather the experiences of LGB&T people accessing routine healthcare services, and the specific barriers that they experience in Fylde and Wyre. The research report provided a number of recommendations to Fylde and Wyre CCG to ensure that LGB&T people feel more confident in accessing routine healthcare services.

The invaluable support of MLCSU, along with their commitment to promoting equality and inclusion, has been vital in raising the profile of Lancashire LGBT within Lancashire's CCGs and Trusts, and continues to ensure that LGB&T people can access healthcare services with confidence and without fear of discrimination.

GP Practice Equality and Inclusion Training

In the past 12 months the Equality and Inclusion team has delivered a number of training sessions to GP Practices across the CCG regions that the E&I Team support.


The majority of staff in G.P practices in the UK will access mandatory Equality training through on-line packages however some practices prefer to commission face to face training from the MLCSU at a competitive cost.

The training session is for clinical and non-clinical staff. The session provides information to support the GP practice in meeting its legal duties under the Equality Act 2010 and Public-Sector Equality Duty 2011.

The sessions are interactive and cover:

- Current equality legislation and how this relates to G.P practices
- Equality, Diversity and Human Rights
- Mandated requirements within the NHS
- Protected characteristics
- Types of discrimination.

All the evaluations from participants have been positive. Samples of comments include:

 **Thanks for an informative session, I enjoyed it and will think about how we should be promoting better understanding of diversity in our centre.**

Asylum Seeker Guidance

Guidance for considering the needs of Asylum Seekers and Refugees in Commissioning Health Services

During 2017/2018 the MLCSU Equality and Inclusion team have worked closely with a number of key organisations to develop commissioning guidance on the issues of Asylum Seekers and Refugees.

This guidance was inspired by the experiences of individual people who had shared their stories within a 'City of Sanctuary' conference held in Preston, Lancashire. These accounts involved experiences of living in fear, violence and bereavement within their home countries, difficult journeys to seek asylum and poor health problems (both physical and psychological) that need to be addressed once they arrive in the UK. Many of these people may face cultural and language barriers into services. The support of different organisations working together is important to meet the varied and complex needs of Asylum Seekers and Refugees.

There was limited guidance available to health care commissioners and it was important to provide comprehensive information and promote good practice for assessing potential impacts.

The guidance provides:

- General information about Asylum Seekers and Refugees
- Health problems and other determinants associated with Asylum Seekers and Refugees
- Common experiences in relation to health care
- Considerations for Equality Impact Risk Assessments
- Recommendations.

To view the guidance please follow the link:

www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Asylum-Guidance.pdf

Ramadan Guidance

This briefing designed by the Equality and Inclusion Team sets out to share information to CCG and MLCSU staff to raise awareness of Ramadan festival and providing support in the workplace and in NHS healthcare.

Contract Monitoring Systems

The MLCSU Equality and Inclusion team support CCGs to monitor the equality performance measures of their provider partners at regular contract management meetings to provide assurance to the CCG in terms of providers recognising and transparently managing equality related business risk and impact.

All NHS contracts (full and shorter versions) contain Service Conditions 13 – Equity of Access, Equality and Non-Discrimination. Commissioned services are required to submit evidence of how they are meeting their responsibilities from the Equality Act 2010 and the Public-Sector Equality Duty (PSED) 2011.

This summary evidence received by the lead commissioning organisation is scrutinised and assurance given to each larger provider to manage business risk and impact. Any variance in required standards is discussed at regular contract meetings.

Demographic Profiling

Data profiling is an essential part of carrying out Equality Impact and Risk Assessments and in helping to identify health inequalities. The task of collating data is often difficult as CCG areas do not always align to Local Authority / Ward Boundaries.

The Equality and Inclusion Team have produced a number of data profiling reports which encompasses demographic profiling with additional data sets within 'one report' to aid equality impact and risk assessments and transformation work.

These reports collate a range of different data sets including demographic profiling, patient activity to primary and secondary together with health inequality data. Data sets often include:

- Joint Strategic Needs Assessments produced by Local Authorities
- NOMIS and Office of National Statistics
- Public Health Finger Tip Data
- Strategic Health Asset Planning and Evaluation (SHAPE)
- Hospital Activity Data and Prevalence for Health Conditions
- Demographic Profiles at a CCG Level, Neighbourhood Level and G.P. Level
- Health Inequality Data.

The collation of data is supported with robust data analysis (interpretation) work to help commissioners build a comprehensive picture of the local population with the England rate as a comparator. This work often reports on the different groups with protected characteristics, so commissioners have the information to consider the differing needs within communities.

The key benefits from these reports include:

- Identifying groups with protected characteristics within a given area and identifying groups / areas where health inequalities exist
- Helping identify certain communities (wards) where engagement work should be targeted
- Helping to ascertain if engagement work has been successful in engaging with protected groups and if this work has been representative of the community it serves
- Identifying other groups such as military communities, prison population, transience issues, asylum seekers and refugees
- Use of data can help evidence that commissioners are giving 'due regard' to the potential impact of decision-making at a community level
- Use of robust data sets within large scale decision-making projects such as service redesign and planning of future services enables informed decision-making.



Future Work Supporting Health and Wellbeing

M&CSU is fully committed to supporting the health and wellbeing of all employees. The Corporate People Services Team will be working closely with our occupational health providers. More work around health and wellbeing will follow including setting up lunchtime groups. The team will also be working closely with the Equality and Inclusion Team and our Staff Side Representatives to drive the agenda forward for Equality and Inclusion. As such, we are looking to engage with MLCSU colleagues in working groups as 'champions' to cover not just the nine protected characteristics, but other groups too, such as carers' and agile working groups.



Equality and Inclusion Team Action Plan

- 1 The E&I Team, MLCSU to work, in conjunction with all our STPs, and support CCGs with their transition to Integrated Care Partnership's whilst continuing to support CCGs in their equality duty and support of the mandated NHS responsibilities such as Equality Delivery System (EDS); Workforce Race Equality Standard (WRES); Accessible Information Standard (AIS); and with the new Disability Workforce Equality Standard (DWES).
- 2 Ensure that Equality and Inclusion Strategies within CCGs and MLCSU are developed aligned with engagement and feedback from local communities of interest.
- 3 Continue to scrutinise any Equality Impact findings on all strategies, policies, new services, service re-designs, decommissioned services, and large project management programmes- from the earliest stages of consideration by CCG or MLCSU. Where possible, link into Equality Objectives progress and incorporating findings into equality compliance performance contracts with providers, as appropriate.
- 4 Ensure the CCGs reach out to protected group patient and carer reps to work with commissioners in shaping inclusive services which include feedback from 'the local patient voice'.
- 5 MLCSU to continue to support CCGs to monitor the compliance of their larger provider partner organisations to evidence how they are meeting the PSED, as well as the mandated standards from NHS England.
- 6 Once approved by the governance process, this publication will be made available on MLCSU website.



Conclusion

The MLCSU are committed to promoting Equality, reducing health inequalities and valuing Human Rights. This report outlines the work MLCSU Equality and Inclusion Team have undertaken as an organisation and with its CCG customers and Health Providers to ensure equality responsibilities are embedded in our work and practice.

The MLCSU have successfully supported mandated equality responsibilities in respect of Equality Delivery System, Workforce Race Equality Standard and Accessible Information Standard. In addition to this, the Equality and Inclusion Team support Equality Impact and Risk Assessments for evidencing 'due regard' and giving decision makers information and evidence of impact on different groups of people – including those within protected characteristic groups and other vulnerable groups.

“ **Partnership work with engagement teams and groups will remain a strong focus for building understanding in the coming year.** ”

The MLCSU continues to promote equality principles for itself and with our customer in a period of rapid change under Strategic Transformation Plans, Integrated Care Partnership and Integrated Care Systems.

This report was produced by the Equality and Inclusion Team, NHS Midlands and Lancashire Commissioning Support Unit.

Appendix 1: Brown and Gunning Principles

Due regard – Brown principles

These principles have been taken from the Equality and Human Rights Commission's paper on making fair financial decisions (Equality and Human Rights Commission, 2012).

Case law sets out broad principles about what public authorities need to do to have due regard to the aims set out in the general equality duties. These are sometimes referred to as the 'Brown principles' and set out how courts interpret the duties. They are not additional legal requirements, but form part of the Public-Sector Equality Duty as contained in section 149 of the Equality Act 2010. Under the duty local authorities must, in the exercise of their functions have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

In summary, the Brown principles say that:

- Decision-makers must be made aware of their duty to have 'due aims of the duty
- Due regard is fulfilled before and at the time a policy that will or might affect people with protected characteristics is under consideration, as well as at the time a decision is taken
- Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty. General regard to the issue of equality is not enough to comply with the duty
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
- The duty has to be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of 'ticking boxes'
- The duty cannot be delegated and will always remain on the body subject to it
- It is good practice for those exercising public functions to keep an accurate record showing that they had considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.

