



MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT



Equality and Inclusion Annual Publication

2016/2017



Contents

Executive Summary	5
Introduction.....	6
Our Vision, Mission, Values and Strategic Goals	6
A Local Context	7
Key Facts about MLCSU	7
The Equality and Inclusion Team and Customer Base.....	7
The Public Sector Equality Duty	8
Compliance with the Public Sector Equality Duty (PSED)	10
Midlands and Lancashire Commissioning Support Unit: Workforce Profile	10
Equality and Inclusion Training	12
Procurement and Commissioning	13
Equality Impact Responsibilities.....	13
Equality Impact and Risk Assessments (EI&RA).....	13
Involving People in Decision Making.....	14
National Health Service England (NHSE) Mandated Requirements	15
NHS Workforce Race Equality Standard (WRES).....	15
NHS Standard Contract Service Conditions.....	16
Future NHS Mandated Requirements	16
Reducing Health Inequalities.....	16
Performance Monitoring	17
Contract Monitoring Systems:.....	17
Mandated Requirements:.....	17
Human Rights Responsibilities	18
MLCSU and Human Rights Responsibilities	19
Summary of Findings	19
U Assure Equality Module for Equality Impact and Risk Assessments (EIRA).....	19
Policy Review Work.....	20
Merseyside and Lancashire Projects.....	20
Equality and Inclusion External Training.....	21
GP Practice Mandatory Training	21
Actions going forward.....	22
Conclusion	23

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-centered 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 evidences how we are meeting the 3 aims of the Public Sector Equality Duty (PSED) 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. It sets out the way we fulfil our responsibilities arising from the Equality Act.

It evidences a range of equality and inclusion support for our customers - Clinical Commissioning Groups (CCG's); and within our own organisation to ensure that decision making and commissioning decisions are made in line with PSED.

The publication outlines how the MLCSU are embedding new mandated standards from NHS England, for example: Equality Delivery System (EDS); Workforce Race Equality Standard (WRES); Accessible Information Standard (AIS).

The MLCSU governance arrangements for equality and inclusion are robust. Equality issues are embedded in policy development through the Equality Impact and Risk Assessment (EI&RA) process. All EI&RA's are considered by the MLCSU Organisational Development Committee for approval; and to the Executive Team for ratification.

The Executive Team have received annual Equality and Inclusion Development sessions which enhances focus on awareness of their senior level decision making responsibilities arising from the Equality Act 2010 and the PSED 2011.

The publication highlights new innovations such as U Assure an on-line platform for equality impact and risk assessment (EI&RA), 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.

This publication reflects MLCSU's approach to working in partnership with CCGs who reach out to local protected group representatives to achieve effective outcomes and inclusive services for all.

Introduction

This is NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) annual Equality and Inclusion Publication. This report sets out how MLCSU is demonstrating 'due regard' to the public sector equality duty's (PSED) three aims. 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 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



Honesty, integrity and transparency in everything we do



Everyone matters: patients, staff and customers



Highest quality and excellence in our services



Working as partners with our customers



A complete focus on adding value

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

MLCSU 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.

Key Facts about MLCSU

- Central Midlands CSU, Staffordshire and Lancashire CSU merged on 1 April 2014 to form Midlands and Lancashire CSU.
- In February 2015, we successfully attained a position on the NHS England Lead Provider Framework as a High Quality Assured provider of Commissioning Support Services.
- Our organisation serves a population of approximately 5.9 million people and covers the areas of: Herefordshire, Lancashire, Shropshire, Staffordshire, Telford & Wrekin, Cheshire, Mersey and Worcestershire.
- We deliver services such as clinical service transformation and improvement, continuing healthcare, nursing and quality monitoring, data management, procurement, capacity management, communications and engagement and equality and inclusion.

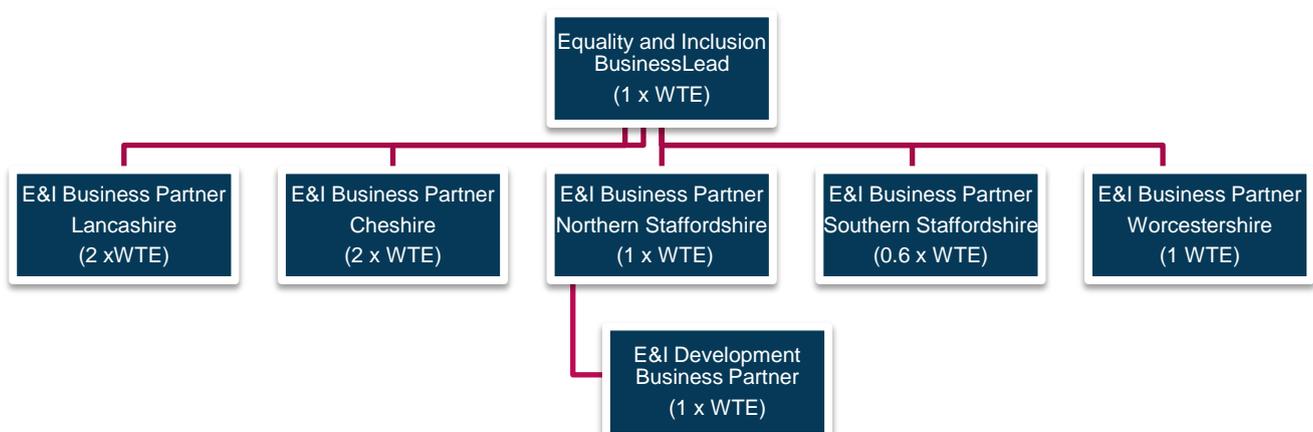
The Equality and Inclusion Team 2016

During 2016 the Equality and Inclusion (E&I) team's footprint has expanded from three regions and 13 CCGs to six regions and 24 CCGs, the team itself as grown from 1 Business Lead and 3.6 (WTE) Business Partners to 1 Business Lead and 7.6 (WTE) Business partners.

To reflect the wider footprint and larger service the role of the Business Lead has changed to become more strategic to ensure quality and consistency of operational practice is maintained and to develop the team and the E&I offer further by improving practice, marketing and developing.

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 Team – Staffing Structure



Equality and Inclusion Team and Customer base:

Team	Customers / role
Tim Waldron	Equality and Inclusion Strategic Business Lead
Julia Allen	Stoke on Trent / North Staffordshire / East Staffordshire
Sabrina Richards	South East Staffordshire & Seisdon Peninsula / Cannock / Staffordshire Surrounds
Mohammed Ramzan	Worcester South/Redditch and Bromsgrove / Wyre Forest
Jennifer Mulloy	Blackburn with Darwen / East Lancashire GP practice training/Market development/EI&RA support/U Assure
Catherine Bentley	West Lancashire / Blackpool / Fylde & Wyre
Granville Thelwell	North Lancashire / Chorley & Ribble / Greater Preston
Jessica Pathak	Trafford/West Cheshire / Wirral
Qurban Hussain	Vale Royal / South Cheshire / Eastern Cheshire / Warrington

The Public Sector Equality Duty

This publication sets out how MLCSU have demonstrated 'due regard' to the public sector equality duty's three aims.

The Act requires all public bodies to publish appropriate information annually which evidences how they meet the Public Sector Equality Duty (PSED) and addresses any significant gaps which may adversely impact on protected characteristic groups. MLCSU provide support through CCG processes for scrutiny of service delivery and workforce issues for equality and inclusive ways of working.

This publication will show evidence of due regard to the 3 aims of the PSED. These are:

- Aim 1** ***Eliminate unlawful discrimination, harassment and victimisation***
- Aim 2** ***Advance equality of opportunity between different groups***
- Aim 3** ***Foster good relations between different groups***

Through the adoption of Equality Impact and Risk Assessment (EI&RA) process and Workforce Race Equality Standard (WRES) the MLCSU aim to demonstrate how we are meeting the three aims of the Equality Duty.

What is ‘Due Regard’?

Due regard means that the needs of people with protected characteristics are fully considered before making any key healthcare decisions. Consideration of impact and understanding needs of protected groups is integral to comply with anti-discrimination legislation set out in the Equality Act 2010 and the Public Sector Equality Duty. The MLCSU supports this across the organisation internally and within its customer base.

The Equality Act 2010 explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Protected Characteristics under the Equality Act:

The single equality duty was created by the Equality Act 2010 and replaced the race, disability and gender equality duties. The duty came into force in April 2011.



*Gender reassignment includes people who are considering, undergoing or have undergone gender reassignment. A transsexual person is protected if they are undergoing or have undergone a process of changing their gender by changing physiological or other attributes of gender, like clothes and names or even if they have just told someone they are intending to do this. A person will be protected once they have proposed their gender change even if they later change their mind.

****Marriage and Civil Partnership, public bodies like MLCSUs and its customers also need to have due regard to the need to eliminate unlawful discrimination (the first aim of the PSED) against someone because of their marriage or civil partnership status. The other aims of PSED -advancing equality and fostering good relations do not apply. (See Section 1.1 for PSED 3 Aims)**

The general equality duty is set out in section 149 of the Equality Act. There are two ways that a public organisation can be subject to the general equality duty. Those organisations listed in Schedule 19 of the Equality Act 2010 are subject to the general duty. In addition, any organisation which carries out a public function is subject to the general duty. In this situation, the duty will only apply to the organisation's public functions, not to any private functions.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating some people more favorably than others.

The Equality and Human Rights Commission is responsible for enforcing the equality duty. The Commission may take steps to encourage compliance by a public body, before moving to enforcement, where appropriate. The Commission has a number of special statutory powers that can be used to enforce the specific duties and the general duty. Both the Commission and affected people can apply to the High Court for a judicial review in respect of a failure to comply with the general duty.

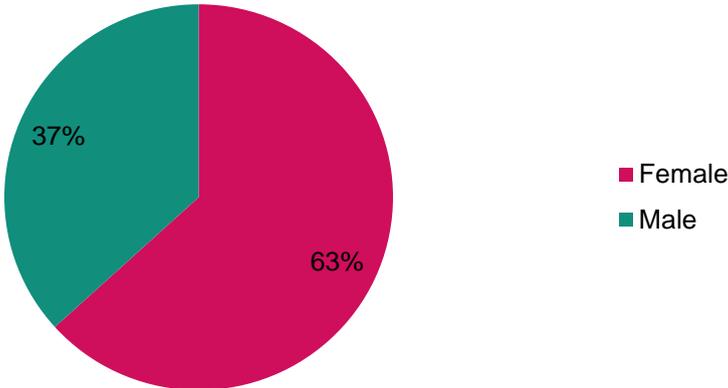
Compliance with the Public Sector Equality Duty (PSED)

MLCSU Workforce Profile

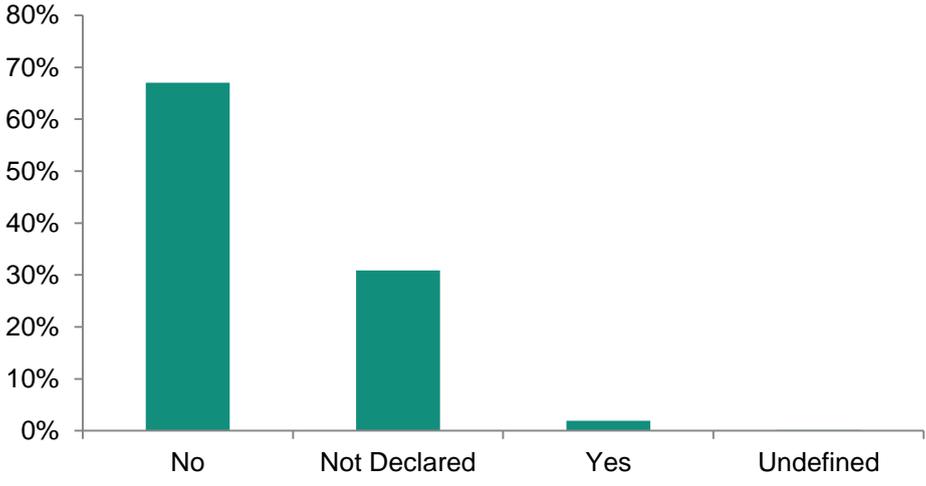
Staffs working for the MLCSU have the option to declare their demographic profile through the Electronic Staff Records (ESR) system and through periodic opportunities to refresh this self-declared information.

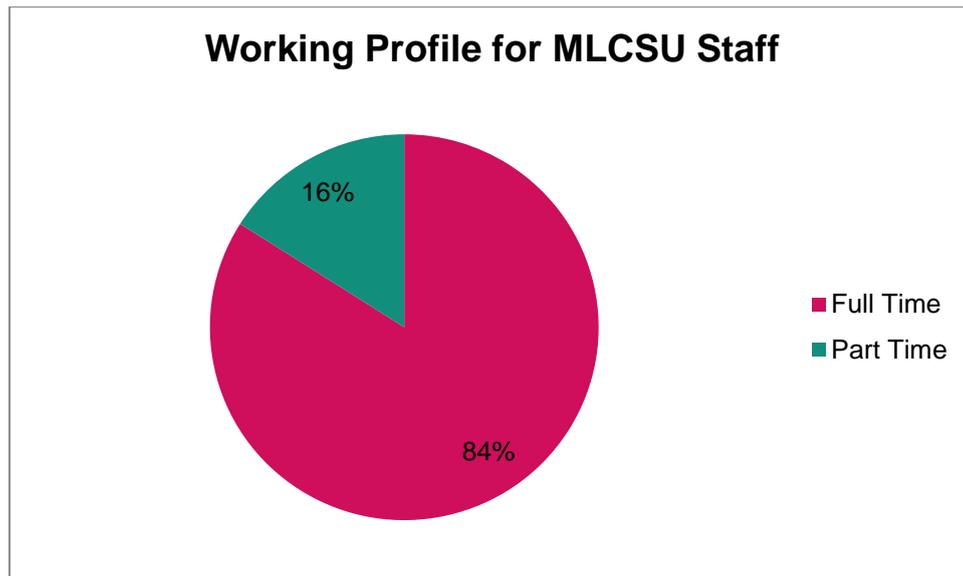
The following charts shows a breakdown of 1210 MLCSU employees by protected characteristics. Data on Age, Race, Religion and Belief, Sexual Orientation, Marriage and Civil Partnership, Pregnancy and Maternity and Gender Reassignment has been omitted due to some numbers being small (less than 10) to ensure individual staff cannot be identified from the data in line with Data Protection Act 1998.

Gender Profile for MLCSU staff



Disability Status Profile for MLCSU Staff





The annual Workforce Profile report also reports on pay grades disaggregated by protected groups. The MLCSU also profile formal grievances in terms of protected groups. Due to small numbers (less than 10) this data cannot be made public due to Data Protection Act.

Equality and Inclusion Training

During 2016 the MLCSU have introduced a new online learning environment for staff training and development. This is accessed via the Learning Management System (LMS). This is the new home for MLCSU's learning and development opportunities. 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.

The Equality and Inclusion training module is available and a mandatory module within LMS. The module provides all MLCSU staff with an understanding of equality, diversity and human rights. This module enables staff to apply knowledge in their roles – both internally and with customers.

During 2016 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 CCG's
- 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.

Procurement and Commissioning

The general equality duty applies to procurement and commissioning of healthcare services through Clinical Commissioning Groups.

The requirement to comply with the general equality duty applies to all procurement regardless of the value. The value of the contract balanced with health budget available may impact upon the relevance and proportionality of equality considerations.

Equality Impact Responsibilities

The 3 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. In particular, 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 (EI&RA)

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 3 aims of the PSED. The template also prompts consideration of vulnerable groups that do not have 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 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

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 CCG's 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 CCG's have involved patients within the commissioning process during 2016 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 CCG's have Patient Engagement forums which meet independently and jointly to consider policies, procedures and proposals and work with CCG's to co-produce and shape

them. For example, Quality Strategy for Staffordshire CCG's 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 CCG's 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 such as Citizen's Jury. The focus for Midlands region is Mental Health. Previous work has focused on diabetes
- 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 CCG's and Health Providers.

All engagement work endeavors 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.

National Health Service England (NHSE) Mandated Requirements

NHSE have a number of mandated duties relating to equality and human rights for both commissioners and providers of healthcare services. A brief explanation follows outlining our activities and Full details are available at; <https://www.england.nhs.uk/about/equality/equality-hub>

NHS Workforce Race Equality Standard (WRES)

The WRES is mandated by NHS England in April 2015 and is a requirement for NHS commissioners and NHS provider organisations. The development of WRES supports the move towards a more representative workforce and improving the experiences of staff from BME backgrounds.

The WRES shows data and information against a number of indicators relating to workforce equality, including representation of Black Minority Ethnic groups on governance boards.

WRES reporting is done via a reporting tool and is carried out annually. This alongside an action plan should be published on the organisations website.

The MLCSU supports CCG's in carrying out the WRES and these are available on CCG websites. Although not obliged to MLCSU as also chosen to complete a WRES report each year, this year's report can be found on our website via the following link:

<https://midlandsandlancashirecsu.nhs.uk/about-us/equality-and-inclusion/workplace-race-equality-standard-wres>

Equality Delivery System 2 (EDS2)

MLCSU is not required to follow the NHS England Equality Delivery System (EDS 2) annual equality performance framework which is designed for commissioners and their provider partners.

The MLCSU Equality and Inclusion team support CCG's 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 CCG's 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:

- 19 EDS grading events run in 2016
- Raising profile of equality and inclusion across CCG's, 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.
- CCG's being able to showcase best practice in relation to equality work relating to commissioning services

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.

Future NHS Mandated Requirements

Following from WRES a new mandated Disability Workplace Equality Standard (DWES) is to be introduced from 2018. This measure will measure how an NHS organisation is performing in terms of career progression or accessing reasonable adjustments for disabled staff. The Equality and Inclusion team will help prepare MLCSU and CCG's in preparation for this in 2017/18.

Reducing Health Inequalities

The Marmot Review, "Fairer society healthier lives" (2010), proposed universal action to reduce the steepness of the "social gradient" of health inequalities, but with a scale and intensity that is proportionate to the level of disadvantage;

Under the Health and Social Care Act (2012), CCG's must, in the exercise of their functions, have regard to the need to

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

The MLCSU supports its internal functions and its customers in addressing inequalities to deliver on health inequalities work. This is delivered through the work on:

- EDS2 (see NHS England, EDS 2, “Making sure that everyone counts, November 2013” <https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf> for more information)
- Carrying out EI&RA process
- Supporting engagement work

The MLCSU use the following information sources in order to gain good understanding of health inequalities:

- Joint Strategic Needs Assessments (JSNA)
- Engagement Groups
- Equality Reference Groups e.g. LEAF
- Formal consultations
- Service User Services (SUS)
- Public Health England Health Profiles
- The National Census – last 2011
- Health and Social Care Research

CCG staff and commissioners must be aware of their responsibilities arising from the equality duties as well as their health inequality duty. CCG’s, Local Authorities and Public Health leaders have a responsibility to reduce health inequalities by describing health inequalities through JSNAs (Joint Strategic Needs Assessments) and reducing inequalities in local areas.

Performance Monitoring

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.

Mandated Requirements:

Larger providers are required to undertake EDS2 and publish equality information such as WRES. Equality Delivery System (EDS 2) annual public grading and reporting also provides commissioners with evidence of provider equality performance and progress against meeting the PSED requirements. NHS England have also mandated the following standards into the 2016 national

contract for providers: Workforce Race Equality Standard (WRES) where contract value exceeds £200K, and Accessible Information Standard (AIS) for all NHS funded providers regardless of size. CCGs require confirmation of compliance from their providers, who also submit an annual WRES report to NHS England by 1 April.

Workforce ethnicity data at 1 April 2015 and annually is gathered and should be publicly displayed into the NHS England reporting template onto CCG websites and by provider partner organisations onto their respective websites by 1 July 2015 and annually thereafter on 1 April. (Caution where numbers are small – do not publish externally. CCGs show a combined locality WRES template where appropriate.)

Human Rights Responsibilities

What are Human Rights?

Human Rights are everyone's business and applies to anybody carrying out functions on behalf of the CCGs needs to protect Human Rights e.g. when dealing with the public / clients / patients / staff or commissioning / decommissioning services / producing policies

They need to:

- ✓ Avoid actions that would lead to a breach of a person's Human Rights
- ✓ Take active steps to protect a person's Human Rights
- ✓ Apply the principle of proportionality as central to considering and respecting human rights in the day-to-day work of NHS organisations.

It provides a very important mechanism to ensure that any infringement of rights is kept to a minimum and is always reasonable.

Proportionality also allows NHS organisations to balance competing interests, e.g. the rights of individuals with the rights or needs of others (such as patients, staff or the wider community).

Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They can never be taken away, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security.

These basic rights are based on values like dignity, fairness, equality, respect and independence. But human rights are not just abstract concepts – they are defined and protected by law. In Britain our human rights are protected by the Human Rights Act 1998.

The Human Rights Principles often called the **FREDA** Principles are key to everything we do in the NHS – these are enshrined in the NHS Constitution 2015. The principles are as follows:

- **Fairness**
- **Respect**
- **Equality**
- **Dignity**
- **Autonomy**

The Equality and Human Rights Commission (EHRC) have produced this short animation to show why human rights are so important and how they protect us in our day-to-day lives.

<https://youtu.be/VO7oS8PqkJY>

The Human Rights Act 1998 made these rights part of our domestic law. The Act means that courts in the United Kingdom can hear human rights cases. Before it was passed, people had to take their complaints to the European Court of Human Rights in Strasbourg, France.

MLCSU and Human Rights Responsibilities

MLCSU responsibilities to Human Rights are embedded in its work in terms of workforce and customers. Human Rights principles are embedded within the EI&RA tool for assessing decision making with the Human Rights initial screening and comprehensive Human Rights Assessment tool. Equality and Inclusion Business Partners work closely with its CCG customers to provide guidance and advice regarding Human Rights responsibilities.

Summary of Findings

The evidence set out in this publication demonstrates the following:

- The Equality and Inclusion team through allocating Equality and Inclusion Business Partners to CCG's have supported its customers (CCG's) in –
 - Meeting their Public Sector Equality Duties
 - Implementing Equality Delivery System (EDS2) public grading events
 - Carrying out training sessions with CCG staff, governing boards and patient engagement groups in relation to equality and inclusion awareness, Equality Delivery System and Equality Impact and Risk Assessments
 - Working closely with CCG engagement teams to support engagement with range of groups. Example of good practice within Midlands region is development of the new Equality Advisory Forum (LEAF) in autumn 2016
 - Supporting implementation of the NHS Accessible Information Standard mandated in July 2016
 - Supporting the production of Workforce Race Equality Standard
 - Production of annual Equality Strategies across CCG's
 - Supporting the quality assurance process for equality impact and risk assessments
 - Supporting the implementation of on line flat form U Assure system for equality impact and risk assessments
 - Daily source of support, advice and best practice to staff within CCG's in relation to equality and inclusion issues

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

- Developing links with Health Providers
 - Offering mandatory Equality and Inclusion training sessions to G.P practices across Lancashire and Midlands

- Representation at regional focus group meetings that share good practice and provide direct links to Equality and Human Rights Commission
- Local links with Equality Leads within larger health providers such as Acute Trusts
- For the MLCSU organisation
 - Currently review of MLCSU Equality Strategy
 - Providing internal staff teams with advice and guidance on equality and inclusion issues
 - Providing face to face equality and inclusion sessions to staff teams
 - Providing Equality and Inclusion Lead for internal projects such as Pan Lancashire clinical policy reviews
 - Supporting implementation for new U Assure product across MLCSU staff
 - Producing MLCSU Workforce Race Equality Standard
 - Reviewing and improving Equality Impact Risk Assessment tool for use across MLCSU and its customers

This has resulted in all compliance across the MLCSU in terms of Equality and Inclusion training. Equality and Inclusion principles are embedded within the MLCSU policies and procedures from recruitment to delivery of services.

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

U Assure is a user friendly web tool to support MLCSU and its customers in completing, accessing, sharing and storing Equality Impact Risk Assessments. The web based module enables users to access a range of guidance documents and templates for completing EIRAs. New features added to the system now enable EIRAs to be shared with other CCGs which will help develop collaborative working arrangements for some areas. The system enables remote reviewing of EIRAs 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 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 Equality Module is being introduced to MLCSU and its customers throughout 2017 with a phased introduction across CCGs. Improvements to the system in a development update released in June 2017 have resulted in an improved customer experience for both users and the Equality and Inclusion team.

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

To date, there are approximately 120 EIRAs on U Assure.

Policy Review Work

Merseyside and Lancashire Projects:

The MLCSU Equality and Inclusion team are represented on the working groups for policy review work for policies of lower clinical priority across:

- Merseyside CCGs and Warrington CCG
- Lancashire CCGs

The policy review groups are reviewing current policies to ensure that:

Patients receive appropriate health treatments;
Patients receive treatments that have a robust clinical evidence base;
Patients with minimal health gain are restricted.

The collaborative working groups will help bring together different policies across CCGs into a harmonised core set of commissioning policies. This will help patients and clinicians have consistency. The review work is also helping CCGs to prioritise limited health resources to best meet the healthcare requirements of its population.

The aim of Equality and Inclusion Business Partner on these working groups is to support CCGs in ensuring they meet their legal duties under the Equality Act 2010 and Public Sector Equality Duty 2011. The role in both groups has resulted in:

- Equality issues becoming embedded into the process of reviewing policies and identifying potential impact from changes to policy content and criteria for treatments
- Promotion of equality and human rights issues within the policy group meetings – discussing areas of potential challenge and risk to the CCGs and its commissioning intentions
- Providing advice and guidance to the group regarding Brown and Gunning principles
- Supporting the policy review groups in evidencing robust legitimate justifications where negative impacts from decision making is identified
- Supporting MLCSU teams within the project group – such as Equality advice and guidance to project manager and Communication and Engagement team to embed equality issues within the project design and management
- Collating information, evidence, data, NICE guidance and engagement feedback into an Equality Impact Risk Assessment document for each reviewed policy. To date 44 EIRAs have been drafted for Merseyside and Warrington group and 19 EIRAs and 3 full Human Rights Assessments have been drafted for Pan Lancashire policy group
- Providing the policy group with regular reports highlighting areas for further discussion and equality issues and evidencing 'due regard'

- Providing the policy group with demographic profiling data
- Ongoing support for members of the policy groups for any Equality and Human Rights queries

Policy Review Work – Lancashire Clinical Commissioning Board / Sustainability

Transformation Plans:

The Equality and Inclusion team are also supporting the MLCSU Service Re-design team and Lancashire CCGs in quality assuring EIRA work around service redesign and transformation work. To date this includes:

- Audiology Services
- Child and Adolescent Mental Health Services (CAMHS) Transformation
- Children and Young Peoples Services
- Stroke Re-design
- Continuing Health Care

In order to provide good equality support, the Equality and Inclusion Business Partner has provided commissioners and MLCSU staff with information and support regarding their legal equality duties in respect to transformation work.

Equality and Inclusion External Training

GP Practice Mandatory Training:

In the past 12 months the Equality and Inclusion team has delivered 9 training sessions to GP Practices across Lancashire, Derbyshire and Worcestershire to over 100 practice staff.

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 of 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”

“The information on transgender was useful. I feel this will help me be more confident in talking to these patients”

“I have gained better understanding of the protected groups and will think about the idea of an equality champion for our practice”

“I didn’t know much about the Accessible Information Standard, sharing good practice from other G.Ps has given me ideas how to implement it here”

Actions Going Forward

Actions planned:

1. Ensure that all equality monitoring information supports and informs the prioritising and development of our Equality Objectives. This may require a review of these Objectives to ensure they are still ‘fit for purpose’.
2. Ensure that Equality and Inclusion Strategies within CCG’s 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. Support the transition onto U Assure on line process for designated CCG’s.
5. Improve complaints monitoring and scrutiny should include the option for complainants to declare their protected group profiles, with an annual summary report provided to the CCGs.
6. 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’.
7. Work in partnership with Public Health colleagues to continue to influence the Joint Strategic Needs Assessment with focus on Health Needs Assessments for local protected groups.
8. MLCSU to continue to support CCGs in their equality duty and support implementation of mandated NHS responsibilities such as Equality Delivery System (EDS 2); Workforce Race Equality Standard (WRES); Accessible Information Standard (AIS); and in 2017-18 the new Disability Workforce Equality Standard (DWES).

9. 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.
10. Once approved by the governance process, this publication alongside revised Equality Strategy 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 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

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