



*East Leicestershire and Rutland  
Clinical Commissioning Group*

# Equality and Inclusion Report 2016 – 2017

**ELR CCG Corporate Affairs Team**  
**March 2017**

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## Executive Summary

East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG or the CCG) is committed to reducing health inequalities, promoting equality and valuing diversity including Human Rights as an integral part of everything the CCG does. The Equality and Inclusion Report 2016 - 2017 sets out the CCG's response to the key equalities legislation and guidelines; and details equality and workforce information, highlighting the progress and some of the key achievements the CCG has made over the course of the year, along with key areas of focus for the next year.

Through continuing to work to implement the objectives linked to the Equality Delivery System (EDS2) goals and outcomes, the CCG plans to ensure the needs of the public, patients, carers and CCG staff are met. The CCG will continue to monitor progress against the action plan and report regularly and openly on the development of this work.

## Introduction

As an authorised public sector organisation since April 2013, NHS East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG or the CCG) is required by the Equality Act 2010 to work in ways that ensures equality and inclusion is embedded into all of its functions.

This is ELR CCG's annual Equality and Inclusion Report which sets out how the CCG has and continues to demonstrate 'due regard' to the Public Sector Equality Duty's three aims; and how we assure having "due regard" for the Equality Act's Protected Characteristics (but also health inequalities experienced by other vulnerable groups e.g. people who live in poverty or people who are geographically isolated) when commissioning, planning, and monitoring services. Having "due regard" involves giving advanced consideration to issues of equality and discrimination before making any policy and commissioning decision; and improving relationships. Due regard must be considered in a way that is proportionate to the issue at hand. This is a valuable requirement that is seen as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010.

This report will provide an overview of some of the evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually. This report sets out:

- The CCG's commitment to equality and inclusion;
- The legal duties for equality and inclusion;
- Progress against the CCG's Equality Objectives;
- NHS Equality Delivery System 2;
- Communications and engagement activities of the CCG; and
- Key areas for development in 2017/18.

## Legal Requirement

The Public Sector Equality Duty (Section 149, Equality Act 2010) comprises a general equality duty which is supported by specific duties.

The general public sector equality duty (PSED) states that public authorities like ELR CCG must, when exercising their functions, have a 'due regard', that is consideration, to the need to:

- I. Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- III. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To comply with the general duty, a public authority needs to have 'due regard' to these aims in relation to the following nine equality protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Relationship
- Pregnancy and maternity
- Race
- Religion or Beliefs
- Sex
- Sexual Orientation

The Clinical Commissioning Group also needs to have 'due regard' to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that Aim 1 of the General Equality Duty applies to this characteristic but the other two aims do not. This applies only in relation to work, not to any other part of the Equality Act 2010 as per section 149 of the Equality Act 2010

[www.legislation.gov.uk/ukpga/2010/15/section/149](http://www.legislation.gov.uk/ukpga/2010/15/section/149)

The Equality Act 2010 also has specific duties which must be adhered to by public authorities and these are:

- a) The CCG must prepare and publish one or more equality objectives it thinks it should achieve to support the PSED. The objectives must be published at intervals of not greater than four years. Each objective must be specific and measurable.
- b) The CCG must publish its equalities information to demonstrate compliance with the PSED. The information published must relate to persons who share a relevant protected characteristic who are:
  - Its employees (only when employing 150 people or more);
  - Other persons affected by its policies and practices.

## Statutory Human Rights Requirements

The Human Rights Act 1998 sets out a range of rights which have implications for the way the CCG buys services and manages their workforce. In practice this means that we must:

- Act compatibly with the rights contained in the Human Rights Act in everything we do

- Recognise that anyone who is a 'victim' under the Human Rights Act can bring a claim against the CCG (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible existing laws that the CCG as a public body deals with, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998.

## Compliance with the Public Sector Equality Duty

In order to structure the available evidence that demonstrates how the CCG is working to meet the Public Sector Equality Duty (PSED), the CCG adopted and utilised the NHS Equality Delivery System 2 (EDS2), which aims to demonstrate how we are meeting the three aims of the Equality Duty.

The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners and people, review and improve their performance for people with characteristics protected by the Equality Act 2010 and help to deliver on the Public Sector Equality Duty. Further details about EDS2 can be found on the NHS England website which explains how EDS2 works. EDS2 implementation is clearly cited within the CCG Assurance Framework, and will continue to be a key requirement for the CCG assurance process. In meeting the duty to publish information, the CCG publishes a range of equality information including demographic profiles, equality objectives, equality analysis, equality key performance indicators, and workforce data. This report summarises the CCG's equality information and notable achievements during 2016 – 2017, some of this evidence demonstrating compliance is detailed at Appendix 2.

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. Another key requirement is that as a commissioning organisation, we monitor our NHS/larger providers to ensure they are meeting their obligations but also to allow for collaborative working, discuss opportunities and the sharing of good practice.

### Workforce Race Equality Standard (WRES)

NHS Workforce Race Equality Standard (WRES) was made available and became mandatory for the NHS from April 2015, and included in the NHS standard contract from 2015/16. The main purpose of the WRES is to help local, and national, NHS organisations to review their data against the nine WRES indicators detailed below, to produce action plans to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff, and to improve BME representation at the Board level of the organisation.

<b>Workforce indicators</b>	
For each of these four workforce indicators, compare the data for White and BME staff.	
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.
2.	Relative likelihood of staff being appointed from shortlisting across all posts.
3.	Relative likelihood of BME staff entering the formal disciplinary process compared to that of white staff. Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.
4.	Relative likelihood of staff accessing non-mandatory training and CPD.
<b>National NHS Staff Survey indicators (or equivalent)</b>	
For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.	
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.
<b>Board representation indicator</b>	
For this indicator, compare the difference for White and BME staff.	
9.	Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator.

## Accessible Information Standard (AIS)

Although CCGs are exempt from implementing the AIS, we are committed to demonstrate due regard when carrying out functions and in supporting provider organisations to implement and comply with the requirements of the AIS. The AIS directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs by NHS and adult social care service providers.

The aim should be to establish a framework with a clear process which ensures patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss, receive:

- 'Accessible information' ('information which is able to be read or received and understood by the individual or group for which it is intended'); and
- 'Communication support' ('support which is needed to enable effective, accurate dialogue between a professional and a service user to take place');

- Such that they are not put “at a substantial disadvantage...in comparison with persons who are not disabled” when accessing NHS or adult social services.

## The CCG and our local population

NHS East Leicestershire and Rutland CCG (ELR CCG or CCG) is responsible for commissioning most healthcare services in East Leicestershire and Rutland and is made up of 31 GP practices, which forms its membership, and serves approximately 317,000 people across the following three localities: Oadby and Wigston; Melton, Rutland and Harborough; and Blaby and Lutterworth .

The CCG has a diverse population made up of many different groups and communities. People have differing health needs which need tailored commissioning, communication and engagement. We believe that patients are at the centre of the way we design and commission our services. Our commissioning strategy is designed to respect and reflect the needs of all communities and groups in order to deliver first class health services to all. This is most apparent in our commitment to delivering equitable health services in line with equality legislation and policy. This is supported by our approach to tailoring our communication, engagement and consultation to meet the needs of our different communities.

The demographics of the population, along with existing health equalities, are a key consideration when developing our annual commissioning intentions and strategic and operating commissioning plans. The commissioning of local NHS services involves the CCG working in partnership with public health, other local CCGs, local authorities, providers (including NHS, voluntary groups, third sector), partners, patients and local communities, to identify and understand patients’ needs and design services to meet those needs. This is done by working within a structured and planned process called the ‘commissioning cycle’. This process is continuous to ensure that services are developed and improved based on provider performance, patient experience and current local need. The commissioners of services lead the process for deciding how best to provide services and for making this happen.

During our planning in 2016/17, we have taken the needs of our local population in East Leicestershire and Rutland into account. This section sets the demographics of the CCG, the progress have made against our equality objectives, provider performance, and how we demonstrate due regard in decision making.

The CCG uses a range of equality information to define its strategic equality objectives and design health services including demographic information, patient feedback and information, and public health data.

Equality information is collected on the services we commission and monitored through our contracts with health providers that enables us to:

- a) evaluate the impacts of the services we commission on different protected groups;
- b) identify groups that are not accessing our health services,
- c) establish our vulnerable service users;
- d) meet diversity of need;
- e) target our initiatives and resources more effectively.

## Our population

The following information has been collated from the national census data in 2011 and the Joint Strategic Needs Assessment 2015 <http://www.lsr-online.org/leicestershire-2015-jsna.html>

- **Age / Gender** – the CCG was predominantly made up of 30-59 years olds (40.4%); 21% of 0-17 year olds; 12.9% of 18-29 year olds and 25.6% of people aged between 60-90+. 22.6% of the population is 65 and over which is higher than the England average, and in the next 10 years, 19,000 more people will be aged 65 years and over, with 3,715 of this population aged over 85 years.

In addition, 49% of the CCG's population are male and 51% is female.

- **Marital status** - 53% were married and 0.2% in a same sex / civil partnership; 15.9% divorced / widowed from a same sex relationship;
- **Disability** - People had varying long-term health problems / disabilities that predominantly affected those aged 35-84 and limited their daily activities;
- **Maternity / Fertility rate** – In Leicestershire, there were 56.1 live births per 1000 women aged between 15 and 44; and 59.8 in Rutland (source: ONS Live births by area of usual residence publication)
- **Race** - the majority of the population for East Leicestershire and Rutland was White (English/Welsh/Scottish/Irish/Northern Irish/British/Traveller) – 90.2%; followed by 7.2% Asian (Asian/Asian British), 0.7% Black (Black/African/Caribbean/Black British), 1.4% Mixed/multiple ethnic groups and 0.5% Other ethnic group;
- **Religion / Belief** - 60.7% of the CCG's population was Christian, followed by 32% who have no religion or preferred not to declare this. The remainder of the population are either Hindu, Sikh, Muslim, Buddhist, Jewish or another religion;
- Significant health inequalities exist for our patients from minority and seldom heard groups, including patients from our Black and Minority Ethnic (BME); Lesbian Gay Bi and Trans (LGBT) community; travelling families; and young people suffering with mental health.
- **the average life expectancy** in the CCG is 80.2 years for men, and 84.1 years for women, both of which are higher than the England average;
- **the health of our local population** is generally better than the overall population of England. However, there is a significant number of people affected by ill health, including GP-diagnosed coronary heart disease (10,545 people), hypertension (48,454 people), and diabetes (16,926 people).
- **Our level of deprivation** - only a small proportion of people live in deprivation when compared to other parts of England. Within the CCG, there are areas that have poorer health outcomes. The main areas affected are in Oadby and Wigston. In one area of

Wigston for example, residents have a significantly higher rate of mortality from all causes and mortality from respiratory diseases than the England average. Although not significantly higher, rates of mortality from stroke are higher than the England average.

Further demographic and health inequality information about our population is available at: <http://www.lsr-online.org/leicestershire-2015-jsna.html> and [www.eastleicestershireandrutlandccg.nhs.uk](http://www.eastleicestershireandrutlandccg.nhs.uk). This analysis is used in the development of our strategic priorities.

## Our Workforce Profile

The CCG is committed to holding up to date information about the CCG workforce, in line with Data Protection legislation, and to ensure strategic decisions affecting the workforce are based on accurate reporting and data. The CCG aims to fully understand the diversity of the workforce so that the CCG can ensure non-discriminatory practice, working with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty and the Equality Act 2010 Employment Statutory Code of Practice. The CCG has a small workforce and as such is not required under the Specific Equality Duty to publish its workforce data, however the CCG promotes transparency in all of its work and has provided a summary of the breakdown of the CCG staff by gender (one of the protected characteristics) in Appendix 1.

The CCG is also required to demonstrate having “due regard” (consideration) to the WRES and in meeting its requirements of the CCG Assurance Framework, which means monitoring and supporting NHS and other large provider organisations with progression of the Standard. The CCG aims to fully understand the diversity of the workforce so that the CCG can ensure non-discriminatory practice, work with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty, the Equality Act 2010 and Employment Statutory Code of Practice. This means having an inclusion approach with regards to recruitment, training and promotion.

As the CCG has two roles in relation to the WRES (i.e. as commissioners of NHS services and as an employer), the CCG has collated and published WRES information against the requirements and this is available on the CCG’s website at <https://eastleicestershireandrutlandccg.nhs.uk/get-involved/equality-diversity-and-human-rights/>.

In addition, the CCG has aimed to ensure that it has in place fair and equitable employment and recruitment practices. All of the CCG’s internal workforce policies have been developed, and continued to be updated, in line with current legislative requirements, including the Equality Act 2010. These policies cover the recruitment, selection and appointment process as well as all aspects of working for the CCG. It has developed its organisational vision and values to support continued organisational development in supporting and valuing the diversity of its employees and creating an inclusive working environment. In addition, the CCG has developed its organisational vision and values to support continued organisational

development in supporting and valuing the diversity of its employees and creating an inclusive working environment.

The CCG believes that everyone has a right to be treated with consideration, dignity and respect; and is committed to providing a work environment where all employees feel supported and equipped to challenge harassment, bullying, stereotyping and discriminatory behaviour; where it is expected that all employees will treat each other fairly and with mutual respect.

The CCG has a Dignity at Work policy, which applies to all staff, including line managers and middle managers. The policy informs individuals to support and promote respect and dignity in care; and not to undermine a person's self-respect regardless of any difference.

The CCG has a Bullying, Harassment and Victimisation Policy (currently under review) which describes the arrangements that have been made as far as possible to eradicate bullying, harassment and inappropriate behaviour at work and it describes how the CCG will deal with claims of alleged bullying, harassment or victimisation. Any issues of alleged bullying and harassment are managed in accordance with the CCG policy.

In February 2015, the Freedom to Speak Up report was published by Sir Robert Francis QC. The report outlines the findings of an independent review into creating open and honest reporting cultures in the NHS. The CCG Freedom to Speak up policy (Whistleblowing) has been updated and published June 2016.

In response to the Francis Report, the CCG formed the Freedom to Speak Up Steering Group and a Staff Focus Group to address the issues identified in the Freedom to Speak Up report. One of the actions were to refresh the CCG values (i.e. "one team", "Integrity", "patient centred", "ownership" and "excellence"), which have been incorporated in values based leadership and appraisals.

The CCG Managing the Balance between Work and Life Policy complies with current Employment Legislation on flexible working and authorised time off. Its aim is to inform all employees of their entitlement to 'leave' and 'flexible working' and to ensure that those rights are understood.

The types of leave available within the policy are: Special Leave; Parental Leave; Job Sharing; Working at Home; Part Time and Term Time Working; Annualised Hours; Short Term Reduction in Hours; and Flexible Retirement. The CCG recognises that, as a means of improving both staff recruitment and retention, and ensuring a balance between work and life, it needs a flexible approach to working patterns. The policy gives individuals the right to request a flexible pattern of work and places a duty on the CCG to consider these requests seriously.

ELR CCG staff have access to OLM / ESR e-learning for their equality and diversity mandatory training, this training is undertaken by all staff at agreed intervals and forms part of their mandatory training. As part of the CCGs' ongoing development we would like to explore training and learning opportunities to further support the CCGs' commitment to embedded equality and inclusion into the organisations day to day activities.

## Patient Engagement and Consultation

The CCG's Involving and Informing Strategy plays a major part in the way the CCG approaches consultation and engagement with an aim to involving local people in decision making ensuring that any communication and engagement activity is necessary, effective and of a high standard. The CCG continues to be committed to developing effective relationships with our patients, carers, the public and partners in health, social care and the voluntary and community sector to improve the lives of our local population.

CCGs are required by law to:

- Involve the public in the planning and development of services
- Consult on commissioning (buying) plans
- Act with a view to secure the involvement of patients in decisions about their care
- Promote choice
- Ensure efficient, cost-effective services

Further information about the CCG's latest consultations and engagement activities, including different ways patients and the public can get involved can be found at the following link <https://eastleicestershireandrutlandccg.nhs.uk/get-involved/> . One of the recent engagement events included sessions on the Leicester, Leicestershire and Rutland's (LLR) draft Sustainability and Transformation Plan (STP). The draft STP document outlines proposals for developing local health and social care services over the next five years, was published on 21 November 2016. The draft Plan sets out how services can be changed for the better to improve care and the patient experience, while addressing the problem of demand for services continually outpacing the resources available. In order to deliver these aspirations it means the services we deliver, and where and how we offer them, will need to change.

### **CCG Patient and Public Engagement Group**

The CCG has appointed a Lay Member of the Governing Body who has responsibility for patient and public engagement and involvement. The Lay Member chairs the Patient and Public Engagement Group which meets to engage and listen to the views of the patients and our communities to reflect those needs in our commissioning activities through a variety of different forums.

### **Patient Participation Groups (PPGs)**

The member practices of the CCG also have Patient Participation Groups. These offer patients interested in health and healthcare the opportunity to get involved with their local GP practice and support its work. Most groups also include members of practice staff.

### **CCG Site User Group**

The CCG has a Site User Group which includes a representative from each Team / Directorate within the CCG. The Group met on a bi-monthly basis providing a mechanism for cascading information to and from teams to ensure all members of staff are included; to gauge views of staff groups representatives on key office accommodation matters, including health and safety. Members of the Group have stated that they enjoy being part of the Group as they feel integrated and part of changes that have been made to aid the wellbeing of their colleagues.

## Equality Objectives – progress in 2016/17

The CCG Governing Body approved three equality objectives in 2013 as detailed in the table below; and approved the new objectives in March 2016. The 2016 – 2018 equality objectives build on the previous ones and provide a specific focus on areas for further development in line with our commissioning intentions and Operational Plan. Some of the supporting information to show progress made across the objectives are provided in Appendix 2 and also on the CCG website.

Progress against the current equality objectives will be reviewed in 2017/18 alongside the CCG’s Equality and Human Rights Strategy following the grading of the CCG against the four goals of the Equality Delivery System (EDS2) as part of the CCG’s commitment to equality and inclusion.

Equalities Objectives 2013 - 2015	Proposed Equalities Objectives 2016 – 2018
<p><b>i) Addressing needs of older people and access to services</b></p> <p>a. Year 1 – undertake baseline to identify what access looks like at present and identify gaps. Aligning this to the duty to have regard to reducing health inequalities, improving access and health outcomes.</p> <p>b. Year 2 – review the results of the baseline and identify areas to address / change. Develop plans for improving access for older people as identified through the baseline.</p>	<p><b>i) Addressing needs of older people and access to services:</b></p> <ul style="list-style-type: none"> <li>• Focus on supporting individuals to get home safely, be independent and safe; reduce length of stay in acute settings - implementing discharge pathway 2 and 3).</li> <li>• the CCG taking the lead on the frail older people and dementia work stream across Leicester, Leicestershire and Rutland – to improve service provision and access for frail older people by focusing on 3 key areas (i.e. dementia, carers and developing an integrated offer).</li> </ul>
<p><b>ii) Targeting provision and access to seldom heard groups – travelling families, BME, LGBT, rural deprivation</b></p> <p>a. Year 1 – define what is meant by “seldom heard groups / communities” in relation to East Leicestershire and Rutland population in comparison to Leicester, Leicestershire and Rutland. Review how the CCG is currently engaging with these groups and how these mechanisms can be strengthened. Identify and map existing mechanisms of engagement through which the CCG accesses / or can access these groups / communities to gather intelligence. Consider how the CCG engages with the local authorities in strengthening engagement with these groups / communities.</p>	<p><b>ii) Targeting provision and access to seldom heard groups:</b></p> <ul style="list-style-type: none"> <li>• Focus on Lesbian, Gay, Bi and Trans (LGB&amp;T) and rural deprivation / communities - this remains a key challenge for the CCG in ensuring we engage with seldom heard groups.</li> </ul>

Equalities Objectives 2013 - 2015	Proposed Equalities Objectives 2016 – 2018
<p>b. Year 2 – using the information / intelligence gathered in year 1, identify how the CCG is going to target / prioritise provision.</p>	
<p><b>iii) Access to early intervention and prevention of Mental Health issues</b></p> <p>a. Year 1 – evaluate and understand local mental health issues in relation to young people and other groups. Review access to early intervention and identify what is currently available in order to prioritise and improve health outcomes across East Leicestershire and Rutland.</p> <p>b. Year 2 – baseline undertaken will determine actions for year 2. For example this could be work with young people to identify mechanisms for improving access to mental health services. Year 2 will be about using the information to improve outcomes for patient and prioritise mental health services.</p>	<p><b>iii) Access to early intervention and prevention of Mental Health issues:</b></p> <ul style="list-style-type: none"> <li>• Focus on first episode psychosis and CAMHS as we have key constitutional standards regarding delivery of waiting times for people accessing mental health services when during a first episode of psychosis and delivery against CAMHS waiting times where we have had some specific challenges.</li> </ul>
	<p><b>iv) Learning Disability (LD) (additional equalities objective):</b></p> <ul style="list-style-type: none"> <li>• Objective to be focused and linked to the CCG plan for the roll out of personal health budgets for patients with a learning disability who require support and services.</li> </ul>

## Equality Analysis

The CCG has devised a simple template to be used as a framework for undertaking equality analysis, and human rights screening. This enables the CCG to show 'due regard' to the three aims of the general equality duty by ensuring that all requirements around equality, human rights and privacy are given advanced consideration before the CCG's governing body or senior managers make any policy decisions that may be affected by them. The CCG will be looking to develop this framework further in 2017/18 to ensure it is comprehensive and includes privacy impact assessments.

CCG has carried out a range of equality analysis, alongside quality analysis, and screening when carrying out their duties to ensure the CCG is paying 'due regard' to the three aims of the Public Sector Equality Duty and the Human Rights Act. A new template was devised in 2016/17 to support the equality analysis and screening process. Throughout the year some difficult commissioning decisions have had to be made, in making these decisions the CCG

needed to ensure it continued to comply with its duties and ensure due regard to the three aims of the Public Sector Equality Duty hence a more comprehensive framework was required.

All services commissioned and procured by the CCG are now designed and delivered to meet the health needs of local communities; and undergo an Equality and Quality Impact Assessment (EQIA), including policies and procedures created by the CCG.

## Equality Delivery System 2 (EDS2)

The Clinical Commissioning Group adopted the Equality Delivery System (EDS2) as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector General Equality Duty.

The EDS2 has 18 outcomes that are grouped under the following four goals:

- **Goal 1 – Better health outcomes**
- **Goal 2 – Improved patient access and experience**
- **Goal 3 – A representative and supported workforce**
- **Goal 4 – Inclusive leadership**

In line with the EDS2, public sector organisations with less than 150 employees are not required to publish workforce information (i.e. Goals 3 and 4), although it is recognised that internal monitoring should take place. The CCG has considered it best practice to demonstrate compliance with Goals 3 and 4, and therefore is covered within this report. Some of the Information and evidence illustrating compliance with Goals 1 and 2 are. Available at Appendix 2

In 2015, the CCG undertook its first external stakeholder grading exercise to review the CCG's equalities information for 2014-15 in line with the EDS2 grading criteria:

Undeveloped	Developing	Achieving	Excelling
Undeveloped if there is <b>no evidence</b> one way or another for any protected group of how people fare; <b>or</b> Undeveloped if evidence shows that the majority of people in only <b>2 or less protected groups</b> fare well.	Developing if evidence shows the majority of people in <b>3 – 5 protected groups</b> fare well.	Achieving if evidence shows the majority of people in <b>6 - 8 protected groups</b> fare well.	Excelling if evidence shows the majority of people in <b>all 9 protected groups</b> fare well.
<b>9 protected characteristics</b> - Age, Disability, Gender re-assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race (nationality, ethnicity), Religion / Belief, Sex, Sexual Orientation.			
<b>Other disadvantaged groups</b> – people who are homeless; in poverty; on long term unemployment; in stigmatised occupations; misuse drugs; have limited family / social networks; or are geographically isolated.			

The EDS2 grading process provides the CCG with an assurance mechanism for compliance with the Equality Act 2010 and enables local people to co-design the CCG's objectives to ensure improvements in the experiences of patients, carers, employees and local people.

The EDS2 grading was last undertaken in 2015/16 by an external stakeholder grading panel. The grading panel was presented with a written narrative which set out how the CCG was meeting each of the six outcomes reviewed. The Group included representation from LOROS, LGB&T, Vista Blind, Action Deafness, The Swagat Group, the Alzheimer's Society, The Carer's Centre, Healthwatch, and The People's Forum. The panel had a discussion and then a consensus was reached of their assessment. All the results were analysed immediately and shared with the panel. The results of the Grading Group were collated and presented to the Governing Body. Based on the information and evidence provided to the external stakeholder group, the CCG was noted as varying between 'Undeveloped' and 'Achieving' for Goal 1 and predominantly 'Developing' for Goal 2. Since then, the CCG has continued to collate information and evidence to provide an understanding of how the CCG is approaching equality and inclusion in its activities in line with the goals and outcomes. Some examples are detailed in Appendix 2.

A separate stakeholder meeting has not been undertaken in 2016/17, a review of the process is underway to ensure a approach whereby continuous assessment and grading is undertaken throughout the year as various policy and commissioning decisions are considered so that the review forms an integral part of key activity as opposed to a one-off event.

## Performance Monitoring of Providers

The CCG through its contracts with providers ensures that those provider organisations are compliant with equality legislation. All the NHS providers which the CCG contracts with undertake the annual equality performance review using the NHS Equality Delivery System (EDS2). Each NHS provider's performance has been monitored by the CCG through the contract and performance monitoring meetings. Information about each of the providers can be found on their respective websites, such as:

- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust

Through our contract and performance monitoring review meetings with the NHS providers, 2016 - 2017, the CCG has received assurances that the relevant standards have been met including WRES and AIS.

In addition to the main NHS providers, we also commission primary medical care services from our GP Practices, who are often the first point of contact for the majority of patients. Specifically in relation to Accessible Information Standard (AIS), we have organised proactive awareness raising sessions for GP Practice staff and provided them with the '5 steps' of the AIS, Practice Readiness Checklist, and an outline of key timescales to ensure compliance. Our GP Practices have also received the NHS England's simplified implementation of the Accessible Information Standard guidance, and posters for personalisation and display within their Practices. Furthermore, we have provided guidance on the use of email and text

message for communicating with patients with disabilities and sensory loss; and also obtained advice and information for our GP Practices from local organisations such as the 'Make it Clear' guidelines from Vista.

## Meeting statutory human rights requirements

The Human Rights Act 1998 sets out a range of rights which have implications for the way the CCG buys services and manages its workforce. In practice this means that the CCG must:

- Act compatibly with the rights contained in the Human Rights Act in everything the CCG does
- Recognise that anyone who is a 'victim' under the Human Rights Act can bring a claim against the CCG (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible existing laws that the CCG as a public body deals with, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998.

The CCG aims to undertake Human Rights screening in its decision making including its commissioning and decommissioning and service redesign programmes. This is an area for further development in the review of the equality analysis template to enable a more comprehensive review to be carried out.

## Equality and inclusion development 2017/18

In 2016 a key focus will be on the review of our Equality and Inclusion Strategy, review of progress against the PSED Equality Objectives and EDS2 Outcomes. The CCG will continue to embed equality and inclusion into commissioning and demonstrate "due regard" to the nine protected characteristics and other vulnerable groups. Areas of further development in 2017/18 include:

- The CCG will be looking to develop the equality impact assessment and template process further in 2017/18 to ensure it is comprehensive and includes privacy impact assessments.
- Collate the equality impact assessments and analysis centrally;
- Consider how key provider monitoring of equality and inclusion is reported to the CCG Governing Body and how the CCG can support its providers;
- Develop and embed a more integrated approach to grading equality information, including grading by external stakeholders;
- Review training available to staff to include face-to-face sessions; and
- will be offering recruitment and selection training following approval of the updated Recruitment and Selection policy

## Conclusion

The evidence set out in this report demonstrates that the CCG continues to make good progress towards paying due regard to the way healthcare services are commissioned and delivered. East Leicestershire and Rutland CCG is committed to making continuous improvements as a commissioner of services and an exemplar employer. The CCG will continue to monitor progress and report regularly and openly on the development of this work.

## Appendix 1 – CCG Workforce Profile

The CCG has less than 150 employees and as such is not required under the Specific Equality Duty to publish its workforce data, however the CCG promotes transparency in all of its work and has provided a summary of the breakdown of the CCG staff by Protected Characteristics.

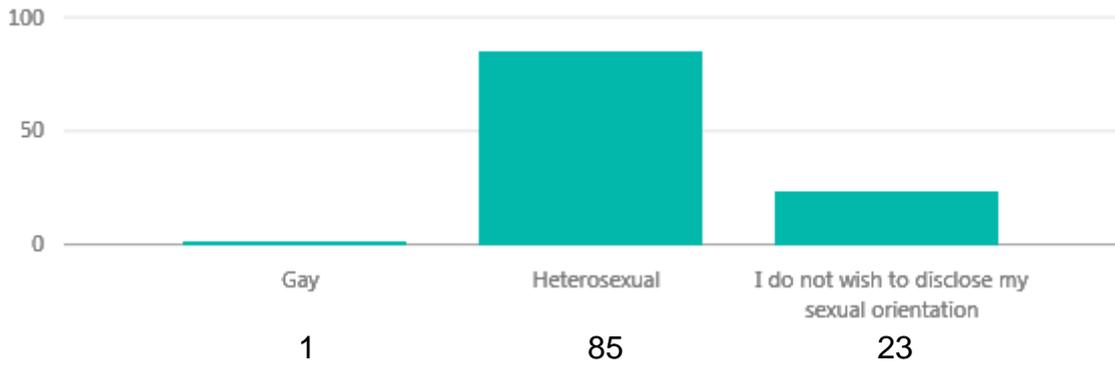
As at November 2016, the CCG employed 108 members of staff which included both permanent staff and those on fixed term contracts; who are employed full and part time. The profile of the workforce has been broken down as follows:

Ethnic Origin		Count of Employee Number	% of Staff
A	White – British	79	73
B	White – Irish	2	2
C	White – Any other White Background	1	1
H	Asian or Asian British - Indian	23	21
J	Asian or Asian British - Pakistani	1	1
L	Asian or Asian British - Any other Asian Background	1	1
R	Chinese	1	1
TOTAL		108	100

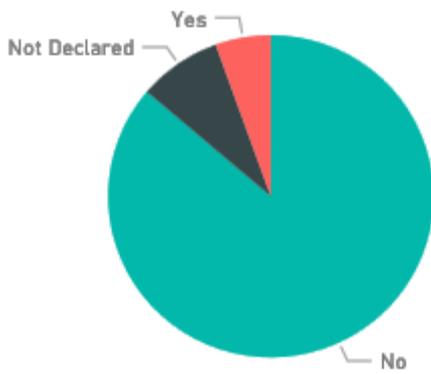
### Religious / Belief



### Sexual Orientation



### Disability



Yes – 6 (6%);      No – Majority (no data)      Not declared (no data)

The CCG also encourage staff to complete an **annual NHS staff survey**, which provides individuals with the opportunity to feedback in relation to development, appraisals and support which has been provided. The annual survey includes a range of questions in relation to appraisals / training for staff; and includes both positive and negative comments (the lower the score, the better they reflect performance). Where a training need is identified by staff and/or the Line Manager, appropriate action is taken to bridge the gap.

The results for 2016/17 are published at [http://www.nhsstaffsurveys.com/Caches/Files/NHS\\_staff\\_survey\\_2016\\_03W\\_full.pdf](http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_03W_full.pdf) and are currently under review.

The outcome / results of the staff survey will be reviewed at Team / Directorate level, to identify areas for improvement and local action plans produced.

### **Annual Staff Survey**

The CCG completes an annual staff survey which provides individuals with the chance to provide comments in relation to their working lives. The feedback received supports the CCG to work with staff together to improve the place of work.

In 2015-16, the CCG the National NHS Staff Opinion Survey was disseminated to the staff across the CCG between September and November 2015 and was completed by a total of 94 members of staff (including GPs on the Governing Body), which are summarised below. It is noted that the lower the scores, the better the result.

The national results revealed a number of positives:

- 80% of staff said they feel able to do their job to a standard they are personally pleased with – up from 78% last year;
- 73% of staff said that patient care is their organisation's top priority – up from 67% last year;
- 89% of staff agree that their organisation takes positive action on employee health and wellbeing.

However, the national results also revealed a number of challenges for NHS Employers, with a third of respondents reporting work related stress in the past 12 months, 48% of respondents feeling there should be more staff at their organisation, and the percentage of staff experiencing harassment, bullying, or abuse from fellow staff was 25%. 11% of staff said they had experienced discrimination at work in the past 12 months.

The average response rate for the 47 'Picker' organisations was 70.2% against which ELR CCG continues to perform well with a response rate of 86.4% which was slightly lower than the 94% response rate achieved the previous year.

In the survey results, comparisons can be drawn between ELR CCG and the average of all 'Picker' CCG trusts on a total of 86 questions. The survey showed that the CCG is:

- Significantly better than average on 9 questions;
- Significantly worse than average on 2 questions;
- The scores were average on 75 questions.

The CCGs results were significantly better than the Picker average or the following questions (lower scores are better):

Question		CCG	Average
20b	Appraisal / review not helpful in improving how do job	11%	22%

The CCGs results were worse than the Picker average for the following questions (lower scores are better):

Question		CCG	Average
9g	Put myself under pressure to come to work despite not feel well enough	100%	94%
20a	No appraisal / KSF review in last 12 months	35%	18%

Questions where more than 50% of staff gave a negative response are listed below (lower scores are better):

Question		CCG	Average
9g	Put myself under pressure to come to work despite not feeling well enough	100%	94%
9d	In the last 3 months, have come to work despite not feeling well enough to perform duties	53%	49%
15d+	Last experience of harassment / abuse not reported	50%	56%

The scores below are an extract from the CCGs reported problem scores for 2015 and for the two previous years. Problem scores are a summary score showing the percentage of respondents reporting room for improvement. Note that lower problem scores reflect better performance. The table below only shows the problem scores that have significantly worsened since the previous survey.

Question		2013	2014	2015
20a	No appraisal / KSF review in last 12 months	33%	12%	35%
20f	Appraisal / performance review: training, learning or development needs not identified	33%	9%	29%

In addition to the core questions, we added some additional questions to the survey, for example, whether the Executive Management Team operate an open door policy to which a total of 81% agreed or strongly agreed.

The results of the survey were shared with staff in December 2015 and reviewed during a CCG event in March 2016 individual / teams developed action plans to address the areas of improvements. Some of these included:

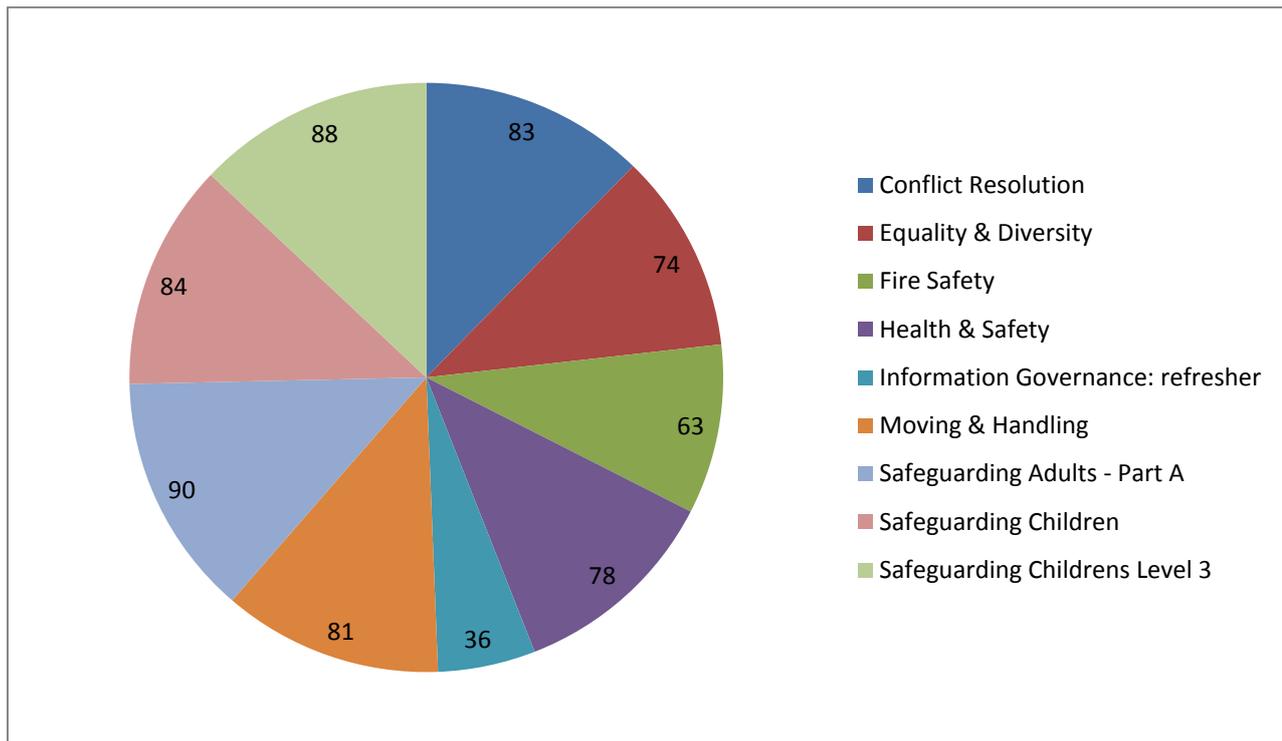
Section of Staff Survey	Action
Conflicting pressures	Regularly review peaks and troughs in workload with team and realign resource/offer support accordingly

(resource)	
Health and wellbeing	Team to develop contingency plans across all work areas (to build resilience when staff are away from work)
Health and wellbeing - bullying and harassment	Team to continue to have open and honest two way communications
Personal development	Identify training and development needs during appraisal process and review with team/progress with HR
Personal development and your Job	Challenge team to complete all appraisals and discuss any issues that may be preventing/affecting performance
Your job	Schedule regular Friday morning meetings to further improve team communications and feedback and review priorities/delivery

### Mandatory Training

All staff within the CCG are required to undertake a range of statutory training within the first few weeks of their employment.

As at November 2016, training uptake across the CCG was as follows:



## Appendix 2: EDS2 - Examples of Equalities Information 2016/17

Equality Information focuses on our duties as a commissioner of health care services including our patient and demographic information, progress against equality objectives, and how we demonstrate due regard in our decision making.

### Goal 1: Better Health Outcomes -

#### 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

The **Leicester, Leicestershire and Rutland (LLR) 5 Year Strategy – Better Care Together (BCT) Programme** is a key detriment of contracted services changes aimed at improving clinical care, patient experience and increasing efficiency.

The CCG Commissioning Strategy and Operational Plan 2016/17 are available at the following [https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2015/08/ELRCCG-OPS-PLAN-2016\\_17.pdf](https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2015/08/ELRCCG-OPS-PLAN-2016_17.pdf)

The CCG's **Commissioning Intentions** and **Operational Plan** align with the Better Care Together 9 settings of care priorities at both an ELR CCG and LLR level (i.e. Maternity, neonates, children and young people; Planned Care with Cancer; Urgent Care; Mental Health; Learning Disabilities; Long Term Conditions; Frail and Older People; End of Life Care; CHC and Personalisation). The Commissioning Intentions direct how services are commissioned from providers and contracts agreed; and is developed jointly across the 3 CCGs to provide a strategic LLR focus as well as specific CCG requirements. This also supports the alignment of clinical pathway development, the BCT Workstreams, contractual negotiations, the operational plan and the Five Year Forward View. The Operational Plan for 2016-17 sets out how the CCG has identified and will subsequently achieve what we determine are our local critical challenges and milestones for accelerating progress towards achieving the triple aim as set out in the Five Year Forward View. It maps out how the CCG will deliver the requirements set out in the Five Year Forward View whilst maintaining our commitment to high quality services for all, whilst concurrently driving the delivery of transformative plans outlined in the Sustainability and Transformation Plan (STP).

See: <https://eastleicestershireandrutlandccg.nhs.uk/about-us/our-strategies-and-plans/>

Underpinning these operational priorities remain our core commissioning responsibilities of quality, innovation and value. In addition, the plan has been developed using the **Right Care Atlas of Variation** data for each of the BCT Clinical priority areas, to ensure that focus is given to areas of health need for which ELR CCG are an outlier to support a focus for improving health outcomes (e.g. Mental Health and Learning Disabilities). During 2016/17, the Operational Plan supported the delivery of the 5 year system **Sustainability and Transformation Plan (STP)** at Unit of Planning level, defined as Leicester, Leicestershire & Rutland. The STP is built to ensure delivery of the 9 'Must Do's.'

The **Quality, Innovation, Productivity and Prevention (QIPP) programme** was (and continues to be) aligned to the BCT workstreams; and also reflects the Right Care priorities for

the CCGs population. The QIPP schemes focus on ensuring patients experience the right treatment in the right setting, and across all protected characteristic groups of the Equality Act 2010, including the following:

- increasing the level of services that are delivered in a Community Setting, rather than at an Acute Hospital;
- by removing any duplications across pathways;
- linking to the Better Care Together Strategy and reflecting the priorities as highlighted in the Right Care programme.

QIPP schemes have been developed across the following key work streams:

- long-term conditions
- planned care
- urgent care
- transformation of mental health and learning disability
- including specific QIPP from our BCF plans (e.g. prescribing; primary care transformation; running costs management).

A scrutiny group was established in 2015-16 to review the **quality and equality impact assessments** providing a 'confirm and challenge' where negative impact has been identified; and where further consideration needs to be given. The process evolved in 2016/17 with a revised template to document the quality and equality impact assessment (QIA / EIA) of each scheme. These assessments are undertaken to understand any impact against the protected groups, understanding what group may be affected, what the mitigating circumstances are, agree actions to address any negative impact and any potential barriers to access of services. All QIA/EIA are reviewed by the CCG Heads of Service and signed off by the CCG Chairman and the Chief Nursing Officer. To date, the majority of EIAs undertaken have resulted in positive impacts, such as those for diabetes, respiratory and cardiology. However, where negative impacts have been identified; these have been reviewed with the Lead and action taken accordingly, for instance in podiatry, continuing healthcare, learning disabilities short breaks and cancer. Although equality assessments form a key part of the planning process (including the business cases reviewed as part of the QIPP process), going forward there will be a focus on outcomes and impact as part of the evaluation process.

All **provider quality schedules**, as included within their contracts, are designed around the type of care the provider has been commissioned to provide. National and local indicators are built into the schedules to allow the CCG to monitor the service being provided and the provider organisation's ability to assess and meet all patients' needs. These are currently reviewed and monitored on an annual basis through a variety of formats including patient experience/feedback, incident reporting, national and local benchmarking performance data and patient outcomes and updated to ensure that the quality monitoring of providers is in line with current regulation/guidance and reflects any concerns which have been identified through the previous year's review of the provider and taking into account any supplementary information which has been gathered from a range of other stakeholders including patient complaints and GP feedback.

For 2016-17, the **NHS Standard Contract for providers** has been implemented to ensure compliance with equalities and the quality schedules include indicators to ensure that each provider reports progress to the CCG in line with these requirements and actions required to

become compliant. Where gaps are identified, the CCG will work with the provider to promote improvements. The Quality Schedules are monitored on a regular basis and reviewed in conjunction with the service provider at regular meetings. The process of review will mean that any areas of concern will be added to the Quality schedule or existing indicators enhanced to ensure the CCG receives assurance that providers are meeting with requirements. An example of this would be the inclusion of the 'Implementation of a selection of Quality Standards for Community CAMHS produced by the Royal College of Psychiatrist and the Quality Network for Community CAMHS. 'indicator which was introduced into the LPT 16/17 Schedule. Following poor compliance with the standards in 15/16 the indicator was introduced to ensure that the CCG could continue to have oversight of the providers' performance against the standards and receive assurance of their future compliance.

In addition, the CCG will review the latest contractual requirements within the 2016-17 NHS Standard Contract for providers and ensure compliance with the following:

- **Workforce Race Equality Standard;** - The NHS [Equality and Diversity Council](#) announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- **Accessible Information Standard** - The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services.

The 3 CCGs within Leicester, Leicestershire and Rutland (LLR) have jointly commissioned a number of specific services from the Leicestershire Partnership NHS Trust (LPT) to support people with mental health and learning disabilities:

- The CCG continues to work closely with its **mental health** providers, clinicians and service users to improve the acute mental healthcare pathway, promote independence and enable individuals to be part of their communities. In times of crisis, when patients require admission to inpatient care, we want to ensure they receive high quality of care that promotes recovery in safe settings. **Improving Access to Psychological Therapies (IAPT)** services are designed based on addressing the mental health prevalence of each practice and allocating sufficient resources in meeting patients' needs, providing treatment, and specific therapies to aid in the recovery of the patient. The choice of treatment is part of the assessment and the patient has a voice in which treatment is used through discussion at the outset of treatment. For instance, if a patient has more than one problem, they agree which to concentrate on first and how to go about it, recording the way forward.

During 2016-17, the CCG implemented and maintained the waiting time standard for IAPT, with recovery rates being higher than the national average.

<b>Standard:</b>	<b>Target</b>	<b>Achievement (Apr-Sept 2016)</b>
% of people accessing the service	15%	12.7%
% of people moving to recovery	50%	55%
Waiting times 6 weeks from referral to treatment	75%	64%

During 2016-17, the following progress has been made:

- a) **self-referral leaflets** - have continued to disseminate to a number of venues across the CCG (i.e. within community venues, libraries, GP practices, Arriva patient transport; and more recently a specific insomnia self-referral leaflet has been disseminated to pharmacies and GP surgeries). This has also supported the development of self-referral capabilities to ensure the service is accessible to all (including the LGBT community), but not limited via Trade. Currently, self-referrals make up 75% of all referrals received which highlights how more accessible the service is.
  - b) **Development of Long term conditions pathways / referral routes** – previously the service worked with Age UK and the Alzheimer’s Society. Currently we are developing plans to integrate into existing and new teams with a focus on Cardiovascular Disease, Chronic Obstructive Pulmonary Disease (respiratory) and Diabetes which will encourage treatment at home.
- The IAPT service also collates information in relation to age, gender, disability (learning / physical / mental / sensory etc), long term conditions, ethnicity, religion and sexual orientation. This information is used to keep focus on the areas of under representation in the service.

The next steps for the development of the IAPT service is to work alongside community health / social / public health teams to:

- a) recognise anxiety and depression in their clients (e.g. carers) and aid in the referral into the service; this is progressing slowly and has engagement with the Better Care Together lead of long term conditions and with Community Nursing and Therapy.
  - b) raise awareness (and increase the use of) of the service to the population through wider dissemination of the self-referral leaflets;
  - c) working with the Department for Work and Pensions to incorporate employment advisors within the service to help people return to work after suffering anxiety and depression.
- The **Primary Care Liaison Nursing Team** provide support to people with a learning disability, their families and carers, professionals, support staff and social care colleagues to find solutions to barriers to good health and help people to stay healthy. The key objectives of the service are to:
    - a) ensure equitable access to healthcare services for people with a learning disability in line with legislation and recommendations.
    - b) advise and support healthcare services to make reasonable adjustments for this population to meet statutory duties e.g. DH Equality duty of the Equality Act 2010.
    - c) strengthen and expand health promotion activities available for people with a learning disability including innovative person centred approaches to programmes.
    - d) Support GP practices to offer annual health checks to people with a learning disability and audit the quality and effectiveness of annual health checks.
    - e) ensure that Health Action Plans are recognised and used by health and social care professionals, support providers and carers and people with a learning disability.
    - f) engage with individuals, families and carers in consultation exercises and events;

- g) integration between health and social care services to collectively put the individual at the heart of all care planning;
- h) support people with a learning disability to have more Choice and Control. This includes empowering them and their carers to have opportunities to enjoy a full and active social life because of improvements in their health and wellbeing, by having annual health checks and Health Action Plans;
- i) drive local improvements on accessible information for people with a learning disability and their families in conjunction with other partners;
- j) support people with a learning disability to develop a wider understanding of health issues;
- k) ensure people with LD have equal access to and benefits from mainstream services and NSF related initiatives.

All service activity is measured by an activity matrix so the number of contacts with all patients can be clearly identified.

- The **Learning Disability Community Team** provides specialist clinical intervention to all people with a learning disability who are referred to them. An initial assessment is undertaken and may involve input from any of the following professionals who are part of a multi-disciplinary team (i.e. LD Physiotherapy; LD Occupational Therapy; LD Speech and Language Therapy; LD Community Nursing; LD Psychology; LD Psychiatry; LD Autism Service; LD Outreach Service). The objectives of this service are to:
  - a) Offer clinical expertise on complex needs of people with learning disabilities who may have mental health needs, autism, epilepsy, challenging behaviours, forensic, physical disabilities, emotional needs, education around health needs.
  - b) Provide clinical input for people in Transitions (moving from Children to Adults Services) and between Teams.
  - c) Provide specialist advice to enable care pathways, care planning and LPT admission and discharge processes to be applied effectively to people with learning disabilities.
  - d) Enable people with learning disabilities to live a full life, to meet their potential. This can be done by enabling, modelling, assessment and planning to meet their needs.
  - e) Quality monitor care pathways and learning disability patient experience in LPT
- The **Learning Disability Outreach Team** is a multi-disciplinary team comprising of qualified Registered Nurses Learning Disabilities (RNLD) and unqualified nurses; occupational therapy; speech and language therapy; and dedicated psychiatry professionals. The service operates Monday to Sunday (8.00 hrs -21.00hrs); and may also occasionally offer planned on-call support outside of these hours. The objectives of the services are to:
  - a) Offer clinical expertise on complex needs of people with learning disabilities presenting with severe challenging behaviour, mental health and forensic needs
  - b) Provide direct interventions where required
  - c) Offer training and advice to carers, providers and health and social care staff on learning disabilities
  - d) Provide specialist advice and support to people to enable them to remain in the community and prevent (mental health) in-patient admissions, if possible.
  - e) Support smooth discharge processes back into the community.

- The **Specialist LD Assessment and Treatment Unit** at the Agnes Unit is a 14 bedded specialist LD assessment and treatment unit. The overarching aim of the unit is to assess and treat people with Intellectual Disability and associated challenging behaviour and/or mental health problems, to enable them to lead lives in the community.

A person centred approach to assessment and treatment of patients with co-ordinated interagency work through a pathway approach enables patient's to be discharged in a timely manner. The objectives of the services are to:

- Provide a safe environment
  - Evidence improved health outcomes for people with learning disabilities
  - Use a multi-disciplinary approach that is evidence based with patient centred outcomes
  - Facilitate good communication between the service, patients, families , commissioners and outside organisations as necessary
  - Quality monitor care pathways and learning disability patient experience in LPT
  - Offer clinical expertise on complex needs of people with learning disabilities and/or mental health needs
  - Involve patients in their care and service delivery
  - Ensure people with learning disabilities have capacity and consent considerations applied to them and ensure the user is safe
  - Use a person centred approach
- LLR has a **Transforming Care Plan**, which is a 3 year plan that aims to work with partners in health and social care to develop good local services and support that will help people with a learning disability and/or autism, and those who may have mental health problems, to stay well in the community.

In order to deliver this plan, an LLR multi-agency Transforming Care Partnership (TCP) has been set up, which focuses on making sure there is the right support for people to be discharged from hospital at the right time and helping people who are at risk of being admitted. It will do this by providing good support for carers, including through the redesign of the short breaks offer, the use of personal health budgets, and working with local NHS, care providers, housing providers and the local workforce to develop services and support to meet current and future need (see 'LLR Transforming Care Plan).’ The impact of the TCP plan is measured through the number of reductions of people with an LD who are in a mental health inpatient setting. LLR has an inpatient trajectory for both CCG commissioned (non-secure) and specialised commissioned (secure) hospital beds that it needs to meet. In February 2017, the CCG was on target (see 'LLR Transforming Care Inpatient Trajectory).’

- A joint Health and Social Care **LD Self-Assessment Framework (SAF)** is also required to be completed by each local authority on a bi-annual basis. The framework includes sections on Staying healthy; Keeping safe; and Living well. Health services are required to submit data on the numbers of people with LD in their area who have long-term health conditions (e.g. Coronary Heart Disease, Diabetes, Asthma, etc) and the numbers of people with LD who have been offered cancer screening (all types).

The most recent LD SAF was submitted in 2015 and links to the 3 LLR local authority submission can be found at the following link:

<https://www.improvinghealthandlives.org.uk/projects/jhscsaf2014results>

Where an area has been identified as 'Red' (under-performing) a description of what actions are being taken is given and progress is fed back to the 3 LLR LD Disability Partnership Groups.

In 2015-16, the CCG implemented an **enhanced service across primary care to improve timely diagnosis and treatment of people with dementia**. A bespoke dementia template was implemented onto GP practice systems, which has brought together all the different elements of dementia reporting and care into one place meaning GPs can offer a more effective service to patients; and a dementia Shared Care Agreement implemented to improve the capacity of the Memory Assessment Service. A shared care agreement outlines ways in which the responsibilities for managing the prescribing of a drug can be shared between the specialists in hospital and our GP practices.

BCT LLR Dementia Delivery Group has been reformed and reviewing / updating the Dementia Strategy. Working with LPT additional capacity has been released in the Memory Assessment Clinic by primary care taking on Shared Care Agreements to look after dementia patients.

Dementia assessments were carried out by all 32 practices on 1560 at risk patients during the year. Since the year start baseline, dementia registers have increased by 10.5% , which means this has benefited patients in the following ways:

- Earlier diagnosis of dementia for patients, their carer(s) and families, offers referral to services that will enable them to plan their lives better, to provide treatment as appropriate and offers timely access to other forms of support and to enhance the quality of life (8% increase in early diagnosis for 295 patients)
- Provide improved care and support for patients and families
- Dementia care closer to home
- Help decrease waiting times and increase capacity in the Memory Assessment Service by agreeing to repatriation of appropriate dementia patients by way of the Shared Care Agreement.

In June 2016, the CCG held a **Practice Learning Time (PLT)** on Dementia by the Alzheimer's Society and a Lecturer from De Montfort University. This event was aimed at Practice Nurses and included Dementia Friend training as well as awareness on Dementia Ambassador.

## **1.2 Individual people's health needs are assessed and met in appropriate and effective ways**

The **Joint Strategic Needs Assessments (JSNA)** analyses the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. The JSNA for Leicestershire (<http://www.lsr-online.org/leicestershire-2015-jsna.html>) underpins the Joint Health and Wellbeing Strategy (JHWS) and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities; and to act as the overarching evidence base for health and wellbeing boards to

decide on key local health and social care priorities.

The JSNA in 2015 aims to add quality and years to life by improving health throughout people's lives, reducing inequalities and focussing on the needs of the local population. The core principles include reducing inequalities; focussing on prevention; using evidence; sustainability and dignity by improving health and wellbeing through life for all, including vulnerable children and families; people with long term conditions and cancer; frail older people; people affected by poverty; people affected by, or at risk of homelessness ; and carers.

**NHS Right Care Commissioning for Value Guidance** provide CCGs and local health economies practical support in gathering data, evidence and tools to help them improve the way care is delivered for their patients and populations and highlighting areas where the CCG is an outlier to enable the CCG's to focus on these priorities. They provide a comprehensive range of tools to support this work including CCG data packs, STP packs, Atlases, Casebooks, Long Term Condition scenarios and Optimal value pathways.

As part of the **Continuing Healthcare (CHC) process**, the CHC team at Arden and GEM CSU receive and review individual applications for CHC funding and make recommendations to the CCG, in collaboration with specialist services and evidence based clinical input to ensure a fit for purpose care package is in place to meet the needs of individual patients who are eligible for CHC on a case by case basis. This applies to both children and adults; males and females; identifying suitable placements (e.g. Domiciliary and/or Nursing Care services); and standard / bespoke equipment in support of their needs:

- Children (i.e. patients under the age of 18) - CHC team determine **Continuing Care (CC)** eligibility in accordance with the National Framework for Children and Young People's Continuing Care (25 March 2010). The majority of these cases are tri-funded, which also follow a robust multi-disciplinary team assessment; including Health, Social and Education services.
- Adults (i.e. patients over the age of 18) who are eligible for CHC and require focused **domiciliary and/or nursing care services**, the CHC team will ensure the service providers deliver care in accordance with respect for the individual's capacity / capability and individuality / independence, and taking into consideration; equality of opportunity; rights and choice; fulfilment; privacy and dignity; confidentiality and data protection; service user engagement; person centred care; cultural awareness; including individuals from Black and Minority Ethnic (BME) communities, where English is not the first language and not widely spoken.

CHC / CC also include referrals for patients with complex care needs (e.g. specialist rehabilitation, individual funding requests, acquired and traumatic brain injury). All services are arranged and provided in ways that do not negatively discriminate against patients in terms of race, gender, disability, sexuality, culture, language, religion or age; and will ensure religious, cultural and spiritual needs of all patients are identified, respected and met, wherever possible.

Following a robust engagement process in Summer 2016, the **proposed Settings of Care Policy** has recently been out to consultation. Invitation to participate in the consultation went to all patients in receipt of continuing healthcare, carers and numerous stakeholder groups

including voluntary sector organisations to ascertain local views on packages of care for patients eligible for Continuing Healthcare funding. The outcome of the consultation is yet to be published.

NHS England pilots of **Personal Health Budgets (PHBs)** found that they had the most benefit to individuals with the most complex needs. Benefits are in terms of holistic person centred assessment and planning with the individual at the heart of the process, to ensure needs are met in a way that makes sense to the individual and their lives and families.

The CCG has worked hard to increase the number of PHBs delivered and therefore maximise the effect of choice, control and flexibility for those with complex needs. PHBs are now prominent in CHC services and we are on our way to achieving the ambition of PHB becoming the default offer for this cohort. As at October 2016, the CCG had 22 personal health budgets in place.

The PHB Team are now able to offer personal health budgets to those with learning disability and/or autism that are eligible for funding to facilitate discharge from hospital or to maintain them in the community to prevent admission. They are also able to contribute to integrated personal budgets with the local authority for individuals with complex needs that warrant a contribution from health, and the PHB Team are working with local authority colleagues to develop integrated processes for person centred assessment and planning to ensure a seamless experience for the individuals in receipt of the budget.

Work is underway to scope the expansion of the personal health budget offer further, to those with mental health difficulties from 2017 as well as those receiving therapies within children's services as part of the PHB offer to children and young people with Education, Health and Care Plans, to enable these cohorts to benefit from personalised assessment and support and improved choice, control and flexibility.

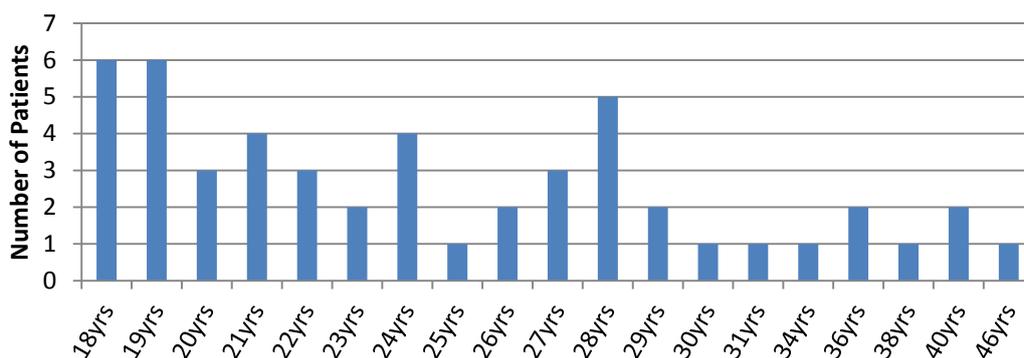
### **Asylum Service**

During May 2016, an Asylum Dispersal Centre within South Wigston was commissioned by the CCG to meet the demands and needs of this population; a specialist service for these residents has been commissioned. The Primary Care services are provided through the Leicester City Based asylum practice who have experience of providing care to asylum / refugee populations and are well equipped to respond to the needs of the populations and the complexities around providing care. This service 'The South Wigston Asylum Service' has been commissioned through as an APMS contract directly with Inclusion healthcare until 31 March 2017 for services to be provided from the Assist Practice site.

Kennedy House is a 56 bed unit, which is fully utilised by G4S and located near the South Wigston Health Centre.

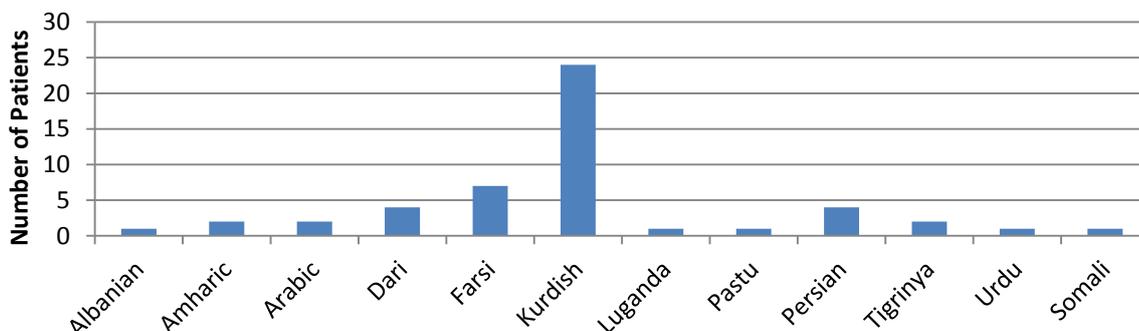
Since May 2016, the service has seen 62 patients between the ages of 18 and 46 when first registered patients utilised a total of 261 appointments.

### Number of Patients by Age



The patients speak a total of 12 languages with Kurdish being the most prevalent – 45% of all registered patients.

### Number of Patients/Language



There is strong community support in Oadby and Wigston and a multi-agency asylum forum continues to meet bi-monthly of which both the CCG and Inclusion Healthcare are active partners along with key voluntary sector organisations with a focus on Asylum wellbeing. These meetings bring the local voluntary service community together along with statutory organisations to look at ways in which they can help the population of Kennedy House and report any issues.

### 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

Through the **Integrated Personal Budgets Implementation Group**, processes are being developed to facilitate the integrated assessment and support planning required across health and social care, and where appropriate, education, to deliver integrated personal budgets across agencies.

As individuals move from social care or joint funding to fully funded Continuing Healthcare, the Implementation Group is working on processes to be agreed for the transition to happen smoothly, with joint communication with the patient to ensure they are fully informed, their care is not disrupted and they receive a consistent message.

A task and finish group has been formed to consider joint communications across health, social care and education for adults and children across LLR to ensure continuity of message for those looking to hold a personal budget, regardless of which funding stream the budget comes from.

As PHBs are now available as part of the Transforming Care Agenda, as they provide integration at the individual level, breaking down previous organisational barriers to facilitate timely discharge from hospital and increase the chances of the individual being able to remain in the community and engage in more meaningful activities.

In addition, individuals being empowered to make decisions regarding their own care and support is central to **PHBs**. Systems and processes have been developed during the year to enable people to be as involved as they wish in the planning of their care. The team at the CCG have built relationships with local providers of services to support personal budget recipients and refine their processes to ensure that patient is treated as an individual.

The Peer Network has been re-established with good attendance and the Personal Health Budgets Team are working closely with personal health budget recipients to ensure that as the offer is expanded and integrated with social care and education budgets, that patients and people with lived experience have the opportunity to shape what this looks like and how budgets are delivered.

People can also access **mental health and learning disability services** via their GPs or Secondary Care; and support is offered to their Carers too. People can also access support from the Primary Care Liaison Nurses when attending their annual health check at their GP practice. If a person with learning disability or their family/carer needs additional support, the Community Learning Disability Team can provide support within the community, through a referral from their GP or another learning disability agency. If people go into crisis they can be referred to the Learning Disability Outreach Team for intensive community support. If intensive support still does not enable the person to remain safe within the community (i.e. they are at risk to themselves or others) then an admission to the Agnes Unit may be required.

The Agnes Unit is an inpatient service for adults with learning disabilities and those whose mental health, behaviour and risk cannot be supported in the community across LLR. The Unit is made up of pods with ensuite bedrooms, a therapy suite, two bathrooms, lounge, dining area, kitchen, courtyard and access to a very large garden. Each pod offers maximum opportunities for single sex areas.

See outcome 1.1 for further information.

The NHS Outcomes Framework 2016/17 identified key objectives to outline our organisational strategic direction, and these were integrated into the **Medicines Optimisation Strategy** to ensure these key areas were met. To help enhance the quality of life for people with long term conditions, the following objectives were met:

- smooth transitions between care settings, including primary and secondary care;
- people feel supported to manage their long term condition;
- Unplanned admissions by optimising medicines use.

ELRCCG commissioned PINCER software in 2016, which was funded by the University of Nottingham. PINCER is safety prescribing software to identify patients at high risk of medication related harm. The software identifies all patients taking certain combinations of medication and is non-discriminatory and allows all patients with or without protected characteristics and all patient groups, to be screened, to prevent serious adverse events and hospital admissions.

The CCG developed and implemented the **annual GP Support and Investment Plan 2016-2017 (GP SIP)**, which aims to address the issues of improving safety, quality and medicines optimisation for patients, including those in hospitals, residential and nursing homes, and others receiving carer support in their own homes.

In addition, the Medicines Optimisation Team deal with a number of prescribing queries and concerns from our practices, stakeholders and patients; including many transgender prescribing queries from GPs and patients; for when advice and support is provided in line with local and national equality and diversity policies. With respects to transgender prescribing care, we ensure our prescribing advice is in line with local prescribing guidance (issued by the Leicestershire Medicines Strategy Group) and NHS England national guidance to support the prescribing of life-long hormone therapy, which is warranted for transgender patients and gender dysphoria patients.

Since April – December 2016, the following data has been collated from the Listening Booth on a quarterly basis:

- 5 events (Blaby Carers Event; Long Clawson Health Fair; Melton Mowbray Carers Group; South Wigston Health Centre (two events));
- Gender: Male (63); Female 71; Transgender (No - 59);
- Age range: Under 16's (0); 16-24 (2); 25-34 (3); 35-39 (2); 40-49 (7); 50-59 (14); 60-75 years (52); 76+ (37); Rather not say (0);
- Relationship Status: Single (3); Married / Civil Partnership (41); Widowed / Surviving civil partner (3);
- Disability declared: Vision (2); Mobility (1); No (4); Limited activity: Yes (3), No (4);
- Ethnicity: Asian / British Asian (3); Mixed / Dual Heritage (1); White British (115);
- Sex: Males (13) and females (18);
- Sexual Orientation: Heterosexual/straight (43);
- Main language: English (107); Gujarati (1); Punjabi (1);
- Carer: Yes (33); No (2);
- Religion: Christian (19), No religion (9).

Events have been held in areas of social deprivation, such as South Wigston, and also areas suffering from geographical isolation, i.e. in the county of Rutland. The Listening Booth has also visited community groups where people attend who may have limited social networks.

All feedback received has been fed back to service providers to inform improvements and share best practice.

**Evidence:**

- Scanned copies of feedback forms saved centrally and recorded on a database or reporting purposes;
- Quarterly patient experience reports to ELR CCG Quality and Performance Committee (Apr and July 2015); Freedom to Speak Up report (Sept 15); patient stories to Governing Body (May, July, and Nov 15; Jan 2016).

#### 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

ELR CCG is committed to improving patient experience and fully recognises the importance of gathering and acting on patient experience data. The proactive capture, analysis and interpretation of information about the experience of patients and carers are used to inform all planning and commissioning decisions.

All provider **quality schedules**, as included within their contracts, include indicators relating to Patient Safety, Safeguarding (Adults and Children) and Patient Experience; including a thorough review of medicines optimisation indicators. All providers are expected to report regularly on patient safety incidents and serious incidents, safeguarding compliance and the results and subsequent actions from patient experience surveys, with supporting evidence. The reports are submitted in line with the agreed timescales, reviewed/challenged/verified by the commissioner led quality contracting meetings and reported to the Quality Review Groups. **A summary from this Group is presented to the CCG's** Integrated Governance Committee - see summary reports presented to the Governing Body -

<https://eastleicestershireandrutlandccg.nhs.uk/about-us/publications/governing-body-papers/>.

This enables the CCG to have assurance that users' of NHS services safety is prioritised from all contracted providers. Any areas of concern which are identified through the above process or through other sources will be raised with the provider and actions requested to provide assurance that areas of concern will be addressed. As a process of escalation any concerns can be raised through the contract route to enforce compliance. Examples of this would be in the event of any Never Events which may occur, as part of the quality schedule and NHS Standard Contract providers will be required to complete a complete investigation into the incident, a future prevention action plan and will be seen to have breached their contract and will therefore be issued a financial penalty.

The 'Duty of Candour' has been included in all contracts with providers, and is monitored in conjunction with the Patient Safety and Contracts Teams.

Indicators within the Quality Schedules are designed to ensure that, when applicable, providers are collecting and reviewing protected characteristics data and reporting any themes or trends. These are monitored through the lead Quality Review Groups to identify any wards or areas where there may be a risk to patient safety or quality, which forms part of the quality visit programme. In addition, the quality schedules will include indicators to ensure that providers report their progress to the CCG, including any actions required to ensure compliance. Where deficits are identified, the CCG will work with the provider to promote improvements.

A system of undertaking **Quality Visits** has been developed; with visits to the main acute, mental health and community providers taking place more frequently. This also includes a desktop review with a range of stakeholders from across LLR CCGs of all available contract monitoring, patient safety and performance information. Patient experience in terms of the

protected characteristics is collated by our provider organisations, and reviewed as part of ongoing contract monitoring processes. The process of conducting the quality visits allow the CCG to assess if there are any areas of concern which they feel need to be addressed which will include areas of patient safety. On completion of a visit the provider will receive a quality visit report and is asked to respond to any recommendations made. This response will then be presented to the CQRG meeting and used as evidence to show the providers compliance with the contract.

The CCG leads a hosted **Patient Safety Team** on behalf of the 3 CCGs within LLR that is responsible for managing incidents, including serious incidents and GP concerns, across our contracted provider organisations, secondary acute and non-acute organisations; and primary care.

During 2015-2016, NHS England introduced a new Serious Incident Reporting Framework, which acknowledged the amount of time required to investigate serious incidents, and to report incidents where the patient experienced severe harm or above as a result of the incident. To support the framework, the Patient Safety Team reviewed existing policies and procedures; and developed the '**Local Policy for the Reporting, Investigation and Learning from Serious Incidents (Relating to Commissioned Healthcare Services by LLR CCGs)**' to ensure robust systems are in place to report, manage, learn from serious incidents and take appropriate action to prevent future harm from mistakes, mistreatment and abuse. The Policy, was approved in February 2016, and relates to the Equality Act 2010, the Health and Social Care Act 2012, as well as the following NHS England publications Serious Incident Framework 2015; Never Events List 2015-16; Never Events Policy and Framework 2015-16. The Team:

- is also responsible for producing regular reports on serious incidents in conjunction with Quality Contract Leads to inform the governance processes within LLR CCGs so that emerging trends, risks and any concerning information can be shared to inform the quality contract monitoring processes. In **November 2016, the CCGs Integrated Governance Committee received the first quarterly Patient Safety and Infection Control Report (April – June 2016)**; the issues identified are fed back to service providers who have subsequently provided assurance that this has been communicated through their organisations and action taken accordingly in relation to patient safety. For the next quarterly report (July – September 2016), service providers have been requested to collate patient and equality information per serious incident (i.e. age, gender, marital status / civil partnership, disability, race, religion / belief, sexual orientation, and level of English language spoken by the patient), which will be analysed and reported to the CCGs;
- also manages the **LLR Serious Incident Review Group**, which provides assurance on the management, investigation and learning from serious incidents; and is accountable to the 3 CCGs within LLR. As part of the **quarterly Patient Safety Reports**, a summary of the Group's work is provided to the Chief Nurses and the quality forums of each CCG; along with themes escalated, and a progress and assurance report. See summary reports of ELR CCG's Quality and Performance Committee / Integrated Governance Committee that were presented to Governing Body (<https://eastleicestershireandrutlandccg.nhs.uk/about-us/publications/governing-body-papers/>)

The Leicester City CCG hosts a Safeguarding Team on behalf of ELR CCG patients for:

- **Safeguarding Adults** - Health Provider compliance with the Care Act and duty to alert has been raised by Leicestershire and Rutland Safeguarding Adult Board (SAB) Safeguarding Effectiveness Group at the SAB. Compliance has an improved trajectory by Q2 2016/17 from previous quarters (data available from the local authorities Effectiveness Groups). The Designated Nurse attends the Oversight Meeting between health provider and the 3 LLR LA's to review provider compliance with the Care Act; and assurance is obtained from the health providers that their internal agency arrangements for adult safeguarding facilitated the application of the local authority adult safeguarding thresholds prior to alerting the LA about cases concluded to warrant LA notification or involvement. The meeting considered a Draft Oversight Guidance Document outlining the current process. This will be presented to the two SABs for information in March 2017. The meeting agreed that Adult Safeguarding Briefing Sessions will be made available to the provider patient safety teams (and the CCG Serious Incident Sign Off Group) to maintain their focus on adult safeguarding thresholds.
- **Safeguarding Children** - Referrals from health providers to Children's Social Care are monitored by the LSCB Safeguarding Effectiveness Groups for the City and Leicestershire and Rutland LSCBs. Case file audits have taken place across LLR to determine to effectiveness of the use of Children's Safeguarding Thresholds. The CCG Hosted Safeguarding Team has supported the inclusion of the GP records in these audits.
- **Safeguarding Children and Adults** - Cases where it is identified that providers and the local authorities have not worked effectively to protect children or vulnerable adults, including self neglect, are escalated via completion of agreed communication forms to the LSCB/SAB Serious Case Review (SCR) Sub Groups where decisions are made about whether to proceed with a Child Serious Case Review (SCR) or Safeguarding Adult Review (SAR). The CCG Hosted Safeguarding Team are members of the LSCB /SAB SCR Sub Groups and all SAR Panels. The Leicester City Child SCR Sub Group is chaired by a Designated Nurse.

#### 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

During 2016-17, ELR CCG supported a number of health promotion campaigns for its local population that are commissioned or provided by Public Health as follows:

- Alcohol & Tobacco Enforcement Programme
- Breast Feeding Service
- C Card Scheme
- Community Based Services
- Community Care Assessment Team
- Community Food Growing Programme
- Community Infection Prevention and Control
- Substance Misuse
- Dental Epidemiology Fieldwork and Oral Health Promotion Service
- First Contact Plus - Provider Service
- Food For Life
- **Health Checks Software**

- Healthy Homes, Advice & Referral Service
- HIV Prevention and Sexual Health (Men who have sex with men – MSM; People who are HIV Positive and their Families; Co-Ordination; People of African Heritage)
- In-patient Medically Assisted Withdrawal Service
- Integrated Sexual Health Service
- Integrated Weight Management Service (Children & Adults)
- Physical Literacy for 5-11 Year Olds
- Probation Health Trainers
- Quit Ready Stop Smoking Service (Leicestershire) - Provider Service
- **Quit Ready QM10 Solution**
- Local Area Co-ordination - Provider Service
- Stop Smoking Service (Rutland)
- Supporting Parent's Under 20
- Teenage Mediation Service
- Travelling Families
- Weight Management on Referral
- YP 0-19

A few examples of the above campaigns specific for the CCG have been detailed below:

- The **NHS Health Check programme** is commissioned by Public Health and delivered within the primary care setting. The programme aims to reduce the level of cardiovascular disease risk and associated premature mortality in Leicestershire County and Rutland County, by proactively identifying and managing patients with a 20% or greater risk of a cardiovascular event in the next 10 years. The programme is targeted at adults aged 40-74 who fit a number of criteria, including having not been previously diagnosed with coronary heart disease or chronic kidney disease. In terms of outcomes achieved by the programme, a national evaluation has recently reported that the programme identifies one new case of hypertension in every 27 appointments, one new case of diabetes in every 110 appointments and one new case of CKD in every 265 appointments<sup>1</sup>.

The Leicestershire Public Health team has undertaken some work to determine the accessibility of the service in terms of a number of key characteristics (including age, gender and ethnicity), and this is being used to shape how the programme is developed. In terms of who receives a health check, the findings for Leicestershire County suggest that across the age range of 40-74 years:

- a) there are no significant gender differences in access, although in people aged 55-64 years, women are more likely than men to have received a health check;
- b) People under 54 years have been identified as the most likely to have never been invited for a NHS Health Check.
- c) Ethnicity was not consistently recorded and as such the data is limited. However the data that was available suggested that those identified as being White are not more likely than those identified as non-white to have received a health check.
- d) Analysis of data for Rutland suggests some differences in terms of age, with

- those aged 65-69 years being more likely to receive a health check.
- e) Those aged 45-54 years are also significantly more likely to have never been invited for a health check. Despite having an equal chance of being invited, women were found to be significantly more likely to have received a health check.
  - f) Equity of access in relation to ethnicity could not be assessed due to small numbers.

- **Quit ready** is primarily a service that offers technological support which includes telephone support, text, email and live chat support; as well as face to face intervention to specialist groups such as pregnant women, vulnerable young people and those with mental ill health. Patients from these groups are provided with a 12 week course of pharmacotherapy and behavioural support which is no different from conventional stop smoking service models. Public Health also working alongside professionals across the board to ensure that all patients and service users are offered the opportunity to quit by providing staff with brief opportunistic intervention training. In addition, Public Health also work closely with the University Hospitals of Leicester (UHL) NHS Trust; the Leicestershire Partnership Trust (LPT) and the Stop Smoking team in Leicester City to ensure patients are referred into the Quit Ready service upon discharge for follow up treatment and support. **Posters advertising the service have been made available.** As a result of these services, patients benefit from improved health and reduced likelihood of cancer, CHD etc; and fresher breathe, more income / finances, for example.

Quit Ready is provided to patients in Leicestershire; and Quit51 provide help for patients who smoke (including provision of Nicotine Replacement Therapy in Rutland. However, from April 2017, this will be part of a new Integrated Community Prevention and Wellness Service.

Patient information has only recently been collated and will be analysed to identify impact and outcomes of the service provided to date.

- **Oral health epidemiological survey (Leicestershire and Rutland) and Oral health promotion services (Leicestershire)** was a statutory responsibility of local authorities to commission annually for which the population group is set nationally and changes year to year. During 2015-16, this was targeted at older people in extra care housing; and for 2016-17, it is targeted at 5 year old children in schools. In addition, there are national processes established so each area can be compared and a benchmark analysis provided.

The oral health promotion service provides resources and training for health and care professionals (e.g. Health Visitors, School Nurses, children centre staff, care workers) in oral health promotion to ensure they are equipped to promote good oral health with specific adult groups, children and families. Apart from occasional public events they do not provide a direct service to the public or patients. This includes working with nurseries and childminders and other carers and establishing supervised tooth brushing programmes. Outcomes have improved oral health, potentially better diet - less tooth decay - particularly of children. Both Leicestershire and Rutland have higher than national levels of tooth decay in children.

In addition, the CCG also supported the following local health campaigns:

- **Stay Well This Winter** – staff and patients were reminded about common winter illnesses (e.g. colds, sore throats, asthma, norovirus, and the flu) via its website and in conjunction with NHS Choices - if feeling unwell to seek help straight away by visiting a pharmacy or calling NHS 111; to keep warm; and to eat well. Free vaccinations were offered by ELR CCG GP Practices to all patients who were 'at risk' (e.g. over 65s; vulnerable residents (including those with learning disabilities); pregnant women; those with long term conditions (and those that care for them); children between the ages of two and four; and older children with specific medical conditions, for example asthma or diabetes) in order to protect them against catching the flu, and developing serious complications.

The CCG also offered free flu vaccinations to all members of staff, which were provided by its Occupational Health Department. In addition, the CCG also encouraged those that care for the elderly, ill or disabled to check with their GP if they too were eligible for a free flu vaccination in order to reduce the risk to their own health and the person they cared for.

See <https://eastleicestershireandrutlandccg.nhs.uk/stay-well/common-winter-illnesses/> for further details.

- **Cervical Cancer Screening** – a campaign urging women aged between 25-49 years of age to attend regular screenings for cervical cancer every 3 years; and every 5 years thereafter until the age of 64.
- **Be clear on cancer / Bowel Cancer**

All ELR CCG patients are able to access all mainstream services via their GP Practice, Community and District Nursing Teams.

## Goal 2: Improved patient access and experience

### 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

The CCG website was re-designed with the end-user in mind; with a particular focus on compatibility with all standard assistive software (e.g. nonvisual Desktop Access (NVDA), JAWS, Browsealoud); and feedback to consider the needs of those individuals with visual impairment, learning disability, inexperienced users of technology, non-English speakers, users behind strict firewalls. In line with the Equality Act, “reasonable adjustment” should be made to give the widest scope for access to the sites.

The CCG has been engaging with local communities on the draft **Sustainability and Transformation Plan (STP)** for LLR. We have been discussing the draft plans for health and social care for the next 5 years, focusing on for example; **the future of Community Hospitals, Home First Model**, before a formal consultation takes place later this year. The engagement events have been co-ordinated during the daytime and evenings to maximise opportunities for people to attend. The engagement programme ensures:

- People are informed at an early stage before any decisions are made
- Provides a platform for local voices to be heard and an opportunity for NHS partners to provide information on undeveloped plans at the earliest opportunity
- An opportunity to really listen to public views to make decisions which will improve the patient experience
- People are able to share their views on proposed models of care
- The CCG is able to make commissioning decisions based on public feedback
- Public concerns are addressed and reduced early in the process, to manage expectations and engage in fair and honest dialogue
- People from all communities/backgrounds have had access to information that may affect them as well as opportunities to ask questions
- Everybody in ELR is able to make informed decisions during the consultation process

### 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

**EDS2 rating  
2016-17:**

People are informed and supported with their care via:

- The **Care Programme Approach** is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of complex needs. Anyone experiencing mental health problems is entitled to an assessment of their needs with a mental healthcare professional (e.g. nurse, social worker, occupational therapist), and to have a care plan in place that is regularly reviewed by that professional. The patient should be involved in the assessment of their needs; the development of the plan; and be informed of different choices for care and support services. In addition, a formal documented care plan should be provided that outlines any risks, including details in the event of an emergency / crisis. The mental health charity Rethink has produced a factsheet, which provides further information.
- **Health Action Plans (LD)** – produced as an outcome of annual LD Health Checks

See section 1.1. above for mental health, learning disabilities, CHC and PHBs.

## 2.3 People report positive experiences of the NHS

All provider **quality schedules**, as included within their contracts, include indicators in relation to Patient Experience to ensure that providers collect data and information on patients experience from numerous different sources, such as:

- **NHS Friends and Family Test (FFT)** – a tool for patients to provide feedback about the care and treatment received by using a simple question, which asks how likely (on a scale from ‘extremely likely’ to ‘extremely unlikely’), the person is to recommend the service to a friend or family member. This was implemented nationally across all adult acute hospital inpatients; A&E departments; maternity services; community and mental health services; and GP Practices. Since April 2015, this has included dental; out-patient and ambulance services; as well as children and young people. All data received is published on a monthly basis (<https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>);
- **Patient surveys** – CQC national surveys.
- **National Cancer Patient Experience Survey** was published and monitored by the LC Quality Contracts team as part of the contract monitoring process. In response to the previous survey UHL set up a Patient Participation group and had an action plan;
- **Continuing Healthcare Service User Survey** - Arden and GEM CSU undertake quarterly service user surveys using I Statements which are nationally specified.
- **Personal Health Budgets Feedback** – the PHB Team have started to collate quantitative and **qualitative feedback** in conjunction with the Quality Team and the Communications Team. Example feedback received included significantly reducing hospital / GP visits, improved mental health and increased socialisation and meaningful activity across.

The data collated is reviewed to identify themes and trends of both positive and negative examples of patient’s experience of NHS services and fed back to the CCG’s through the Quality monitoring processes **see 1.4 above**).

## 2.4 People’s complaints about services are handled respectfully and efficiently

The CCG has in place a **complaints management policy and process**, which was reviewed and updated in 2016 and aligns to the national complaints regulations and sets out the principles to be applied in the review and investigation of complaints. In the main, the CCG is required to manage and handle complaints about:

- providers that the CCG commissions services from (e.g. hospital trusts, mental health and community trusts etc); or
- the commissioning decisions made by the CCG.

The key objectives of the CCG Complaints Management Policy are to:

- ensure ease of access for patients and complainants;
- have a fair, open and transparent process in the handling of complaints;
- ensure complaints are dealt with in a timely manner;
- ensure fairness for staff and complainants alike and ensure non-discrimination against staff or complainants, either those subject to a complaint or those that are making a complaint;
- ensure lessons are identified and there is evidence of learning to improve services for patients and staff;
- maintain confidentiality in accordance with the Data Protection Act 1998 and the NHS Code of Conduct
- ensure that complaints involving more than one NHS organisation and joint complaints relating to health and social care are handled in a coordinated manner.

The intentions as extracted from the Policy have been translated into actions, some of which are listed below:

- **Complaints reporting through internal governance processes to ensure transparency and learning:** a quarterly integrated patient experience report is presented to the CCG Governing Body including complaints. See reports presented to the Governing Body available on the CCG website.

**Equality monitoring form** was developed in conjunction with Equalities Lead at NHS Arden and GEM CSU to ensure all 9 protected characteristics were considered. This was designed to capture date of birth (age), sex / sexual orientation / gender reassignment, relationship status, long term conditions, ethnic group / background, religious identity and preferred language. This was rolled out in April 2015 and is sent to every complainant along with the initial letter of acknowledgement and consent form. The completed equalities forms are logged anonymously and protected characteristics reported on for further analysis and consideration.