NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Equality and Inclusion Strategy 2017 - 2021

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RELATED DOCUMENTS:
This document will reference additional policies and procedures which will provide additional information

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Executive Summary

1. NHS East Leicestershire and Rutland Clinical Commissioning Group (hereafter "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.

2. We will continue to work internally, and in partnership with the wider NHS and our local communities, to ensure that advancing equality and inclusion is central to how we conduct our business as a CCG.

3. The CCG recognises the important role that it has to play as a commissioner of health care services and aims to ensure that all commissioned and contracted services deliver better health outcomes for the population in a fair and inclusive way; and to support the reduction of health inequalities in areas where there are poorer health outcomes. As a local employer, the strategy sets out a commitment to ensure that there is a positive impact on the local health economy and CCG staff in relation to equality and inclusion.

4. There will be a strong focus on patient experience, continuous improvement and the delivery of effective and efficient health care services which assure patient safety and fair access to information, services, premises and any employment and engagement opportunities. Our Equality and Inclusion Strategy aims to prompt evidence of deliberate thought or 'due regard' for people protected by the Equality Act 2010 (protected characteristic groups), and people protected by the Health and Social Care Act 2012 - Inclusion Health groups (where there are local concerns) in all our planning and decision making processes. Exercising 'due regard' should lead the CCG to embed good outcomes into day to day healthcare practice for these groups and for groups that are sometimes known as 'seldom heard'. We continue to work with and listen closely to our local communities.

5. NHS England has mandated the following standards from 2015 for equality and inclusion in the NHS: Equality Delivery System (EDS v2); Workforce Race Equality Standard (WRES); and followed by the Accessible Information Standard (AIS). These standards support CCGs in delivering fair outcomes for local people protected by the Equality Act 2010 and the Health and Social Care Act 2012, across both workforce and service delivery issues. The standards also provide frameworks for commissioner organisations and their provider partners to transparently evidence how they are meeting the Public Sector Equality Duty (PSED).

6. East Leicestershire and Rutland CCG has identified Equality Objectives for delivery in 2017/18. The strategy will focus on how the CCG delivers these objectives as well as meeting our legal responsibilities as a commissioner of healthcare services.

Aims of the Strategy

7. The Equality Act 2010 sets out specific duties for CCG's to develop an Equality and Inclusion Strategy and for this to be reviewed every four years. This strategy demonstrates a commitment and vision for reducing health inequality; achieving good equality in health outcomes and encouraging an organisation culture that promotes inclusion and embraces diversity. This strategy also describes how the CCG will support the reduction of health inequalities through commissioning activity and take account of any specific health needs of each of the protected characteristics and workforce.

8. The aims of this strategy are to:

   a) Ensure transparent delivery and good governance for our legal equality and human rights responsibilities;

   b) Ensure that commissioned and contracted services (whether CCG specific or as part of the collaborative with West Leicestershire CCG and Leicester City CCG, or at regional level) strive to deliver better outcomes for our population including those with protected characteristics;

   c) ensure meaningful and targeted engagement is carried out and involving each of the protected groups who have a vested interest in the work of the CCG as this will help to keep patients at the centre of CCG's core business;

   d) Ensure equalities, inclusion and human rights principles are embedded across all business processes, and in the development and review of all commissioning strategies, policies, service design and re-designs. Use the equality impact assessment process for any adverse impacts arising for people likely to be impacted by commissioning decisions, and consider any mitigations and incorporating findings into contracts with providers where appropriate;

   e) Ensure evidence in meeting public sector equality duty and giving 'due regard' or deliberate consideration to people protected by the Equality Act 2010 and the Health and Social Care Act 2012, in all our planning and decision making for workforce and service delivery issues;

   f) Support Governing Body members, managers and staff to be confident in their job role working with equality, inclusion and Human Rights through targeted learning opportunities which support staff at all levels to work to deliver good outcomes with local people from protected characteristic groups;

   g) Ensure the CCG is compliant with NHS England mandated standards including, Equality Delivery System (EDS v2); Workforce Race Equality Standard (WRES): and Accessible Information Standard (AIS). These standards should lead CCG to embed and implement fair access to information, services, premises, and any employment or engagement opportunities. In addition, CCG workplace attitudes, behaviours and assumptions will evidence raised awareness of our job role responsibilities across these areas;

h) Ensure our provider partners are compliant with NHS England mandated standards including, Equality Delivery System (EDS v2); Workforce Race Equality Standard (WRES): and Accessible Information Standard (AIS). These standards should lead CCG to embed and implement fair access to information, services, premises, and any employment or engagement opportunities; and

i) Evidence proactively supporting and enabling wellbeing and good staff engagement opportunities to improve the healthy working lives of our workforce.

Accessibility Statement

9. East Leicestershire and Rutland CCG would like our patients, carers, staff and partner organisations to be able to understand our information in the format that is most accessible to their individual needs. This includes identifying and reasonably removing 'barriers' for people accessing our information, services, premises, any employment or engagement opportunities**.** This may involve responding to our anticipatory equality duty to make 'reasonable adjustments', from requests received.

10. This Equality and Inclusion Strategy will be available on the CCG website www.eastleicestershireandrutlandccg.nhs.uk .

CCG and the local population

11. The CCG is a clinically-led organisation that is made up of 31 GP member practices and serves approximately 325,000 people across the following three localities: Oadby and Wigston; Melton, Rutland and Harborough; and Blaby and Lutterworth.

12. The CCG's vision is *"to improve health by meeting our patients' needs with high quality and efficient services, led by clinicians and delivered closer to home."*

13. The CCG's strategic aims set out our commitment to transforming services; enhancing quality of life; improving quality of care provided; reducing health inequalities; improving integration of local services, listening to our patients and the public and living within our means. Appendix 1 aligns the CCG's strategic aims to the plan of action for equality and inclusion.

14. The CCG's strategic aims and the aims of this strategy are underpinned by the CCG's values.

CCG Values

15. The CCG's vision and strategic aims guide what we are trying to achieve. The way in which we go about achieving them is determined by the values we choose to work by.

16. Our values, as detailed below, reflect the spirit of our organisation:

Our Values

	One Team	We are at our best when we work together
	Integrity	We act in the way we would want to be treated and are aware of our personal impact on others
	Patient-centred	Compassion for patients at the heart of everything we do
	Ownership	We do what we say and take personal responsibility
	Excellence	We strive to be the best we can be

Local Population

17. Equality and inclusion issues pertaining to the nine protected characteristics living in East Leicestershire and Rutland have been summarised below (source: national census data in 2011 and the JSNA 2015 (http://www.lsr-online.org/leicestershire-2015-jsna.html):

- **Age** – 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;

- **Sex** - 49% of the CCG's population are male and 51% is female;

- **Marriage and civil partnership 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 and pregnancy** – 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 and 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;

- **Gender reassignment** - It is estimated that one in 4000 people are receiving medical help for gender dysphoria in the UK and the government estimate is that 0.1 % of the population are from the transgender community. We are aware that significant health inequalities exist for the Trans Community in Leicestershire;

- **Sexual Orientation** - The government estimate that between 1.5 to 5.85% of people living in the UK identify as (LGB) Lesbian Gay and Bisexual. In Leicestershire and Rutland this true total number of people that identify as Lesbian, Gay or Bisexual.

- 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; and the health of our local population is generally better than the overall population of England. However, there are a significant number of people affected by ill health, including GP-diagnosed coronary heart disease, hypertension, and diabetes.

- **Levels of deprivation** - only a small proportion of people live in deprivation when compared to other parts of the England. Within the CCG locality, there are areas that have poorer health outcomes and these are Oadby and Wigston.

18. The CCG is also aware that there is evidence which suggests that significant health inequalities exist for people from Black and Asian minority communities; Lesbian, Gay, Bisexual and Transgender people; and young people with mental ill health. Tackling these issues will be a key priority for the CCG over the next four years.

19. The 2011 Census classifies usual residents aged 3 and over in Leicestershire by their main language. Throughout the CCG, English is the main language spoken by 96.3% of the population, followed by Gujarati (1.0%), Punjabi (0.7%) and Polish (0.5%).

20. Over the last few years, the CCG has collated information and evidence in relation to equalities, which is published on the CCG's website and can be accessed via the following link: https://eastleicestershireandrutlandccg.nhs.uk/about-us/equality-diversity-and-human-rights/

21. In order to build on the work and achievements made to date, the Strategy sets out how the CCG anticipates doing so in the following ways:

    - **internal focus** - ensuring that staff working for the organisation feel valued, appreciated and recognised for the work that they do. Ensure staff are well

trained in equality issues in order to deliver culturally sensitive services to the local population; and

- **external focus** – commissioning, buying and designing / re-designing services based on the health needs of the local population.

Legal Requirements and Duties

What is Equality?

22. The government's equality strategy 'Building a Fairer Britain' is underpinned by the two principles of equal treatment and equal opportunity. Equality is the current term for 'Equal Opportunities' and is based on the legal obligation to comply with anti-discrimination legislation. It also protects people from being discriminated against on the grounds of group membership i.e. sex, race, disability, sexual orientation, religion and belief, age, marriage and civil partnership status and pregnancy and maternity.

What is inclusion?

23. Inclusion at its simplest is 'the state of being included' and valuing all individuals, giving equal access and opportunity to all and removing discrimination and other barriers to involvement.

The Human Rights Act 1998

24. The Human Rights Act 1998 came into effect in the UK in October 2000, to ensure public organisations treat everyone equally and in line with the FREDA principle, which means that service users, carers and staff can expect to be treated with: **F**airness, **R**espect, **E**quality, **D**ignity and **A**utonomy. Further details about the Act can be found at the following https://www.legislation.gov.uk/ukpga/1998/42/contents .

Equality Act 2010

25. The Equality Act 2010 came into force on 1 October 2010, bringing together separate pieces of legislation into one single Act that provided a legal framework to protect the rights of individuals (including unfair treatment) and advance equality of opportunity for all. The Act includes the following nine protected characteristics:
    - Age
    - Disability
    - Sex
    - Gender Reassignment
    - Race
    - Marriage and Civil Partnership
    - Pregnancy and maternity
    - Religion and belief
    - Sexual orientation

General Equality Duty (section 149 of Equality Act 2010)

26. A key measure of the Equality Act 2010 is the **Public Sector Equality Duty (PSED)**, which came into force on 5 April 2011. The PSED has three general duties that require public bodies to have 'due regard' to the need to:

    - Aim 1 - Eliminate unlawful discrimination, harassment and victimisation.
    - Aim 2 - Advance equality of opportunity between people who share a protected characteristic and those that do not;
    - Aim 3 - Foster good relations between people who share a protected characteristic and those that do not share it.

27. The PSED applies in respect of all the protected characteristics (including children), except that the duties to advance equality and foster good relations do not apply to marriage or civil partnership.

28. Through the adoption of the NHS Equality Delivery System (EDS v2) and through developing an Annual Equality and Inclusion Publication we aim to transparently demonstrate to our communities how we are meeting the three aims of the General Equality Duty:

Specific duties

29. The General Public Sector Equality Duties are further supported by the Specific Duty requirements on CCGs. The Specific duties require public bodies like the CCG to:

    - publish information to show their compliance with the Equality Duty, at least annually; and

    - set and publish equality objectives, at least every four years.

    - All information must be published in a way which makes it easy for people to access it.

30. The CCG will continue to use a number of inputs or processes for service delivery and workforce issues to evidence compliance with the PSED, this includes the adoption of mandated EDS, WRES and Accessible Information Standard from NHS England; Annual Equality and Inclusion Publication; Equality Impact and Risk Assessment; face to face interactive, targeted Equality and Inclusion training.

31. We aim to transparently demonstrate to our communities how we are meeting the three aims of the General Equality Duty and the Specific Duties.

32. Further details on the Equality Act 2010, including information relation to the general and specific duties, can be found at the following: https://www.gov.uk/guidance/equality-act-2010-guidance .

The Brown Principles

33. The Brown Principles have been taken from the Equality and Human Rights Commission's paper on making fair financial decisions (Equality and Human Rights Commission, 2012).

34. Case law sets out broad principles about what public authorities needs to do to have ‘due regard’ to the aims set out in the general equality duties. These are sometimes referred to as the ‘Brown Principles’ and set out how courts interpret the duties. They are not additional legal requirements, but form part of the PSED as contained in section 149 of the Equality Act 2010.

35. In summary, the Brown principles state that:

- Decision-makers must be made aware of their duty to have 'due regard' and to the aims of the duty.

- Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under consideration, as well as at the time a decision is taken.

- Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty. General regard to the issue of equality is not enough to comply with the duty.

- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.

- The duty has to be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of 'ticking boxes'.

- The duty cannot be delegated and will always remain on the body subject to it.

- It is good practice for those exercising public functions to keep an accurate record showing that they had actually considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.

36. Having ‘due regard,’ means that the CCG must consciously think about the three specific aims when planning and making decisions. Equality and inclusion must influence the decisions the CCG makes when developing and evaluating policies, designing and delivering services and in helping determine how services are commissioned.

Health and Social Care Act 2012

37. The Health and Social Care Act 2012 states that CCGs must act in such a way as to reduce inequalities between patients with respect to their ability to access health services. There is also a requirement to reduce inequalities between patients with respect to their outcomes.

Health Inequality Duty

38. Unlike the public sector equality duty, where nine groups are protected by statutory regulation, the historic focus of the health inequality duty has been on socio-economic deprivation. The relevant overarching public health indicator is the reduction in the life expectancy and healthy life expectancy gap between the most and least deprived communities. However, health inequalities can exist between other groups, for example the difference of 15-20 years in life expectancy between those with a severe and enduring mental health illness and the general population. To date, the reach of the health inequality duty has not been defined, but it will likely extend to equality comparisons on measures other than deprivation.

39. The NHS Five Year Forward View sets out the need to address the health and wellbeing gap, preventing any further widening of health inequalities. The CCG will continue to commission a range of healthcare services to meet the health needs of people living in East Leicestershire and Rutland to close the health inequalities gap.

Equality Delivery System (EDS v2)

40. NHS England's mandated the use of the equality performance framework, EDS v2, (details available at https://www.england.nhs.uk/about/equality/equality-hub/eds/), which enables the CCG to self assess and undertake an annual external stakeholder assessment of where the CCG is in respect of delivery against the 4 EDS Goals and 18 required Outcomes over a four year delivery cycle. The CCG will publish a dashboard of annual grades on the CCG website; submit a summary report to NHS England; and utilise the public grading findings made by EDS stakeholders to evaluate our equality performance progress, identify gaps and consider CCG's improvement actions.

41. Using the NHS EDS framework, evidence of our equality performance will be gathered annually to present through a grading process usually against one of the agreed EDS Goals and required Outcomes.

42. The CCG also requires annual assurances from provider partners of their own compliance with the NHS EDS v2 equality performance framework and transparent public display of the annual outcomes achieved via a public grading of evidence.

Workforce Race Equality Standard (WRES)

43. The Workforce Race Equality Standard (WRES) seeks to tackle one particular aspect of equality – the consistent less favourable treatment and experience of Black Asian Minority Ethnic (BAME) members of the workforce. For some of the new research *(e.g. Snowy White Peaks* and *Discrimination by Appointment)* on both the scale and persistence of such disadvantage see http://www.england.nhs.uk/ourwork/equality-hub/equality-standard/thechallenge .

44. CCGs have two roles in relation to WRES: as commissioners and as employers. As a commissioner organisation, the CCG pays 'due regard' to the WRES in all the planning and decision making processes. An annual WRES Action Plan has been developed from monitoring of workforce data. This plan is monitored for

progress by the Executive Management Team. The CCG must also monitor their larger provider partners for compliance with this NHS England mandated standard.

Accessible Information Standard (AIS)

45. The Accessible Information Standard (AIS) aims to support the reduction of inequalities; and fair access to information and health / social care services i.e. making health and social care information accessible. From 1 August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Although the CCG will not be directly required to meet the detailed requirements of the AIS, there is a requirement to ensure commissioners of healthcare services seek assurance from providers and ensure providers comply with AIS.

46. Further details available at the following: https://www.england.nhs.uk/ourwork/accessibleinfo/ .

Workforce Disability Equality Standard (WDES)

47. The Workforce Disability Equality Standard (WDES) is a set of specific measures that will enable the CCG to compare the experiences of disabled and non-disabled staff. The information will then be used to develop local action plans to demonstrate process against the indicators. This standard applies to NHS Trusts and Foundation Trusts. Following further consultation in 2018 about extending the scope of the WDES this may include other providers of NHS funded care. Larger provider partner organisations must implement the Workforce Disability Equality Standard from 1 April 2018 and must submit a report by 31 March 2019 and then annually to the co-ordinating Commissioner on its progress in implementing that standard. Further information available at: https://www.england.nhs.uk/2016/09/wdes/ .

Key roles and responsibilities, and governance arrangements

48. The **CCG's Governing Body** is overall responsible for compliance with equality, inclusion and human rights. It has specific responsibilities to approve the equality objectives and receive an annual report on compliance with equality, inclusion and human rights for publication.

49. The **Executive Management Team (EMT)** has oversight and scrutiny of equality and inclusion and has responsibility to ensure that equality and inclusion is a key feature in decision making processes. It will steer, review and monitor the performance of the CCG against the Equality and Inclusion Action Plan and will

also ensure that the Governing Body is kept appraised of progress and developments.

50. The **Chief Finance Officer (CFO)** has executive responsibility for equality and inclusion work and implementation of the strategy and monitoring compliance. The Chief Finance Officer is supported in this role by the Head of Corporate Governance and Legal Affairs, who is operationally responsible for the implementation of the strategy and monitoring compliance with the legal framework.

51. A **Site User Group** has been established which includes a representative from each Team / Directorate within the CCG. The Group meet on a bi-monthly basis providing a mechanism for disseminating information to and from teams to ensure all members of staff are included. The purpose of this group is to gauge the opinions of staff on key matters such as policies and procedures, staff engagement, health and safety etc.

52. The CCG's **Involving and Informing Strategy** plays a key part in the way the organisation 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.

53. The member practices of the CCG also have **Patient Participation Groups**, who 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.

54. The CCG has commissioned Midlands and Lancashire Commissioning Support Unit (the CSU) to provide additional support, guidance and expertise in relation to equalities and inclusion.

Equality Objectives

55. CCGs are required to prepare and publish four yearly equality objectives on or before 13 October each year to meet the general equality duty as outlined in the Equality Act 2010. These objectives need to be specific and measurable and refreshed at least once every four years. The primary purpose of the objectives is to focus organisations on the outcomes to be achieved through advancing equality, rather than the written documents and processes to evidence legal compliance. The Equality Objectives help to ensure that our planning, policy-making, decisions and activities are compliant with the Public Sector Equality Duty.

56. The Governing Body approved its initial three equality objectives in 2013 and a subsequent revised set of equality objectives agreed in March 2016. The CCG's current Equalities Objectives listed below build on the previous objectives and provide a specific focus on areas for further development in line with our commissioning intentions and Operational Plan. It is proposed that these equality objectives remain valid for the duration of this strategy and be revisited in 2021, with the option to consider a refresh sooner if required.

Objective	Detail
1. Addressing the needs of older people and access to services	• 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). • 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.
2. Targeting provision and access to seldom heard groups	• Focus on Lesbian, Gay, Bi and Trans (LGB&T) and rural deprivation / BAME communities - this remains a key challenge for the CCG in terms of ensuring engagement with seldom heard groups.
3. Access to early intervention and prevention of Mental Health issues	• Focus on first episode psychosis and CAMHS as the CCG has key constitutional standards regarding delivery of waiting times for people accessing mental health services and during a first episode of psychosis and delivery against CAMHS waiting times where we have had some specific challenges.
4. Learning Disability (LD) (additional equality objective):	• 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.

57. Progress against the equalities objectives will be reviewed at quarterly intervals, the update as at October 2017 is detailed in Appendix 2, which will be incorporated into the next iteration of the Annual Equality and Inclusion Publication.

Annual Equality and Inclusion Publication

58. In line with the specific duties under the Equality Act 2010, the CCG publishes Annual Equality and Inclusion Publication (including the Equality and Inclusion Annual Report) on the CCG website https://eastleicestershireandrutlandccg.nhs.uk/about-us/equality-diversity-and-human-rights/ .

59. This annual Publication includes equality data for both workforce and service delivery issues that the CCG has and how this links to us delivering on our agreed Equality Objectives and improvements in fair access to healthcare for local 'seldom heard' groups. Any significant gaps in equality data are highlighted, including how this will be addressed during the remaining delivery cycle of the agreed Equality Objectives.

Equality and Inclusion Action Plan

60. This Strategy will be underpinned by an Equality and Inclusion Action Plan which will identify how we will achieve the Strategy. This Action Plan will be reviewed quarterly by the Corporate Affairs Team and progress reported to the Executive Management Team to ensure implementation of the strategy.

61. The Equality and Inclusion Action Plan will incorporate actions required to ensure continued compliance with the legal requirements and duties as outlined earlier in this Strategy. We will use the Equality and Inclusion Action Plan to evidence how we are taking 'due regard' of each of the local protected characteristic groups in all our planning and decision making processes, this includes due regard in relation to human rights.

62. The CCG will ensure that any inequalities that exist for protected groups will be a key consideration in the development of any future plans to commission health care services at CCG level and across the Sustainability Transformation Partnership (STP).

63. The CCG will continue to use the Equality Delivery System (EDS v2) to self assess and undertake an annual external stakeholder assessment of where the CCG is in respect of delivery against the four EDS Goals and 18 required Outcomes using the grading criteria provided by EDS v2. The four EDS v2 goals are:
    - Goal 1 - Better health outcomes;
    - Goal 2 - Improved patient access & experience;
    - Goal 3 - A representative & supported workforce;
    - Goal 4 - Inclusive leadership at all levels.

64. The CCG has in place a Involving and Informing Strategy which will complement the Equality and Inclusion Strategy. Listening to and responding to our seldom heard patients is a high priority, with a range of opportunities for patient and carer representatives to feedback their views on impacts arising from changes in services which are under early stage consideration.

65. The 'protected group patient voice' will be used to help shape services through the Equality Impact and Assessment process. In addition, through a programme of engagement events to seek the views of local seldom heard groups from all sections of our communities. We also want to know which sections of our local communities are giving us their feedback through engagement work, and their patient satisfaction experiences. Such optional and anonymous feedback will be used to help CCG to improve the way we commission inclusive healthcare services.

66. A list of patient and carer representatives from local protected groups, including stakeholders from local communities of interest, and voluntary sector representatives has been developed by colleagues from the Communications and Engagement Team and the Equality and Inclusion team at the commissioning support unit.

67. Feedback through engagement, specifically from protected group representatives, would form part of the implementation action plan, this would include for example, patient stories, feedback through the listening booth and Patient Participation Groups.

68. Equality Impact and Assessment is an important tool for NHS organisations to evidence that 'due regard' or deliberate consideration is given to each of the local protected groups in all we do – including our planning and decision making processes. The CCG has adopted the tools available from the commissioning support unit to enable to scrutiny for any adverse impacts arising from key

changes to strategies, policies, service, on those most likely to be affected by those changes. CCG consideration from feedback received, leading to possible mitigation is a key outcome from such considerations.

69. In respect of the Workforce Race Equality Standard (WRES), the CCG continues to publish its own workforce report / action plan on its website in July each year and is committed to progressing workforce race equality issues. Going forward, the CCG will monitor and report progress at a senior level against the WRES action plan on a regular basis, and arrange focus workshops for staff as required. In addition, staff have access to the Learning Management System (LMS), which is an online e-learning system that includes a training module for equality and diversity mandatory training. This training is undertaken by all staff as part of their mandatory training on a rolling 3-year basis. Specific training around equality and inclusion will be provided as and when required.

70. The NHS Equality and Diversity Council (EDC) have recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year in 2017. The CCG will implement the standard when it comes into force.

71. The CCG will review the requirements of the DWES during 2017/18 and incorporate appropriate actions within the implementation plan and report progress against this in line with the rest of the implementation plan.

72. Through its contracts with providers, the CCG obtains assurance from service providers that they comply with equality legislation through regular contract and performance monitoring meetings. All NHS providers which the CCG contracts with undertake an annual equality performance review using the NHS EDS2. The CCG will continue to seek assurance from the respective contracting teams.

73. In addition to the main NHS providers, the CCG also commission primary medical care services from GP Practices, who are often the first point of contact for the majority of patients. East Leicestershire and Rutland GP Practices have received the NHS England's simplified implementation of the Accessible Information Standard (AIS) guidance, and posters for personalisation and display within their Practices. Furthermore, GP practices have been provided with guidance on the use of email and text message for communicating with patients with disabilities and sensory loss; and guidance and information was obtained for our GP Practices from local organisations such as the 'Make it Clear' guidelines from Vista.

Implementation and training

74. This Strategy and Policy will be circulated to all members of the Executive Management Team and the Heads of Departments; and made available on the shared drive for all members of staff. It will the responsibility of the Executive Management Team and Heads of Department to ensure that this Strategy is disseminated to staff in their directorates and ensure attendance at relevant training programmes.

75. Managers and their staff are required to consult the strategy and ensure due regard is considered in all aspects of commissioning decision making as outlined

in the Strategy and that operational processes developed to support the implementation of the Strategy are adhered to.

76. Together with this Strategy, Human Resources policies relating to induction, learning and development, training needs analysis form the action plan for the delivery of identified training across the organisation in respect of equality and inclusion, and also bespoke training and awareness sessions will be developed in conjunction with ML CSU.

77. The organisational learning / training needs analysis is coordinated by the Human Resources Team in order to identify the learning needs of permanent employees and temporary employees along with the frequency of any updates required. This will be documented on the individual's personal development plan, which will be monitored and reviewed as part of the annual appraisal process. All training is recorded and monitored in accordance with the statutory and mandatory training requirements. Non-attendance of staff, or Chief Officers will be followed up and monitored.

Monitoring and auditing arrangements

78. The implementation of the Strategy and legal requirements and duties will be monitored via the equality and inclusion action plan as highlighted earlier.

79. The CCG will monitor and review its performance and the effectiveness of the systems and processes in place by using the information it receives from external regulators and internal governance policies, systems and processes. This includes monitoring effectiveness through the organisational programme of internal audit as required.

80. Furthermore, the Governing Body will approve the Annual Report on Equality and Inclusion, and the CCG Annual Report will include an overarching assessment of how effectively the CCG has discharged its duty to have regard to reducing inequalities.

APPENDICES

Appendix 1

CCG's Strategic Aims aligned to equality and inclusion

CCG's strategic aims	Plan of action:
Aim 1 - Transform services and enhance quality of life for people with Long-Term Conditions • The focus will be on conditions including chronic obstructive pulmonary disease (COPD), diabetes, dementia and mental health. Work will include expanding and improving existing schemes and supporting patients to self-manage their conditions more effectively.	• link to equality and inclusion (Age, i.e. Dementia, Race i.e. BAME and Diabetes Disability). • There will be a focus on looking at JNSA data alongside census data in order to develop targeted and proactive approaches with a focus on prevention. This will ensure that protected groups that are more prone to conditions such as Diabetes, can gain access to appropriate health care and receive adequate support to manage their health care needs.
Aim 2 - Improve the quality of care • The focus will be on clinical effectiveness, safety and patient experience; with specific goals to deliver excellent community health services and improve the quality of primary care.	• The CCG will work closely with providers to ensure that the needs of protected groups are being met in relation to the health care services that they receive. This will involve carrying out targeted engagement with protected and seldom heard groups to find out about their perception of the quality of care and what can be done to make improvements.
Aim 3 - Reduce inequalities in access to healthcare • The CCG will be targeting areas and population groups in greatest need. Work will include increasing access to smoking cessation services, working with partners and providers and supporting lifestyle and children's services.	• To Improve integration of local services; • The CCG will work closely with protected groups to ensure their full involvement in any decisions to integrate health and social care services through the ongoing development of the Sustainability and Transformation Plan; • Working with Public Health to improve access to preventative activities.
Aim 4 - Improve integration of local services • The CCG intend to improve integration between health and social care, and between acute, primary and community care. Work in this area will help to ease patients' journeys through what often seems a complicated and disjointed process.	• The CCG will ensure that a review of methods of engagement and involvement with protected groups is carried out. The CCG will adapt its processes accordingly so that these methods meet the needs of disadvantaged and seldom heard groups. This will empower protected groups to have more control and a say in how they want to receive health

CCG's strategic aims	Plan of action:
	care in the future.
Aim 5 - Listening to our patients and public • The CCG is committed to listening and acting on patient and public feedback. The aim is to embed public engagement and consultation processes across the organisation to make sure patients are involved fully and appropriately in decisions.	• The CCG will work with external stakeholders to ensure public funds are targeted appropriately so that the gap in inequalities and health care provision is closed.
Aim 6 - Living within our means • The CCG will use public money effectively by working with public health and other partners to target financial resources towards priority local needs.	• The CCG will use public money effectively ensuring value for money through its commissioning decisions.

Appendix 2

Equalities Objectives 2016 – 18: Progress update as at October 2017

Equalities Objectives for 2016 – 18	Progress during April 2016 – March 2017	Progress during April – September 2017	Plan of action from October 2017 onwards
i) Addressing needs of older people and access to services: • 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). • 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).	• **The Leicester Leicestershire and Rutland (LLR) Sustainability and Transformation Plan (STP)** focused on delivering home first approaches to care delivery in order to provide improved outcomes for individuals and deliver financial balance across the health and care system in the longer term; Programme Board established to take forward the principle aims of **Home First** which is to ask: a) "Why is this patient not at home?" or b) "How best can we keep them at home?" In order to validate the assumptions underpinning the STP and meet the aspirations for future service reconfiguration, alongside the requirement to manage demand in the short term, it is imperative that early work is conducted to improve current systems, processes and approaches whilst further work is undertaken to build upon and in some cases redesign existing	• To develop and implement the **Integrated Discharge Team (IDT)** including trusted assessor and the discharge pathway 3 review and redesign. • The specific task which is to be undertaken and completed is to take forward the recommendations as outlined in the ECIP report in respect to: i. creating a single integrated discharge service within the UHL system which acts as a single point of access to SWs, therapists, the complex discharge team, community in reach staff and PCCs. This team would actively 'in reach' into the wards by attending board rounds, tracking patients, and support the wards in planning early for discharge. ii. developing Trusted Assessor arrangements between organisations or localities to enable efficient coverage and reduce delay.	• **IDT** - Continues to embed as IT not yet resolved but progressing: - Awaiting delivery of laptops. - Design of roll out model commenced. - Trusted assessor training commenced. - DTOC monitoring - Weekly and monthly dashboard now live and circulated weekly to steering group for cascade. - Monthly dashboard commenced circulation in August 2017. - DTOC tracker for BCF and NHS E completed. - DTOC action plan created to support reduction of DTOC. - Links made with MH and LD services. • **Pathway 3** - Business case completed and agreed by Home First Board - to go to LLR CCB for approval. • **Pathway 2** - HART uptake of health patients remain low - review of cases and issues continues.

Equalities Objectives for 2016 – 18	Progress during April 2016 – March 2017	Progress during April – September 2017	Plan of action from October 2017 onwards

	delivery models
	
	• **Emergency Care improvement Partnership (ECIP) review of Social care and CHC processes** - delivery models and integration in relation to UHL and LPT made a number of recommendations in respect to:
	  • Admission avoidance for those at risk of admission to A&E and within A&E
	  • The processes, pathways and approaches within UHL sites and community hospitals
	  • Opportunities to improve working arrangements and integration.
	
	In relation to points (i) and (ii) above, the task group to review existing arrangements, services and resources and develop proposals to implement the recommendations within UHL by 1st July 2017. However it is expected that any proposals will have considered the implementation requirements for the non-acute sector in the medium term. In order to do so, the team will need to be aware of and
		The project also aims to develop and further enhance the trusted assessment arrangements between organisations and localities to enable efficient service coverage and reduce delays to discharge – deliver by 1st July 2017.
		
		• The aim of the **Pathway 3** project is to review the testbeds and then develop the model and business case for pathway 3 this will include reablement and non-weight bearing patients.
			- Links made with ELRCCG rep to progress further - additional actions to be identified and captured as part of the LLR DTOC Plan.
			- Trusted Assessment - Preferred option of using SystmOne for IDT agreed by LLR IM&T board. Business case to be updated and returned to IM&T board."

Equalities Objectives for 2016 – 18	Progress during April 2016 – March 2017	Progress during April – September 2017	Plan of action from October 2017 onwards
	recognize the dependencies upon current activity taking place in both the discharge to assess arena and mobilisation of CHC process. Whilst the group is not being tasked with the wider implementation of these processes, the group is expected to develop and adopt these processes for the delivery of integrated discharge arrangements, ensuring that any process agreed is consistent with wider implementation within the health and care system.		
ii) Targeting provision and access to seldom heard groups: • Focus on Lesbian, Gay, Bi and Trans (LGB&T) and rural deprivation / communities - this remains a key challenge for the CCG in ensuring we engage with seldom heard groups.	• All existing and new outpatient pathways have been reviewed and assessed against national QIA and EIA frameworks. Actions have been taken when services are non-compliant and the CCG ensures equal access for all.	• The existing process will continue.	• The existing process will continue.
iii) Access to early intervention and	• In 2016/17 there was mixed performance in relation to access	• Children & Young People 2016-17: SDIP in place to move towards	• Following successfully wave 2 bid, ELR will continue to move towards

Equalities Objectives for 2016 – 18	Progress during April 2016 – March 2017	Progress during April – September 2017	Plan of action from October 2017 onwards
prevention of Mental Health issues: • 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.	for CAMHS patients.	Core 24 services which ended with the end of the Vanguard. Plan is to bid for wave 2 funding in 2017/18, which will become part of the Core 24 plans, if funding successful.	core 24 services.
iv) Learning Disability (LD) (additional equalities objective): • 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.	• The **Personal Health Budget** (**PHB) team** was originally part of ELR CCG, however function transferred back to ML CSU. • The original target was to have PHBs rolled out to 48 people with LD across LLR in 2016/17, with the suggested split as follows: - Leicester City CCG – 17 - East Leicestershire and Rutland	• Currently 50 individuals with PHBs so the target has been achieved (although there are a lot less than expected in the City and more in the county).	• Maintain existing performance.

Equalities Objectives for 2016 – 18	Progress during April 2016 – March 2017	Progress during April – September 2017	Plan of action from October 2017 onwards
	CCG – 15 - West Leicestershire CCG – 16 • At present, the number of individuals with a learning disability who have a PHB is as follows: - Leicester City CCG – 9 - East Leicestershire and Rutland CCG – 19 - West Leicestershire CCG – 22.		