NHS
East Leicestershire and Rutland
Clinical Commissioning Group

Equality and Inclusion Report 2018 – 2019

September 2019 (version 2, draft 4)

Listening. Responding. **Delivering.**

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Executive Summary

1. East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG or the CCG) is pleased to present its annual Equality and Inclusion Report 2018 – 2019, which sets out the CCG's response to the key equalities legislation and guidelines; and details equality and workforce information, 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.

2 . The is committed to reducing health inequalities, eliminating discrimination, promoting equality and valuing diversity including Human Rights as an integral part of everything the CCG does.

3. During 2018-19, the CCG has continued 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; with a focus over the next year to increase efforts to tackle health inequalities across the local area where there are high levels of deprivation in line with the requirements of the NHS Long Term Plan.

Introduction

4. As an authorised public sector organisation since April 2013, 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.

5. This is ELR CCG's second annual Equality and Inclusion Report, which sets out how the CCG has continued 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.

6. Having "due regard" involves giving advanced consideration of any potential equality, inclusion and discrimination issues, prior to making any policy / commissioning decisions; 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.

7. 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;
   - Progress against the NHS Mandated Standards to help deliver on the Public Sector Equality Duty;
   - Communications and engagement activities of the CCG; and
   - Key areas for development in 2019 – 20.

Legal Requirement

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

9. The general PSED states that public authorities like ELR CCG must, when exercising their functions, have a 'due regard', that is consideration, to the need of the following aims:

   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.

10. 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
- Race
- Marriage and Civil Relationship
- Disability
- Sex
- Pregnancy and maternity
- Gender Reassignment
- Sexual Orientation
- Religion or Beliefs

11. The CCG 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

12. 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.

Brown and Bracking Principles

13. There are many cases in which the courts have considered whether a body has complied with the PSED and the former equality duties for race, gender and disability. The Principles set out in those cases will be relevant to the duty under s.149.

14. In ***R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158,*** the court considered what a relevant body has to do to fulfil its obligation to have 'due regard' to the aims set out in the general equality duty. The following six 'Brown principles' it set out have been accepted by courts in later cases:

    I. In order to have due regard, those in a body subject to the duty who have to take decisions that do or might affect people with different protected characteristics must be made aware of their duty to have 'due regard' to the aims of the duty.

    II. Due regard is fulfilled before and at the time a policy that will or might affect people with protected characteristics is under consideration as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.

    III. 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, in fact, considered before the decision are not enough to discharge the duty.

    IV. The duty must be exercised in substance, with rigor 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.

    V. Carrying out the function where it is to have 'due regard' is not determinative of whether the duty has been performed. But it is good practice for the policy or decision maker to make reference to [s.149] and any Code or other non-statutory guidance in all cases where [s.149] is in play. 'In that way the decision maker is more likely to ensure that the relevant factors are considered and the scope for argument as to whether the duty has been performed will be reduced'.

    VI. The duty is a non-delegable one. The duty will always remain the responsibility of the body subject to the duty. In practice another body may carry out the practical steps to fulfil a policy stated by a body subject to the duty. In those circumstances the duty to have 'due regard' to the needs identified will only be fulfilled by the body subject to the duty if (a) it appoints a third party that is capable of fulfilling the 'due regard' duty and is willing to do so (b) the body subject to the duty maintains a proper supervision over the third party to ensure it carries out its 'due regard' duty.

15. In ***Bracking v Secretary of State for Work and Pensions [2013]***, the Court of Appeal approved the 'Brown principles', as well as setting out the following additional principles that are relevant for a public body in fulfilling its duty to have 'due regard' to the aims set out in the general equality duty:

    a) The equality duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation;

    b) The duty is upon the decision maker personally. What matters is what he or she considered and what he or she knew;

    c) A body must assess the risk and extent of any adverse impact and the ways in which such risk may be eliminated before the adoption of a proposed policy.

Statutory Human Rights Requirements

16. 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 articles 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 aligns with the articles and conventions in the Human Rights Act 1998.

17. The CCG have received relevant equality related training, which includes information on Human Rights and the **FREDA** principles of the Human Rights Act (i.e. Fairness; Respect; Equality; Dignity; Autonomy).

18. Reducing health inequalities is essential to protect the right to health. The **Health and Social Care Act 2012** introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs, which took effect from 1 April 2013. This means that CCGs have duties to:

    a) Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);

    b) Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those service or reduce inequalities in the outcomes achieved (s.14Z1);

    c) Include in an annual commissioning plan, an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (s.14Z11);

    d) Include in an annual report, an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities (s.14Z15).

19. NHS England has a statutory duty under the Health and Social Care Act 2010 to conduct an annual assessment of CCGs using the **CCG Improvement and Assessment Framework (IAF).**

ELRCCG and Health Inequalities

20. The CCG recognises that people living in deprived areas have poorer health and shorter lives. Research states that socio-economic inequalities result in increased morbidity and decreased life expectancy. Below are some of the nationally reported statistics in relation to health inequalities:

- African Caribbean and Asian Women over 65 have a higher risk of cervical cancer;
- Lesbian and Bisexual women are twice as likely to have never had a cervical smear test completed compared to women in general;
- The under 75 mortality rates for Cardio Vascular Disease is almost five times higher in the most deprived communities compared to the least deprived communities;
- People with a learning disability are 4 times as likely to die of preventable causes;
- Suicide is amongst the biggest killer of men under 35 in the UK;
- South Asian people are up to 6 times more likely to develop type 2 diabetes and it is becoming more common for children to develop type 2 diabetes.

21. In 2018, ELR CCG commissioned a report by Public Health to try and understand the vast differences in health inequalities in two of its counties (i.e. Oadby and Wigston), which was presented to is Primary Care Commissioning Committee in November 2018 https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2018/11/ELR-CCG-PCCC-Public-Papers-07.11.18.pdf . The findings highlighted the following:

a) Oadby and Wigston has the 4th largest inequality in male life expectancy at birth in England, at 13.5 years, which falls shortly behind Stockton-on-Tees (14.9 years); Kensington and Chelsea (13.8 years); and Blackpool (13.6 years);

b) There are clear differences between Oadby and Wigston with regards to the ethnic groups living in the area. In Oadby almost half (47.5%) of the population are from a Black and Minority (BME) ethnic group in comparison to 11.6% in Wigston;

c) Almost two-thirds (64.5%) of the population in Oadby live in the most affluent 20% areas nationally compared to 23.3% of the population in Wigston. Almost a quarter (24.6%) of the population in Wigston live in the 30% most deprived areas nationally compared to just 5.9% of the population in Oadby;

d) Between 2011–2015, Wigston had a similar Standardised Mortality Ratio (SMR) of 100.5 for all causes compared to England; whereas Oadby performed significantly better (lower) than the national average. Examining broad cause of deaths in Wigston, Leicestershire and in England, all cancers were the leading cause of death followed by circulatory diseases and respiratory diseases. In Oadby, circulatory diseases were the leading cause of death followed by cancer and Coronary Heart Disease (CHD);

e) For both male and female genders, life expectancy at birth has been increasing for those living in the least deprived decile while decreasing for those living in the most deprived decile. Hence, widening the gap of inequality in life expectancy. This rate of change in life expectancy in the most and least affluent areas in Oadby and Wigston is much faster than the pattern witnessed nationally.

22. Following the publication of this report, the CCG is working with its strategic partners to ensure that commissioning activities prioritise and target the prevalence of health inequalities in these two localities.

Compliance with the Public Sector Equality Duty (PSED)

23. In order to structure the available evidence that demonstrates how the CCG is working to meet the PSED, the CCG adopted and utilises the following NHS mandated standards, which also details progress to date.

NHS Equality Delivery System 2 (EDS2)

24. The **EDS2** 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 PSED. EDS2 implementation is clearly cited within the CCG IAF and will continue to be a key requirement for the CCG assurance process.

25. From April 2015, implementation of the EDS2 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.

26. 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.

27. This report summarises the CCG's equality information and achievements during 2018 – 2019, some of which is evident in Appendix 1.

28. A revised EDS3 performance framework is in the process of being developed by NHS England and the CCG will ensure this new framework is adopted and implemented, once released.

29. Further details about EDS2 can be found on the NHS England website https://www.england.nhs.uk/about/equality/equality-hub/eds/

Workforce Race Equality Standard (WRES)

30. The NHS 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 on an annual basis against the nine WRES indicators to:

    a) produce action plans to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff;

    b) improve BME representation at the Board level of the organization;

    c) make comparisons with similar organisations on level of progress over time;

    d) take remedial action on causes of ethnic disparities in WRES indicator outcomes.

Further details about WRES can be found on the NHS England website
https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/

Workforce Disability Equality Standard (WDES)

31. The WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff in the NHS. This information will then be used by the relevant organisations to develop a local action plan and enable them to demonstrate progress against the indicators of disability equality.

32. The NHS Standard Contract for 2017-19 (January 2018 edition) set out that NHS Trusts and Foundation Trusts will have to implement the WDES in the first year by publishing their results and action plans to address the differences highlighted; with the aim of improving workforce disability equality. The CCG continues to seek assurances from provider organisations in respect of this.

33. The CCG has been preparing for the implementation of the WDES by reviewing the responses to the staff survey data and completing a data cleansing exercise of its employee records system to capture information on disability data. The implementation of the WDES will enable the CCG to better understand the experiences of disabled staff. It will support positive change for existing employees and enable a more inclusive environment for disabled people working in the NHS. Planning is underway for the CCG to prepare for the implementation of the WDES and ELRCCG Contract Managers have incorporated the WDES into quality schedules for 2019-20.

34. Further details about WDES can be found on the NHS England website:
https://www.england.nhs.uk/about/equality/equality-hub/wdes/

Accessible Information Standard (AIS)

35. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can understand, which includes any communication support that they need from health and care services. All organisations that provide NHS care or adult social care must follow the AIS in full from August 2016 (Health and Social Care Act 2012, section 250).

36. Although CCGs are exempt from implementing the AIS, we are committed to demonstrate 'due regard' when carrying out functions and support 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/or communication support needs by NHS and adult social care service providers, so that they can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment.

37. 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.

38. During the year, the CCG has continued to work with provider organisations to ensure that they are compliant with the standard through contract monitoring arrangements; and has received assurances that the relevant standards have been met, including the EDS2 and the WRES.

Modern Day Slavery Act 2015

39. All public authorities are required to co-operate with their police commissioner under the Modern Slavery Act 2015. This means that police and health care services, together with voluntary organisations, are legally required to work together to support people who have experienced slavery.

40. The CCG is committed to complying with the principles of the Modern Slavery Act and has published a ‘**Modern Slavery and Human Trafficking’ statement** on its website to make it clear that the CCG operates a ‘zero tolerance’ policy in relation to modern day slavery and breaches of human rights. The CCG also ensures this protection is built into processes, service specifications and contract management arrangements with supplier organisations. For further information, see https://eastleicestershireandrutlandccg.nhs.uk/about-us/equality-diversity-and-human-rights/

The CCG and our local population

41. ELR CCG is responsible for commissioning most healthcare services in East Leicestershire and Rutland and is made up of 30 GP practices, which forms its membership, serving approximately 327,000 people across the following three localities: Oadby and Wigston; Melton, Rutland and Harborough; and Blaby and Lutterworth.

42. The CCG is responsible for commissioning healthcare services in the south and east of Leicestershire serving around 327,000 patients. For further details on the formation of the CCG, see ‘The CCG and our local population’ section below.

43. 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.

44. 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.

45. During our planning in 2018-19, 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.

46. 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.

47. 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

48. 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; and 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.

- **Marital status** - 53% were married and 0.2% in a same sex / civil partnership; 15.9% divorced / widowed from a same sex relationship;

- **Sexual Orientation** - Leicestershire's Lesbian, Gay, Bisexual and Transgender (LGBT) community is estimated at around 4% of the population;

- **Disability** - People had varying long-term health problems / disabilities that predominantly affected those aged 35-84 and limited their daily activities. 1 in 4 households living in Leicestershire includes someone with a long term disability.

- **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** - most 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;

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

- Significant health inequalities exist for our patients from minority and seldom heard groups, including patients from BME; the Lesbian Gay Bi and Trans (LGBT) community; travelling families; and young people suffering with mental health.

- 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).

49. For further information on demographic and health inequality about our population, please see the following web links, which are analysed and used in the development of our strategic priorities:

    - http://www.lsr-online.org/leicestershire-2015-jsna.html

    - www.eastleicestershireandrutlandccg.nhs.uk

Our Workforce Profile

50. The CCG is committed to holding up to date information about its 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 it 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 2.

51. 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 it 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.

52. As the CCG has two roles in relation to the WRES (i.e. as commissioners of NHS services and as an employer), it has continues to make good progress against the nine WRES indicators and published its latest WRES report in September 2019, which includes an action plan to address some of the issues / concerns raised. (https://eastleicestershireandrutlandccg.nhs.uk/about/equality-diversity-and-human-rights/)

53. 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. In addition, the CCG has aimed to ensure that it has in place fair and equitable employment and recruitment practices as it continues to monitor the impact of the introduction of the TRAC recruitment system to identify any changes in numbers of applicants from different ethnic backgrounds.

54. The CCG's internal workforce policies have been (and continue to be) developed, in line with current legislative requirements, including the Equality Act 2010:

- Annual Leave Policy
- Career Break Policy
- Flexible Working Policy
- Freedom to Speak up: raising concerns (Whistleblowing) policy
- Harassment and Bullying Policy
- Management of Stress at Work Policy
- Maternity, Adoption and Paternity Leave Policy
- Recruitment, Selection and Induction Policy
- Retirement Policy
- Sickness Absence Policy
- Special Leave Policy

55. The majority of workforce policies apply to all staff irrespective of their status or grade, including employees who are full / part time, back staff, office holders, agency / contractors, working in the CCG and in accordance with the 9 protected characteristics stated above.

56. The CCG delivered recruitment and selection training in December 2018 for recruiting managers which incorporated equality, diversity and inclusion issues and unconscious bias. In July and August 2018, the CCG delivered Harassment and Bullying at work training for individuals working within the CCG to attend.

57. The CCG staff have access to the online Learning Management System (LMS) for their equality and diversity mandatory training, which is undertaken by all staff at agreed intervals and forms part of their mandatory training (see Appendix 2 for training and uptake). 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.

Equality and Inclusion Strategy 2017 - 2021

58. In line with the specific duty set out in the Equality Act 2010 to develop and review an Equality and Inclusion Strategy every four years, the CCG Governing Body approved the refreshed Equality and Inclusion Strategy for 2017 - 2021, which:

    - Continues to demonstrate the CCG's commitment and vision for reducing health inequality; achieving good equality in health outcomes and encouraging an organisation culture that promotes inclusion and embraces diversity; and

    - 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.

59. The approved Equality and Inclusion Strategy can be found on the CCG's website: https://eastleicestershireandrutlandccg.nhs.uk/about-us/equality-diversity-and-human-rights/

Patient Engagement and Consultation

60. 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.

61. 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

62. A number of key engagement events have taken place during 2018, some CCG specific and some in conjunction with partner organisations, these include:

    - Improving Urgent Care Services
    - Over the Counter Medicines
    - New Urgent Care Services for Blaby
    - Community Services Redesign
    - Dementia Strategy
    - Better Care Together Next Steps
    - Carers Strategy

63. 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/

CCG Patient and Public Engagement

64. The CCG has appointed a Lay Member of the Governing Body who has responsibility for patient and public engagement and involvement. This role involves championing the views of the patients and our communities when considering our commissioning.

65. 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

66. The CCG has a Site User Group which includes a representative from each Team / Directorate within the CCG and continues to meet at regular intervals; and provides 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 and the development of the HR policies and procedures.

67. Members of the Group continue to 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 2018-19

68. The CCG Governing Body approved its revised set of objectives in March 2016 and agreed at their meeting in February 2018, that the current equalities objectives, as detailed in the table below, remained valid and agreed these objectives for the duration of the Equality and Inclusion Strategy 2017-21, with the option to consider a refresh sooner, if required.

CCG Equality 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.

CCG Equality Objective	Detail
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):	• 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.

69. Progress against the equality objectives continued to be reviewed in 2018-19 against the four goals of the Equality Delivery System (EDS2) as part of the CCG's commitment to equality and inclusion; and is included within Appendix 2 of this report.

Equality Analysis

70. In order for 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 implemented the use of an online Equality Impact and Risk Assessment (EIRA). All services commissioned and procured by the CCG are now designed and delivered to meet the health needs of local communities; and undergo an EIRA, including policies and procedures created by the CCG.

71. The CCG has also carried out a range of equality (and quality) analysis / screening when carrying out their duties to ensure the CCG is paying 'due regard' to the three aims of the PSED and the Human Rights Act. Throughout the year, the CCG has had to make some difficult commissioning decisions, and in doing so, the CCG needed to ensure it continued to comply with its duties and ensure due regard to the three aims of the PSED hence a more comprehensive framework was required.

72. The CCG continues to receive support from the Equality and Inclusion Team at the Midlands and Lancashire Commissioning Support Unit (ML CSU) in implementing an online equality impact and risk assessment process to ensure a more simplified and comprehensive process is in place; to ensure compliance with the PSED.

Equality Delivery System 2 (EDS2)

73. The CCG adopted the EDS2 as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector General Equality Duty.

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

- **Goal 1 – Better Health Outcomes**
  - 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
  - 1.2 Individual people's health needs are assessed and met in appropriate and effective ways
  - 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
  - 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
  - 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities Improved patient access and experience.

- **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
  - 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
  - 2.3 People report positive experiences of the NHS
  - 2.4 People's complaints about services are handled respectfully and efficiently.

- **Goal 3 – A representative and supported workforce**
  - 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
  - 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
  - 3.3 Training and development opportunities are taken up and positively evaluated by all staff
  - 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
  - 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
  - 3.6 Staff report positive experiences of their membership of the workforce

- **Goal 4 – Inclusive leadership**
  - 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
  - 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
  - 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

75. 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.

76. As part of the EDS2 framework, the CCG is required to undertake a grading exercise in line with the following EDS2 grading criteria:

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

77. 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.

78. In June 2019, the CCG undertook an internal grading exercise with staff from across the CCG to review (and grade) the information and evidence collated for Goals 3 and 4; as well as an opportunity for them to put forward their views about what works well within the CCG, and what the areas for development are in the CCG.

79. This exercise was attended by members of staff from various protected characteristic groups: 1 male and 7 females; 2 of the 7 females were pregnant; different race, religion and beliefs. The attendees represented 7 out of 12 teams from across the organisation. Overall, the session was well received with the following areas highlighted and the outcomes for Goals 3 and 4 agreed as follows:

EDS2 Outcome		Comments from the staff group	Undeveloped	Developing	Achieving	Excelling
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	All agreed policies and procedures available; assurance provided at the relevant level.			✓	
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Clarification required whether Equality Pay Audits undertaken.			✓	
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Clarification required around the number of external courses funded; felt opportunities not equal to all; free courses offered in the main; all courses need advertising wider; benefits of secondments to be provided to increase uptake.		✓		
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Harassment and bullying training to be offered annually; possibly made mandatory; and pitched at various levels to aid understanding.		✓		
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Flexible working was felt to be inconsistent across Teams and applied in accordance with personal situation and/or job role; including options to work from home.	✓			
3.6	Staff report positive experiences of their membership of the workforce	Noted lots of staff turnover in certain teams; very positive workforce too.		✓		
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Lack of awareness from some Senior Managers of cultural events; use of inappropriate comments during festivals.		✓		
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	No comments made.			✓	
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Some felt unsupported by middle and Line Managers; no suggestions / action taken for Eid/Ramadan.			✓	

80. The feedback following the staff group meeting shows that some further work is required in respect of flexible working arrangements (outcome 3.5 in table above). This will be explored further in 2019/20 to ensure flexible working arrangements are published to staff and also if there are any perceived inconsistencies in application of the policy that these be reviewed and understood.

81. The CCG plans to undertake an external grading exercise for Goals 1 and 2 and for future financial years as a way to ensure an 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

82. Through its contracts with providers, the CCG continues to ensure 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 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

83. Through our contract and performance monitoring review meetings with the NHS providers, the CCG has received assurances that the relevant standards have been met, which include the WRES, WDES and the AIS too.

84. In addition to the main NHS providers, the CCG also commissions primary medical care services from our GP Practices. In relation to AIS, the CCG's Primary Care Team provide ongoing support to GP practices to ensure they are meeting this standard. Previously, the CCG organised proactive awareness raising sessions for GP Practice staff and provided them with:

    a) the '5 steps' of the AIS, Practice Readiness Checklist, and an outline of key timescales to ensure compliance;

    b) NHS England's simplified implementation of the AIS guidance, and posters for personalisation and display within their Practices;

    c) guidance on the use of email and text messages for communicating with patients with disabilities and sensory loss; and obtained advice and information for our GP Practices from local organisations such as the 'Make it Clear' guidelines from Vista.

85. The CCG is in contact with GP practices to ensure that the AIS is being implemented consistently and to determine whether any further support is required. The AIS has been included within the registration forms, to ensure any specific patient requests are captured proactively for new patients.

Meeting statutory human rights requirements

86. 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.

87. 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 2019-20

88. In 2019, a key focus will be continuing to implement and embed our Equality and Inclusion Strategy with a review of progress against the PSED equalities objectives and EDS2 Outcomes.

89. The CCG will continue to embed equality and inclusion into commissioning decisions and demonstrate “due regard” to the nine protected characteristics and other vulnerable groups.

90. Areas of further development in 2019-20 include:

- Embedding the online Equality Impact and Risk Assessment (EIRA) process; to collate and analysis centrally;
- Continue to review 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 and staff;
- Develop targeted staff briefings on equality and inclusion and ensure these are communicated on a regular basis;
- Ensure STP workstreams undertake robust EIRAs;
- Monitor and report on the WRES and the WDES;
- Review equality and inclusion training available to staff; including face-to-face sessions; and following the approval of HR policies and procedures (e.g. recruitment and selection).

Conclusion

91. 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; and 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 January 2019, the CCG employed 103 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		**Headcount**	**% of Staff**
A	White – British	66	64.08%
B	White – Irish	1	0.97%
C	White – Any other White Background	2	1.94%
H	Asian or Asian British - Indian	18	17.48%
J	Asian or Asian British - Pakistani	1	0.97%
L	Asian or Asian British - Any other Asian Background	4	3.88%
R	Chinese	1	0.97%
K	Bangladeshi	0	
N	African	3	2.91%
Z	Not stated	7	6.80%
	Null	0	
TOTAL		**103**	**100%**
Religious Belief			
Christianity		41	39.81%
I do not wish to disclose my religion/belief		29	28.16%
Atheism		12	11.65%
Hinduism		7	6.80%
Islam		7	6.80%
Sikhism		5	4.85%
Undefined		0	
Other		2	1.94%
Total		**103**	100%
Sexual Orientation			
Heterosexual		71	68.93%
I do not wish to disclose my sexual orientation		30	29.13%
Undefined		1	0.97%
Gay		1	0.97%
Bisexual		0	
Total		**103**	100%
Disability Status			
No		83	80.58%
Not Declared		14	13.59%
Undefined		0	
Yes		6	5.83%
Total		**103**	100%

The CCG encourages 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.

In October 2018, the **National NHS Staff Opinion Survey** for the CCG was disseminated to staff with a closing date of 30 November 2018, which was completed by a total of 82 members of staff (including GPs on the Governing Body), which are summarised below.

Comparing results over time, the two tables below shows the question against which the CCG has most improved and least improved since the 2017 survey:

Most improved from last survey		**2017**	**2018**
Q13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	27%	44%
Q2b	I am enthusiastic about my job	55%	65%
Q22b	I receive regular updates on service user experience feedback in my department	61%	70%
Q19a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework review?	89%	96%
Q2a	I look forward to going to work	45%	50%

Least improved from last survey		**2017**	**2018**
Q5d	How satisfied are you with your level of responsibility	73%	57%
Q21a	Care of service users is my organisation's top priority	75%	60%
Q21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	64%	52%
Q19f	Were any training, learning or development needs identified?	80%	68%
Q19g	My manager supported me to receive this training, learning or development	47%	36%

The average response rate for the 66 CCG organisations was 78% against which ELR CCG continues to perform well with a response rate of 80%, which was lower than the response rate for the previous year (84.8%).

In addition to the core questions, the CCG added some additional local questions to the survey, for example, whether the Executive Management Team operate an 'open door' policy. At the time of writing the report the results of the local questions have not been provided.

Comparing results over time, the table below shows the top 5 and bottom 5 scores compared to the average scores of other similar organisations:

Top 5 scores compared to the average scores of other similar organisations		CCG	Average
Q19a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework review?	96%	84%
Q22b	I receive regular updates on service user experience feedback in my department	70%	60%
Q19e	The review or training included a discussion of the values of my organisation, as part of the appraisal process	42%	32%
Q4f	I have adequate materials to do my work	77%	68%
Q13a	In the last 12 months how often have you experienced harassment, bullying or abuse at work from the public	95%	90%

Bottom 5 scores compared to the average scores of other similar organisations		CCG	Average
Q6c	Relationships at work are strained	26%	50%
Q19g	My manager supported me to receive this training, learning or development	36%	57%
Q23c	As soon as I can find another job, I will leave this organisation	35%	54%
Q4j	I receive the respect I deserve from my colleagues	57%	74%
Q23b	I will probably look for a job at a new organisation in the next 12 months	25%	42%

The key facts of the survey were shared with staff at a Staff Briefing in January 2019; and Teams will be asked to review results and identify any areas they want to address locally.

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 December 2018, training uptake across the CCG for the mandatory training modules was as follows:

Courses	Certified
CSTF: Basic Prevent Awareness - 3 years	93.7%
CSTF: Equality, Diversity and Human Rights - level 1 - 3 years	95.3%
CSTF: Fire Safety - 1 year	84.3%
CSTF: Health, Safety and Welfare - 3 years	94.5%
CSTF: Infection Prevention and Control - level 1 - 3 years	93.7%
CSTF: Moving and Handling - level 1 - 3 years	95.3%
CSTF: Safeguarding Adults - level 1 - 3 years	92.9%
CSTF: Safeguarding Children - level 1 - 3 years	92.9%
IAA: Fraud and Bribery Awareness - 2 years	94.5%
MTPR: Managing Conflicts of Interest Module 1 - 1 year	90.6%
Grand Total	92.8%

Appendix 2: Equalities Objectives - Progress during 2018-19

Goal 1: Better Health Outcomes -

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

The CCG's within Leicester, Leicestershire and Rutland (LLR) continue to work collaboratively with the wider health and social care economy, which have been developed further through the following:

a) **LLR 5 Year Strategy – Better Care Together (BCT) Programme** - a key detriment of contracted service changes aimed at improving clinical care, patient experience and increasing efficiency;

b) **LLR Sustainability and Transformational Plan (STP)** – builds on the work of the LLR BCT Programme to improve health outcomes for patients and ensure our services are safe and high quality, within the financial resources available;

c) **LLR CCG's Operational Plan (refresh of 2017-18 and 2018-19)** - 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 STP;

d) **LLR CCG's Commissioning Intentions 2017-19** – considers the health needs of the local population, incorporating key health challenges and directs how services are commissioned from providers and contracts agreed; ensuring it supports the alignment of clinical pathway development, the BCT Workstreams, contractual negotiations, the operational plan; the Five Year Forward View and the Joint Strategic Needs Assessment (JSNA).

The **LLR CCG's Operational Plan** and the **LLR CCG's Commissioning Intentions 2017-19** available at https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2018/06/Final-LLR-Operational-Plan-June-2018.pdf align with the BCT 9 settings of care priorities at both a local 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).

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).

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. For ELR CCG, the QIPP programme is led by GP's reviewing current services and pathways delivering healthcare, supported by NHS managers, that are aligned to each healthcare area who work with the GP's and healthcare providers such as University Hospitals Leicester and Leicestershire Partnership Trust; as well as GP practices to make changes to service that improve care, access, quality standards and look at new models for delivering care closer to patients whilst remaining in financial balance.

The quality and equality impact assessments process evolved in 2018-19 from the use of an Equality Impact Assessment (EIA) / Quality Impact Assessment (QIA) with a revised online **Equality Impact and Risk Assessment (EIRA)** to be completed as follows for each scheme, policy and service

- Stage 1 – initial assessment
- Stage 2 – detailed assessment depending on the outcome of Stage 1.

All schemes are subjected to an equality assessment before being allowed to proceed, which ensures patients are at the heart of any service transformation as they aim to:

a) understand any impact against the protected groups,
b) identify what group may be affected,
c) recognise the mitigating circumstances
d) agree actions to address any negative impact and any potential barriers to access of services.

Although these 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. The QIPP plan for 2017-18 formed the foundation for the 2018-19 QIPP plan to deliver the service improvements and financial efficiencies for the benefits of patients of the CCG.

In support of this system wide working, the CCG have developed governance processes that ensure patients are at the heart of any change and part of the discussions through focus groups, regular public updates through committees, engaging with patient groups and experts and undertaking appropriate consultation, where required.

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 continue to be 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. This also includes any concerns which have been identified through the previous year's review of the provider; taking into account any supplementary information, which has been gathered from a range of other stakeholders including patient complaints and GP feedback.

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.

In addition, the CCG continues to review the latest contractual requirements within the NHS Standard Contract for providers and ensure compliance with the following:

- **Workforce Race Equality Standard (WRES)** - 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;

- **Workforce Disability Equality Standard (WDES)** - a set of specific measures (metrics) that will enable NHS Trusts and Foundation Trusts to compare the experiences of disabled and non-disabled staff; and for this to be then used by the relevant organisations to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality. This will become mandatory for these organisations from 1 April 2019;

- **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 **Community Services Redesign (CSR)** project has designed a future model for core community based services in LLR, which will support the objectives of the BCT plan, in particular to deliver more care closer to home with better patient outcomes and to develop better integrated health and social care services. The future model of care has been:

a) designed with strong clinical leadership and reflects significant engagement with stakeholders, patients, carers and staff;
b) developed based on evidence on best practice models of integrated community care both nationally and locally, and responds to analysis of benchmarking data on community services provided by LPT.

The reasons to change the model are because:

a) The current service model has an imbalance of expenditure and resource, with too much of the LLR spend going on bed based care, and with not enough capacity in community nursing and therapies to respond to patients' needs in the way needed to deliver a preventative and reabling model, that also supports continuity of care for the frail population and those with multiple long term conditions;
b) Services are not designed to support integrated care, or to work closely with GP practices as part of neighbourhood teams or deliver a population health management approach;
c) There is insufficient medical support to achieve the potential for patients to be cared for well at home, preventing admission and ensuring high quality care after discharge from hospital;
d) The current model is not well aligned to a future integrated care system approach.

The new model is based around the following main services:

- **Neighbourhood community** nursing as part of integrated locality teams, which would manage the majority of care of patients in the community, working closely with primary care neighbourhoods and social care;

- **Home First services,** which are integrated crisis response and re-ablement services, would deliver intensive, short term care for up to 6 weeks. Home First services would be accessed via Locality Decision Units, with health and social care services working on the basis of trusted assessment and delivering co-ordinated packages of care;
- **Community bed based care**, delivered either in community hospitals for patients requiring medical rehab needing significant 24/7 nursing care and on-site therapies, and in 'Pathway 3' re-ablement beds for patients with lower medical needs requiring re-ablement and a degree of 24/7 support.

The proposal will, over time, deliver benefits in terms of reductions in acute admissions and length of stay, supporting the system bed bridge through a model of frailty/multi-morbidity that manages more patients in the community with reduced reliance on acute and community beds. The modelling undertaken shows benefits of the model compared to the 'do nothing' scenario, in three areas;

i. Avoidance of admission to hospital by offering a more proactive community offer, single access point to home and bed based step provision to prevent admission
ii. Facilitating faster discharge from acute and community hospitals
iii. Diverting clinically appropriate activity from secondary care and community hospital beds into lower cost community services (Home First and pathway 3 beds).

The 3 CCGs within 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. ELR CCG hosts the following contracts and 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.

The CCG continues to improve the referral rates to the IAPT service across LLR and contributes towards the effective re-procurement of the IAPT service in 2019 through effective engagement. 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, which is used to focus on the areas of under representation in the service.

- **Child and Adolescent Mental Health Services (CAMHS)** support all children and young people who have difficulties with the emotional or behavioural wellbeing, as well as direct support for their parents too;

- **Future in Mind Contracts:**

  - **XenZone Online Counselling June 2017 – May 2020** helps to improve the lives of children, young people and adults by connecting them with clinicians and each other in safe, supportive online communities;

  - **Centre for Fun and Families July 2017 – June 2020** promotes good health and resilience for all children, young people and their families through school based emotional programmes and outcomes presented to the Commissioner;

  - **Relate: Early Intervention** supports children with low level mental health needs that do not require CAMHS intervention, and includes a MH assessment to ensure appropriate intervention is provided to meet their needs.

- **LLR Transforming Care Partnership (TCP)** continues to make progress in relation to the inpatient trajectory for patients with Learning Disabilities and/or Autism. Following a Peer Review in September 2018, the TCP Executive Board agreed to hold a Strategic Workshop to discuss recommendations and to consider the longer term future of the TCP and the wider LD work stream, which will be taken into consideration during 2019 in terms of delivery.

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 **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 **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 **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.

- LLR has a **Transforming Care Plan (TCP) 2016-2019** aims to work with partners in health and

social care to develop good local services and support that will help people of all ages with a learning disability and/or autism, and those who may have mental health problems, to stay well in the community; and move from in-patient settings when they are well and able too.

The impact of the TCP plan is measured through the number of people with LD (and reductions of) 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, which has been extended to cover Mortality Reviews, Stopping the over-medication of People with LD (STOP) and the number of people having annual health checks.

- 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).
  https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england-2015

The CCG implemented an **enhanced service across primary care to improve timely diagnosis and treatment of people with dementia** and a number of practical improvements for people with dementia and their carers, including identifying carers of people with dementia through practice registration systems to help improve access to support. Although dementia is most common in people over 65 years, it can affect people of all ages. The symptoms to look out for include: memory loss, periods of mental confusion including disorientation, difficulties with tasks that require concentration and planning and noticeable changes in personality and mood.

The aims of this service are to encourage GP practices to:

- Identify a clinical lead for dementia that can share education and information with the practice and be the advocate supporting local clinical engagement.
- Maintain or achieve the national target for diagnosed dementia prevalence of 67.7% of the population that are estimated to have dementia.
- identify patients at clinical risk of dementia
- Encourage practices, where appropriate, to share the care of their dementia patients with secondary services through the Shared Care Agreement and move towards managing dementia in the same way as other long-term conditions.
- Bi–annual review of Dementia care plan to ensure the plan reflects patients current condition and need (where appropriate)
- Practices will need to work towards becoming a Dementia friendly practice following best practice guidelines.

ELR CCG continues to achieve the national prevalence rate, which was at 67.7% as at July 2018.

In October 2017, a new dementia support service was launched to benefit people living with dementia, their families and carers across the region; and offered people practical advice and guidance on how to live well with dementia. The Alzheimer's Society was commissioned to work in partnership with local health and social care organisations across Leicester and Leicestershire to provide information, advice and guidance; one to one emotional / practical / group support; and learning programmes for carers and people living with dementia.

The BCT Frail Older People and Dementia workstream was disbanded in the event of the STP process and the following developed:

- **Frailty** became part of other workstreams as it encompassed more than older people,
- **dementia** became an individual STP Workstream;
- **Carers** remained as a sub-group and became part of the Home First workstream.

As part of the STP dementia workstream**,** the **LLR Living Well with Dementia Strategy for 2019-2022** has been developed in partnership with local health / social care and voluntary sector organisations (i.e. 3 Local Authorities (Leicestershire County Council, Leicester City Council, and Rutland County Council);

3 LLR CCGs; partner organisations such as Healthwatch Rutland, the Alzheimer's Society, Age UK, Leicestershire Partnership NHS Trust (LPT) and the University Hospitals of Leicester (UHL) NHS Trust.) The Strategy aims to create a health and social care system that works together to support people living with dementia in LLR and their carers; and help minimise the impact of dementia for people who have it, their families and their carer, prior to diagnosis, post diagnosis and through to end of life.

As part of the review of this Strategy, an Equality Impact Assessment (EIA) was undertaken in October 2017, which was led by the Leicester City Council, on behalf of all commissioning stakeholders in LLR. Feedback from the EIA has been fed into the draft Strategy, which was disseminated for consultation between April and June 2018 (https://eastleicestershireandrutlandccg.nhs.uk/2018/04/24/peoples-views-sought-new-dementia-strategy/). The results of the consultation were reviewed by a task and finish group with membership from all stakeholders; and approved by the CCG's Integrated Governance Committee in December 2018.

The vision of this Strategy is that LLR patients with dementia can live well through guiding principles (i.e. Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well); and key priority actions for LLR across health and social care will include:

a) dementia friendly communities which will include the roll out of dementia friendly GP Practices
b) Review of memory assessment pathway and referral processes in line with the aim to improve referral to treatment in 6 weeks
c) Promote health checks in primary medical care
d) Work with care homes regarding the dementia diagnosis toolkit
e) Promote the dementia support service for Leicestershire, Leicester City, and Rutland, including Admiral Nursing
f) Support work to improve residential provision for people with severe dementia
g) Work with care homes and other providers to develop training and support to manage crisis and work with reablement principles
h) Raise awareness of dementia with housing providers.

A template has also been developed and rolled out across GP Practices in LLR CCGs to support them become dementia friendly. Carers forms a large part of the template.

The **Blaby District Alliance Dementia Action won the Dementia Friendly Community of the Year Rural area, village or Town award in November 2018,** which recognises a village or rural community / town or communities of interest leading the way in taking action to ensure that people affected by dementia are included in their community. In particular, we'll celebrate one community that has gone above and beyond in planning, taking action and involving others.

During **Carers Week in May 2018**, the CCG promoted a patient video (https://eastleicestershireandrutlandccg.nhs.uk/2018/05/23/dementia-sufferer-urges-people-see-gp/)

The **Carers Delivery Group** is a sub-group of the LLR STP, which is responsible for overseeing a plan to improve the health and social care services to reduce inefficiencies, as supporting carers has been identified as a key area of work in the BCT Programme. The Carers Delivery Group sits within the Prevention (Home First) work stream of the STP; links to the work streams for integration, urgent and emergency care, and resilient primary care; and has led the development of the **LLR Joint Carers Strategy for 2018-2021,** which sets out a shared vision and priorities for recognising, valuing and supporting carers by the 3 Local Authorities (Leicestershire County Council, Leicester City Council, and Rutland County Council) and the 3 LLR CCGs. Partner organisations that have been involved in the development of the strategy include Healthwatch (Leicester, Leicestershire and Rutland), Alzheimer's Society, The Carers Centre, Voluntary Action South Leicestershire (VASL) Barnardo's and Age UK Leicestershire to ensure a common approach across both health and social care.

The Carers Strategy is underpinned by the following 8 guiding principles that reflect both the national and local requirements of carers:

1. Carer Identification
2. Carers are valued and involved
3. Carers Are Informed

4. Carer Friendly Communities
5. Carers have a life alongside caring
6. Carers and the impact of Technology Products and the living space
7. Carers can access the right support at the right time
8. Supporting young Carers

Delivery plans will be tailored to suit the diverse needs of carers within their locality and to reflect the available resources for each organisation. Prior to the approval of the LLR Joint Carers Strategy by the CCGs IGC in December 2018, a draft version was disseminated for consultation on feedback about the above and our commitments in relation to those. The majority of respondents to the consultation (i.e. 29%) were either a family member / carer of a person with dementia, which was positive.

A **carer's guidance document for GP Practices** has been developed and shared across all practices within LLR to raise awareness; and carers has been included onto the GP educational programme for practice staff. In addition:

- the Leicestershire County Council provided a leaflet for carers providing information and support groups / contacts, which was shared at a Practice Manager's meeting in the Summer 2018 (https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2018/11/S0018A-GP-Information-for-Carers-A5.pdf)
- the Carers Quality Marker for LLR entitled 'Does Your Practice Look After Carers has been updated to include information and links to services for young carers ('Carefree'), which was re-shared with Practices;
- **Carer's Rights Day (30 November 2018)** was promoted across Practices, which was also celebrated by LPT to which all were invited.
- **Evidence – ELR Practice News 9 November 2018.**

In 2018-19 the CCG has also been working to develop a new **Extended Primary Care Model** to meet the requirements set out in the GP Five Year Forward View and the growing needs of our patients. The CCG has also provided continued communication and engagement support through the working group, including providing initial guidance around engagement, consultation times and supporting with the facilitation of initial engagement with patient in the Emergency Department to determine how (and why) ELR patients were accessing urgent care services.

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 Midlands and Lancashire

Commissioning Support Unit (ML 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.

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. There are three options for managing a Personalised Health Budget:

- **Notional budget**: the NHS manages the budget and arranges care and support.
- **Third party budget**: an organisation independent of the person, the local authority and NHS commissioners manages the budget and is responsible for ensuring the right care is put in place, working in partnership with the person and their family to ensure the agreed outcomes can be achieved.
- **Direct payment**: the budget holder or their advocate receives monies paid directly into their dedicated bank account, and takes responsibility for purchasing care and support.

For patients in receipt of a Notional or Third Party Budget the CCGs hold an NHS Standard Contract with Providers; and the Service User Care Plan becoming the Service Specification. The NHS Standard Contract Short Version is used as it is more appropriate for CHC funded provision. Where more than one Service User is using the same Provider, each Service User Care Plan is appended to the NHS Standard Contract. As at March 2019, there were 35 Notional Budget and 5 Third Party Contracts in place in relation to PHB Contracts.

The CCG continues 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 CHC eligible patients in receipt of care in their own home by April 2020. In addition to this, currently all children and young people in receipt of continuing care funding have a PHB as the default offer for their package of care, and the CCGs 'Strategy for Personal Health Budgets and Integrated Personalised Commissioning' describes the ambition to expand PHB budgets beyond the CHC as part of the long term plan.

The PHB Team are now able to offer PHBs 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.

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; and a specialist service for these residents was 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' was commissioned through an APMS contract directly with Inclusion Healthcare in October 2017 for services to be provided from the Assist Practice site, which was subsequently relocated to the Charles Berry House (headquarters for Inclusion Healthcare) in Leicester City, which could potentially benefit patients residing at Kennedy House due to direct public transport to the new location. Following a 60 day public consultation, the majority of respondents either supported, or did not mind the proposed relocation due to a better location and building, convenience, close to public transport / where they live.

See EDS2 outcome 1.1 for mental health contracts and supporting information.

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

The Personalised Commissioning Team have reestablished a working group with the 3 Local Authorities to develop Integrated Budgets. There are a series of workshops planned in Q1 and Q2 of 2019/20 to look at a joint integrated strategy for integrated budgets and to establish improved financial pathways for these pathways.

The strategy document is a statement of direction to recognise a joint approach for Health and Social Services in Leicester, Leicestershire and Rutland to work together to deliver Integrated Personalised Commissioning, through delivering integrated personal budgets (IPB). The strategy is a key element of the overarching Personalised Commissioning Strategy for Leicester, Leicestershire and Rutland which will be developed in 2019/20. As a result, people and their families will have the same experience of care and support and how services are delivered, regardless of whether their care and support is funded by the local authority or the NHS. The financial element will be looking at the options which will include using pre-payment cards alongside the local authorities who have well established processes and this work will be developed in Q2

In relation to transitions from Children's Continuing Care to adult Continuing Health Care services, the LLR CCGs follow the guidance set out within 'The National Framework for NHS Continuing Healthcare' and the supporting guidance to determine what ongoing care services individuals aged 18 years or over should receive from the NHS. Legislation and the respective responsibilities of the NHS, social care and other services are different in child and adult services. For children and young people, from birth to 18 (i.e. their 18th birthday), needs are assessed against a children's national framework, with a recommendation made to a multi-agency panel. Children's services should identify those young people for whom it is likely that adult NHS Continuing Healthcare will be necessary, and should notify whichever CCG will have responsibility for them as adults. This should occur when a young person reaches the age of 14. This should be followed up by a formal referral for screening to the adult NHS Continuing Healthcare team at the relevant CCG, when the child or young person is 16. As soon as practicable after the young person's 17th birthday, eligibility for adult NHS Continuing Healthcare should be determined in principle by the relevant CCG, so that, wherever applicable, effective packages of care can be commissioned in time for the individual's 18th birthday. The LLR CCGs commission both their Children's Continuing Care and Adults Continuing Health Care services from MLCSU which enables to the service to ensure appropriate communications and pathways are in place and everyone including patients, families and other health and social care professionals is well-informed.

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 CCG developed and implemented the **annual GP Support and Investment Plan 2017-2018 (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.

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 contracts include **quality schedules,** with indicators relating to Patient Safety, Safeguarding (Adults and Children). All providers are expected to be compliant with the **'Local Policy for the Reporting, Investigation and Learning from Serious Incidents (Relating to Commissioned Healthcare Services by LLR CCGs) with regular** reporting as schedule requirements. This includes reporting and investigating on patient safety incidents, serious incidents, and never events. Safeguarding compliance is monitored in the schedule via the hosted CCG Safeguarding Team. 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 for each contract. **A summary from this Group is presented to the LLR CCG's** Provider Performance Assurance Group (PPAG) **-** 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. Failure to meet any of the reporting requirements would eventually be subject to NHS Standard Contract, General Conditions section GC9. A Quality Strategy has been developed for 2019-20, which includes a process for escalating concerns that will be presented to the Governing Body for approval in April 2019.

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, areas or services 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 embedded; with visits to all contracted providers. The process of conducting the quality visits allow the CCG to triangulate information and data to assess if there are any areas of concern which they feel need to be addressed, including 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 respective contract meeting and used as evidence to show the providers compliance with the contract.

The CCG leads a hosted **Patient Safety Team (PST)** 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 and the Never Events List (revised January 2018). To support the framework, the Patient Safety Team reviewed existing policies and procedures and updated the **'Local Policy for the Reporting, Investigation and Learning from Serious Incidents Relating to Commissioned Healthcare Services by LLR CCGs)'** in August 2018. NHS Improvement is currently revising the Serious Incident Reporting Framework 2015-16, and local policies will be updated accordingly.

The Team is responsible for implementing the national framework by:

- managing of the **LLR Serious Incident Review Group**, which provides assurance on the management, investigation and learning from serious incidents (including LLR) and out of area contracted providers; 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.

- Overseeing the LLR GP concern process which allows GPs and practice-based healthcare staff to raise concerns around patient safety that affect patient care in services other than their own. The Team also continues to closely monitor the concerns for themes and trends and share as appropriate with the relevant Quality/ Contracting Team. A member of the Patient Safety Team attends the Transferring Care Safely (TCS) Group, which identifies operational problems occurring across the system in relation to transferring care between one provider and another. The group has the overall function of improving the transfer of care processes for patients as they move between providers within LLR. There will be a similar process developed to support providers to raise concerns with regard to out of hospital care i.e. primary care.

- Work collaboratively with the LLR CCG Quality Contract Leads to inform the internal governance processes so that emerging trends, risks and any concerning information can be shared to inform the quality contract monitoring processes. For example, if there are any Patient Safety incidents which may occur, as part of the quality schedule and NHS Standard Contract, providers will be required to complete an investigation into the incident. Following the incident the Commissioners would ask for assurance that processes have been reviewed and lessons learnt have been cascaded to prevent future incidents. The **CCG's Integrated Governance Committee receives quarterly Patient Safety reports,** which includes collation of patient and equality information (i.e. age, gender, disability, race, religion, and sexual orientation). See IGC summary reports presented to Governing Body in September and October 2018 (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 –** CCG compliance with the Care Act (2014) is monitored by:
  - **a)** the Leicestershire and Rutland Safeguarding Adult Board (LSAB) via completion of the Safeguarding Adults Assurance Framework (SAAF);
  - **b)** NHS England also monitors CCG safeguarding compliance;
  - **c)** All health providers commissioned by the CCG also have their compliance monitored via the LSAB (of which the CCG are members) and by completion of the CCG SAT;
  - **d)** CCG staff and GP compliance with Safeguarding Adults training is monitored by the CCG Safeguarding Team and the LSAB via the Safeguarding Effectiveness Group (SEG)
  - **e)** Referrals to Adult Social Care are monitored by the CCG when they related to Care Homes;
  - **f)** Each of the main inpatients providers (i.e. UHL and LPT currently) has arrangements in place which ensure the LA has oversight of all Sec 42 Care Act enquiries. Data related to the number of queries is also reported to the SEG.

- **Safeguarding Children -** Referrals from health providers to Children's Social Care are monitored by the LSCB SEG 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 to participate in multi-agency 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) Groups (i.e. Children / Adult / DHRs) where decisions are made about whether to proceed with a Child SCR, Safeguarding Adult Review (SAR), or Domestic Homicide Reviews (DHRs). The CCG Designated Safeguarding Professionals are members of the above LSCB / SAB Groups and all case review panels. The Hosted Safeguarding team also attends the LLR Channel Panel (Leicester City is priority 1 area).

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

During 2018-19, 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

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's 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 **LLR Dementia Strategy** aims to create a health and social care system that works together so they every person with dementia, their carers and families have access to and receive compassionate care and support not only prior to diagnosis, but post-diagnosis and through to end of life. See EDS2 outcome 1.1 above.

Principle 7 of the LLR Carers Strategy (Carers can access the right support at the right time) ensures the needs of carers are respected and promoted; they have access to a carer's assessment to determine if social services have a statutory duty to provide assistance; and carers experience is considered on a regular basis.

NHS England launched its **NHS 111 service online** to complement the 111 phone service, which encourages patients and users to access the online services for additional information to help with self-diagnosis of health care problems. The overall NHS 111 campaign was set up to encourage people to call 111, instead of worrying, self-diagnosing or second guessing what they should do when they have an urgent health care problem. NHS England have now created the website, as an additional resource of help, which were also advertised nationally.

The previously created **'NHS Now' app** was developed and refreshed in 2018 to make it quick and easy for people to discover health and wellbeing services wherever they are within the LLR area, without the need to sign up or login, making it safer and more secure for Users. Once downloaded, users are able to find and save their GP Practice, Dentist and Pharmacy; as well as their local authority and other service providers close to them to obtain instant access to opening hours, contact details, websites, and travel directions, for example. Following engagement exercises in January 2019 with patients and stakeholders, positive feedback was provided as well as constructive ideas, which continue to be reviewed prior to its relaunch in April 2019.

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

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.

LLR health and social care developed a STP / BCT Programme in response to NHS England's "Five Year Forward View" (2015), which sets out how hospitals, GP practices, community and social services can work together to improve outcomes for patients. As part of this process, GP practices will provide their patients with access to **Online Consultations** as an alternative to telephone or face-to-face encounters, which forms part of the wider programme of primary care transformation in line with the GP Forward View, and supports the LLR Local Digital Roadmap. As well as improving patient access and experience, this service is seen to support greater practice efficiency in terms of managing workloads

better; addressing demand; and reducing pressure within general practice.

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.

- **General Practice Patient Survey** – A national survey run on behalf of NHS England annually; the result show how people feel about their GP Practice. In response to last years' survey the CCG has offered support to practices scoring below the national average and approached high performing practices to consider and adopt sharing of best practice. All data is published on an annual basis (https://www.gp-patient.co.uk/)

- **Listening Booth –** The Listening Booth is a process to gather patient stories, experience and feedback of NHS services they have recently used. Feedback is collated and fed back to Provider contracting teams to prompt quality service improvements ensuring the patient voice is central in all commissioning decisions.

  During 2018-19, the **CCG's Listening Booth** continued to be taken to locations across the CCG in order to gain an understanding from members of the public in relation to what went well and what did not go well in relation to NHS services they attended:
  - Alzheimer's Memory Café, Melton Mowbray and in Market Harborough
  - Blaby Youth Council
  - Blaby Mind Matters event
  - Dementia Forum, Aigburth Residential Home
  - Forest House Medical Centre
  - Glenfield Surgery
  - GP Practices as part of the 'Over the Counter' engagement exercise (i.e. Glenfield Surgery, Northfield Medical Practice, Market Harborough Medical Practices, Oakham Medical Practice, Market Overton, Latham House Medical Practice, Wigston Central Surgery)
  - Keeping Healthy and Connected – Support for Carers
  - Lutterworth library
  - Lutterworth Market
  - Melton library
  - Oadby Walk-in Centre
  - Oadby library

- **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 (August 2018 - July 2020)**, which 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's Integrated Governance Committee (IGC), which includes complaints data and associated learning. See IGC Summary Reports presented to the CCG's IGC available on the CCG website (https://eastleicestershireandrutlandccg.nhs.uk/about-us/governing-body/governing-body-papers/)

An **Equality monitoring form** was developed in conjunction with Commissioning Support Unit to ensure all 9 protected characteristics were considered, which was rolled out in April 2015 and continues to be sent to every complainant along the initial letter of acknowledgement and consent form. 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. The completed equalities forms are logged anonymously and protected characteristics reported on for further analysis and consideration.

Goal 3: A representative and supported workforce

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all time

The CCG has a **Recruitment, Selection and Induction policy (HR 014)** which applies to all vacant posts and describes the standard recruitment and selection process. It recognises that sound recruitment and selection procedures and good practice are essential in ensuring that posts are filled by individuals with the required skills, qualifications, abilities and potential to meet the needs of posts within the CCG. The policy promotes equality of opportunity and equal treatment in every respect for all employees and potential employees. The recruitment and selection process is administered by the CCG's Commissioning Support Unit's Recruitment Team using **TRAC (recruitment system).**

The CCG is committed to holding up to date information about its workforce, in line with General Data Protection Regulations (GDPR), 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 it 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. The CCGs workforce is relatively small 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 Executive Management Team (EMT) and Integrated Governance Committee (IGC) receive quarterly updates on key workforce metrics, which include some of the protected characteristics; and information relating to the probability of being appointed. See **Workforce Metrics report presented to the IGC in July 2018.**

The CCG delivered **recruitment and selection training in December 2018** for recruiting managers, which incorporated equality, diversity and inclusion issues and unconscious bias.

The CCG is also required to demonstrate having "due regard" (consideration) to the Workforce Race Equality Standard (WRES) and in meeting its requirements of the CCG Assurance Framework, the CCG monitors and supports the NHS and other large provider organisations with progression of the Standard. The CCG aims to fully understand the diversity of the workforce so that it can ensure non-discriminatory practice, to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty, the Equality Act 2010. 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 nine WRES indicators. The CCG continues to make good progress against the indicators and has continued to monitor on a quarterly basis, the success of White and BME applicants at key stages of the recruitment process and the relative likelihood of appointing a White v BME applicant. The CCG produced and published its latest **WRES report in September 2018, which is available on the CCG's website** and includes an action plan to address some of the issues / concerns raised: **https://eastleicestershireandrutlandccg.nhs.uk/get-involved/equality-diversity-and-human-rights/.**

3.2 The NHS is committee to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

The national Agenda for Change pay system was introduced in October 2004 to ensure that pay in the NHS was consistent with the requirements of equal pay legislation.

Posts within the CCG are evaluated in line with Agenda for Change pay system; and Job Evaluation enables jobs to be matched to national job profiles to determine which Agenda for Change pay band a post should fall within.

Job descriptions and person specifications are sent to an independent panel for review where the

information is evaluated and scored against 16 factors. The final score results in the banding applied to the post. The process of evaluation is based solely on the job description and person specification and therefore does not discriminate against the protected characteristics.

All job evaluation scores / outcomes are recorded and held by Midlands and Lancashire Commissioning Support Unit (ML CSU).

See **NHS Terms and Conditions of Service (AfC) pay poster 2018/19**
https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/NHS-TCS-2018-Pay-scales-poster-2018-19.pdf

3.3 Training and development opportunities are taken up and positively evaluated by all staff

ELR CCG staff also have access to the online Learning Management System (LMS) and are required to undertake a range of statutory training within the first few weeks of their employments, and at regular intervals thereafter. The LMS includes an 'Equality, Diversity and Human Rights' training module at Level 1.

As at December 2018, training uptake across the CCG for the mandatory training modules was as follows:

Courses	Certified
CSTF: Basic Prevent Awareness - 3 years	93.7%
CSTF: Equality, Diversity and Human Rights - level 1 - 3 years	95.3%
CSTF: Fire Safety - 1 year	84.3%
CSTF: Health, Safety and Welfare - 3 years	94.5%
CSTF: Infection Prevention and Control - level 1 - 3 years	93.7%
CSTF: Moving and Handling - level 1 - 3 years	95.3%
CSTF: Safeguarding Adults - level 1 - 3 years	92.9%
CSTF: Safeguarding Children - level 1 - 3 years	92.9%
IAA: Fraud and Bribery Awareness - 2 years	94.5%
MTPR: Managing Conflicts of Interest Module 1 - 1 year	90.6%
Grand Total	92.8%

The annual performance and development process includes a discussion about training needs and results in an individual personal development plan. Training needs can be addressed in a variety of ways and all types of training and development interventions are supported despite the CCGs difficult financial position.

The CCG has supported the attendance of some members of staff on external training, which includes programmes provided by the East Midlands Leadership Academy. The CCG has also supported a small number of developmental secondments.

As part of the WRES the CCG has encouraged staff to register details of attendance at training and development activates in order that we can record training activity.
The CCG generally hosts two development days per annum which all staff are invited to attend and include a mixture of informative, interactive and developmental sessions. The event in December 2018 was attended by c. 100 delegates and was rated overall as 4.5 out of 5 by 80 delegates. See **feedback from the Staff Development Day provided in the Staff Briefing in January 2019.**

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.

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

In February 2015, the Freedom to Speak Up report was published by Sir Robert Francis QC. The report outlined the findings of an independent review into creating open and honest reporting cultures in

the NHS. 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 and were successfully used in 2018 for the first CCG award ceremony.

The CCG encourages staff to complete an annual NHS staff survey, which provides individuals an opportunity to feedback in relation to a range of questions, including abuse, harassment, bullying and violence of any sources. The table below shows a comparison of the results over the last 2 years in relation to this section:

Staff Opinion Survey Historical Comparisons		**2017**	**2018**
Q13b	In the last 12 months how often have you experienced harassment, bullying or abuse at work from managers	69%	71%
Q13c	In the last 12 months how often have you experienced harassment, bullying or abuse at work from other colleagues	80%	77%
Q13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	27%	44%

The CCGs development event in April 2018 included a session on bullying and harassment and some team discussions about encouraging staff to raise any issues and concerns informally. As part of the evaluation, delegates were asked if they found the session helpful, which scored 4 out of 5. One of the actions from the development day was to arrange some internal harassment and bullying training, which was subsequently delivered in July and August 2018.

The objectives of the **Harassment and Bullying Training 2018** were to:

- explore what bullying and harassment in the workplace is;
- raise awareness of the identification and impact of bullying and harassment;
- outline responsibilities of individuals and managers;
- explain the process to be followed if you consider you are being bullied or harassed;
- promote the sources of support available;
- outline the expected standards of behaviour of all CCG staff

The training was attended by 19 delegates and a summary of the course evaluation is detailed below:

Question		**Replied Yes**
1	Did you find the training helpful?	17/17
2	Do you know more about bullying and harassment and the behaviours that could be regarded as unacceptable?	16/17
3	Do you understand the difference between bullying and harassment and firm but fair management behaviour?	17/17
4	Do you understand your responsibilities in managing everyday conflict?	17/17
5	Are you clear about the actions you should take if you ever thought you were being bullied or harassed?	17/17
6	Did the training facilitator provide adequate time for discussion?	17/17
7	Did the content cover the issues that you would have expected to be included?	17/17
8	If no, what do you think was missing?	
9	As a result of the training would you feel more confident to report any incidents of bullying or harassment?	12/17 1-No 4-No reply
10	Overall how would you rate the training on a scale of 1-10 where 1 is extremely poor and 10 is exceeds all expectations.	8.8

The CCG's internal workforce policies continue to be developed, in line with current legislative requirements, including the Equality Act 2010 that includes the following:

- **Harassment & Bullying Policy (HR 006)**

- **Freedom to Speak up: raising concerns (Whistleblowing) policy (HR001)**

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

In line with the CCG's **Flexible Working Policy (HR 010 - 2),** that is available to all staff, all applications are considered fairly and no-one who makes a request for flexible working will be discriminated against or suffer any detriment for changing their work pattern in accordance with this policy. This includes the following examples of flexible working patterns, which the CCG may support although any other requests may be considered:

- Home-working;
- Part time working;
- Job share.

As part of the application process, staff are required to state the reason for their request, including as much information as they can about their current and desired working pattern (i.e. working days, hours, start and finish times, start date). In addition, to identify the effect the changes to their working pattern will have on the work they do, that of their colleagues and on service delivery; as well as any suggestions about dealing with any potentially negative effects.

In addition, the CCG also operates under the following policies, which also apply to all staff:

- **Career Break Policy (HR 010 – 1), which aims** to attract, retain and motivate staff by demonstrating a commitment to their long-term career and personal development as there are times when employees need or wish to take time away from work. A career break may be taken for any of the reasons listed below, or simply to have a break from paid employment. Possible reasons for a career break might include (these examples are not exhaustive):

    - Childcare responsibilities;
    - Eldercare responsibilities;
    - Travel;
    - Study;
    - Personal or professional development; or
    - To pursue a personal interest.

- **Special Leave Policy (HR 010 – 3), which applies to e**ligible employees who are able to request leave from work for the following reasons:

    - Urgent Carer's Leave;
    - Emergency Domestic Leave;
    - Bereavement Leave;
    - Domestic Violence;
    - Appointments;
    - Time off for religious holidays;
    - Territorial, Reserves or Cadet Forces;
    - Public Duties.

There are other categories of leave that employees have a statutory right to take, such as Maternity, Paternity, Parental and Adoption Leave, which are detailed in the **Maternity, Paternity, Parental and Adoption Leave Policy (HR 011).**

3.6 Staff report positive experiences of their membership of the workforce

The CCG encourages 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.

In 2018, all members of staff remunerated via payroll on 1 September 2018 (i.e. 104) were invited to complete the **National NHS Staff Opinion Survey,** which was open from 8 October to 30 November 2018. 103 members of staff were eligible to complete the survey - 82 members of staff (80%) returned a completed questionnaire.

Comparing results over time, the two tables below shows the question against which the CCG has most improved since the previous survey undertaken in 2017:

Most improved from last survey			
		2017	**2018**
Q13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	27%	44%
Q2b	I am enthusiastic about my job	55%	65%
Q22b	I receive regular updates on service user experience feedback in my department	61%	70%
Q19a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework review?	89%	96%
Q2a	I look forward to going to work	45%	50%

The average response rate for the 66 CCG organisations was 78% against which ELR CCG continues to perform well with a response rate of 80%. Although this was lower than the 2017 response rate (84.8%) and 2016 response rate (81.3%).

In addition to the core questions, the CCG added some additional local questions to the survey, for example, whether the Executive Management Team operate an 'open door' policy. At the time of writing the report the results of the local questions have not been provided. This info is available now Comparing results over time, the table below shows the top 5 and bottom 5 scores compared to the average scores of other similar organisations:

Top 5 scores compared to the average scores of other similar organisations		**CCG**	**Average**
Q19a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework review?	96%	84%
Q22b	I receive regular updates on service user experience feedback in my department	70%	60%
Q19e	The review or training included a discussion of the values of my organisation, as part of the appraisal process	42%	32%
Q4f	I have adequate materials to do my work	77%	68%
Q13a	In the last 12 months how often have you experienced harassment, bullying or abuse at work from the public	95%	90%

Bottom 5 scores compared to the average scores of other similar organisations		CCG	Average
Q6c	Relationships at work are strained	26%	50%
Q19g	My manager supported me to receive this training, learning or development	36%	57%
Q23c	As soon as I can find another job, I will leave this organisation	35%	54%
Q4j	I receive the respect I deserve from my colleagues	57%	74%
Q23b	I will probably look for a job at a new organisation in the next 12 months	25%	42%

The key facts of the survey were shared with staff at a **Staff Briefing in January 2019 (see 3.3 above).** Teams will shortly be asked to review the results and identify any areas they want to address locally.

Goal 4: Inclusive leadership at all times

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

The Governing Body demonstrates its commitment to promoting equality within and beyond the CCG in the following ways:

- approving the new CCG values in 2016, which supports behaviours of equity and fairness, including inclusion ensuring we work as one team;
- approving the Equality and Diversity Strategy for 2017 – 2021 and the revised equality objectives, which were extended for the duration of the E&I Strategy in February 2018 (https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2018/02/ELR-CCG-Governing-Body-papers-public-13-Feb-2018.pdf - Paper H);

- supporting with the publication of the equalities information and receipt of Patient Stories at Board;

- continuing to promote equality and inclusion within meetings across the LLR CCG's and wider as part of partnership working (i.e. Local Authorities, Health and Well Being Board).

4.2 Papers that come before the Board and other major Committee identify equality-related impacts, including risks, and say how these are managed

A **corporate report template** has been designed for the Governing Body and its sub-Committees, which requires authors to consider due regard to the 9 protected characteristics when compiling their report; and in relation to the project / programme being reported on.

In addition, **reports being presented to the Governing Body** and the key corporate Committees are aligned to the **corporate risk register** as the report template requires authors to make reference to the appropriate risk within the **Board Assurance Framework (BAF).** https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2018/03/ELR-CCG-Governing-Body-papers-PUBLIC-13-March-2018.pdf (Paper K); and summary reports from the Audit Committee on a monthly basis thereafter.

4.3 Middle Manager and other Line Managers support their staff to work in culturally competent ways within a work environment free from discrimination

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.

See Outcome 3.4 above for the CCG's **Harassment and Bullying Policy 2017 – 2020 (HR 006),** which applies to all staff, including line managers and middle managers. The policy ensures that all members of staff are treated with dignity and respect, free from harassment or other forms of bullying at work. It sets out examples of the types of behaviour that may constitute harassment or bullying and our commitment to eliminating such behaviour.

In order to promote a positive working environment, managers should:
• Conduct themselves in a way which does not intimidate or cause offence or embarrassment to others, and to be aware of behaviour which may cause offence, even if unintentional;
• Promote attendance on relevant training programmes;
• Promote awareness that bullying or harassment will not be tolerated;
• Take all reasonable steps to ensure that bullying or harassment does not occur in the workplace for which they are responsible;
• To take appropriate action if they become aware of or witness any acts of bullying or harassment;
• Treat all complaints of bullying or harassment seriously, sensitively and confidentially and ensure complaints are dealt with promptly.

The Policy supports individuals to work in an environment free from discrimination and ensures a

process is in place to deal with such issues as they arise.

The CCG also offered EIRA training to key members of staff across the CCG in May 2018, which was attended by 16 members of staff across the CCG and provided an overview of:
• What an EIRA is
• Why we do EIRA
• Identifying impact for those with protected characteristics
• Considering impact on other groups
• Human Rights
• Mitigating and reducing risk
• Justifiable discrimination
• U Assure

County Hall has a multi-faith room, which is located on the Ground Floor of the Pen Lloyd Building (Room G56 - right at the lifts from Main County Hall Reception), which includes separate shower / washroom facilities for both men and women (see **ELR CCG's Staff Handbook, page 8**). CCG staff has also engaged in a number of cultural events, such as Easter, Eid, Diwali – November 2018, and Christmas – December 2018, by arranging staff lunches, displaying posters etc.

The CCG has two qualified **Mental Health First Aiders (MHFAs)** available to offer support to any member of staff who may be experiencing difficulties. Mental ill health can affect anyone at any time and as an organisation the CCG wants to make sure staff have someone to talk to about whatever you might be going through.

MHFAs offer an initial point of contact for any member of staff who may be experiencing a mental health issue or emotional distress and can sign post individuals to the relevant help that they might need. MHFAs are not therapists, or psychiatrists or counsellors, they are simply Workplace First Aiders for Mental Health who are able to offer support through non-judgemental listening and guidance. See **ELR News – 26 November 2018 for details of the MHFAs.**