NHS
West Leicestershire
Clinical Commissioning Group

WEST LEICESTERSHIRE CCG

Equality and Diversity Annual Report 2018/19

Patients, Practices, Partners

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1. Executive Summary

The West Leicestershire Clinical Commissioning Group (WLCCG) 2018/18 Annual Report outlines how the CCG continues to comply with the Equality Act (2010) – the Act, specifically with the key measure in the Act – the Public Sector Equality Duty (PSED).

This report sets out how the CCG has been demonstrating 'due regard' to the PSEDs three aims and provides evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information.

Due regard means that the CCG has given advanced consideration to issues of equality and discrimination before making any policy decision that may be affected by them.

It also reports on our progress towards achieving excellence in Equality and Diversity and contains:

- An overview of the processes we use to ensure that equality and diversity is embedded throughout our organisation, making it central to our planning, governance, decision making, policy making and part of everyone's role.

- A breakdown of our staff and our local population - information which enables us to make the right decisions for the people we serve and the people who work for us.

- How the CCG is implementing the refreshed Equality Delivery System (EDS2) to help embed equality and diversity throughout the organisation.

- Our proposed EDS2 grades for 2018/19 and an assessment of the EDS2 gaps we have identified which will underpin our Equality and Diversity Delivery Plan 2019/20.

- This Report is based on our belief that equality should be about outcomes, and making a difference to people's lives, and not ticking boxes.

We recognise and take seriously our responsibilities and duties under the Equality Act (2010), in particular the need to have due regard to equality impacts in our commissioning, service delivery and decision making.

Publication of this 2018/19 Annual Report is part of a wider framework which delivers on our commitment to achieve best practice in Equality and Diversity. Publishing equality information in this way also helps the CCG to meet its PSED, and it helps communicate our commitment to engagement and transparency to all our stakeholders.

2. Introduction

We recognise and value the diversity of the local community and believe that Equality and Diversity is central to the commissioning of modern, high quality health services focused on the patient.

The CCG understands the diverse needs of its population and is committed to reducing health inequalities and improving the quality of health outcomes of its local communities. We also recognise that equality is not about treating everybody the same. Instead, it is about ensuring that access to opportunities are available to all by taking account of people's differing needs and capabilities. We appreciate diversity and seek to recognise and value differences through inclusion.

WLCCG Equality Objectives

1. Reduce health inequalities though targeted approach; and improve access to existing services by protected groups.
2. Improve equality data monitoring for service planning, commissioning and monitoring outcomes and experience.
3. Develop and inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation.
4. Maintain good governance and diversity performance through the Equality Delivery System (EDS2).

The purpose of this Annual Report is to publish information to show how we are meeting the Public Sector Equality Duties (PSED). Publishing this information is a requirement specified in the Equality Act (2010), (Statutory Duties) Regulations 2011, section 2: Publishing of Information.

The PSED requires us to consider equality implications in all we do, and to be pro-active in meeting our legal obligations. Its remit is very broad, including decision-making, policy development, budget setting, procurement, commissioning, and employment functions.

As such, this report contains our:

- Proposed EDS2 Grades for 2018/19
- Workforce Equality and Diversity Monitoring information
- Annual Equality and Diversity Engagement update for 2018/19

In 2018/19, we continued working towards the provision of accessible healthcare and the development of a well-supported workforce that is representative of the population we serve.

In addition, our commitment to embedding equality and diversity considerations into all aspects of our work, including policy development, commissioning processes and employment practices continues from the previous years.

We will also continue to maintain an environment where dignity, tolerance and mutual respect, free from prejudice and discrimination, is experienced by all and where patients and staff feel able to challenge discrimination and unacceptable behaviour.

Whilst this report has been informed by evidence gathering and engagement activities during 2018/19, it is also driven by a number of external and internal strategic policy imperatives that have an impact on our work as a CCG, namely:

- NHS Constitution
- NHS Outcomes Framework
- Joint Strategic Needs Assessment (JSNA) in Leicestershire - our specific local health needs and priorities
- Leicestershire Health and Wellbeing Strategy 2013/16 & 2017/2022
- WLCCG Operational Plan 2016-2017, 2017-2018 and 2018-19
- Better Care Fund
- Better Care Together Five -Year Strategy
- Leicester, Leicestershire & Rutland Sustainability and Transformation Plan
- NHS Long Term Plan

2.1. Leicester, Leicestershire & Rutland Sustainability and Transformation Partnership

The Sustainability and Transformation Partnerships (STP) plan for Leicester, Leicestershire and Rutland, under the banner of Better Care Together (BCT), sets out how, within the resources available, the CCG can ensure that it consistently deliver quality services that are accessible for local people.

The population overall in our sub-region, like many parts of the country, is getting older, and as such people often have more long term illnesses that need managing. We also know that some services aren't currently consistently delivering the quality and access of care that we would want for local people.

In partnership with our STP partners we published an updated our STP and published Next Steps for Better Care Together. As part of this 'refresh' of our plan we held a series of awareness events across LLR.

The STP for Leicester, Leicestershire and Rutland details how those challenges can be tackled in our region and contains the following proposals:

- We are already investing in local services including £45.5 million on a new state of the art emergency department at Leicester Royal Infirmary
- An increase in services delivered in the community by specialised clinical teams;
- Encouraging more people to live healthily and avoid illness;
- Helping to address an LLR projected NHS funding gap of £399 million, caused by a number of factors including an increase in demand for services, and the costs of new treatments
- A movement of hospital beds from the big city hospitals to the community, in hospitals or at home, for those people whom it would benefit

- Plans for reconfiguration of Leicester City Hospitals from three to two acute sites
- The future options for maternity services in Leicester, Leicester and Rutland, including the current standalone midwife led unit in Melton Mowbray
- Reconfiguration of community hospitals and their beds and community-based services

The plan sets out how services can be changed for the better to improve care and the patient experience, while addressing the problem of demand for services continually outpacing the resources available. In order to deliver these aspirations it means the services we deliver, and where and how we offer them, will need to change.

Changes within the plan will be subject to further engagement, building on that has already taken place as part of Better Care Together. Specific areas within the plan will then be subject to formal public consultation where appropriate.

3. A Local Context

WLCCG is responsible for a population of 397,040 (2017), across an area of around 875 square kilometres within Leicestershire. It covers three district council areas, Charnwood, Hinckley & Bosworth and North West Leicestershire. The area comprises a mixture of large and small towns, villages and rural communities, each with their own rich heritage and culture. Key settlements include the market towns of Ashby de la Zouch, Coalville, Broughton Astley, Earl Shilton, Hinckley and Loughborough.

3.1. Demographics

Within the area served by WLCCG there are 48 GP practices providing primary medical care to patients. From these practices, the GPs and practice teams form the basis of the CCGs membership and through locality meetings play a key role in making clinically-led commissioning a reality.

3.2. Population changes in West Leicestershire

In 2015–17, life expectancy at birth for males in Leicestershire was 80.8 years and for females it was 84.1 years. This is significantly higher than the average life expectancy for England (79.6 years for males and 83.1 years for females).
Since data was first collected in 2001-03, life expectancy has gradually increased, from 77.8 years for males and 81.6 years for females.

For 2014–16, the gap in life expectancy between the most deprived areas and the least deprived areas in Leicestershire as a whole was 6.6 years for males and 5.5 years for females.

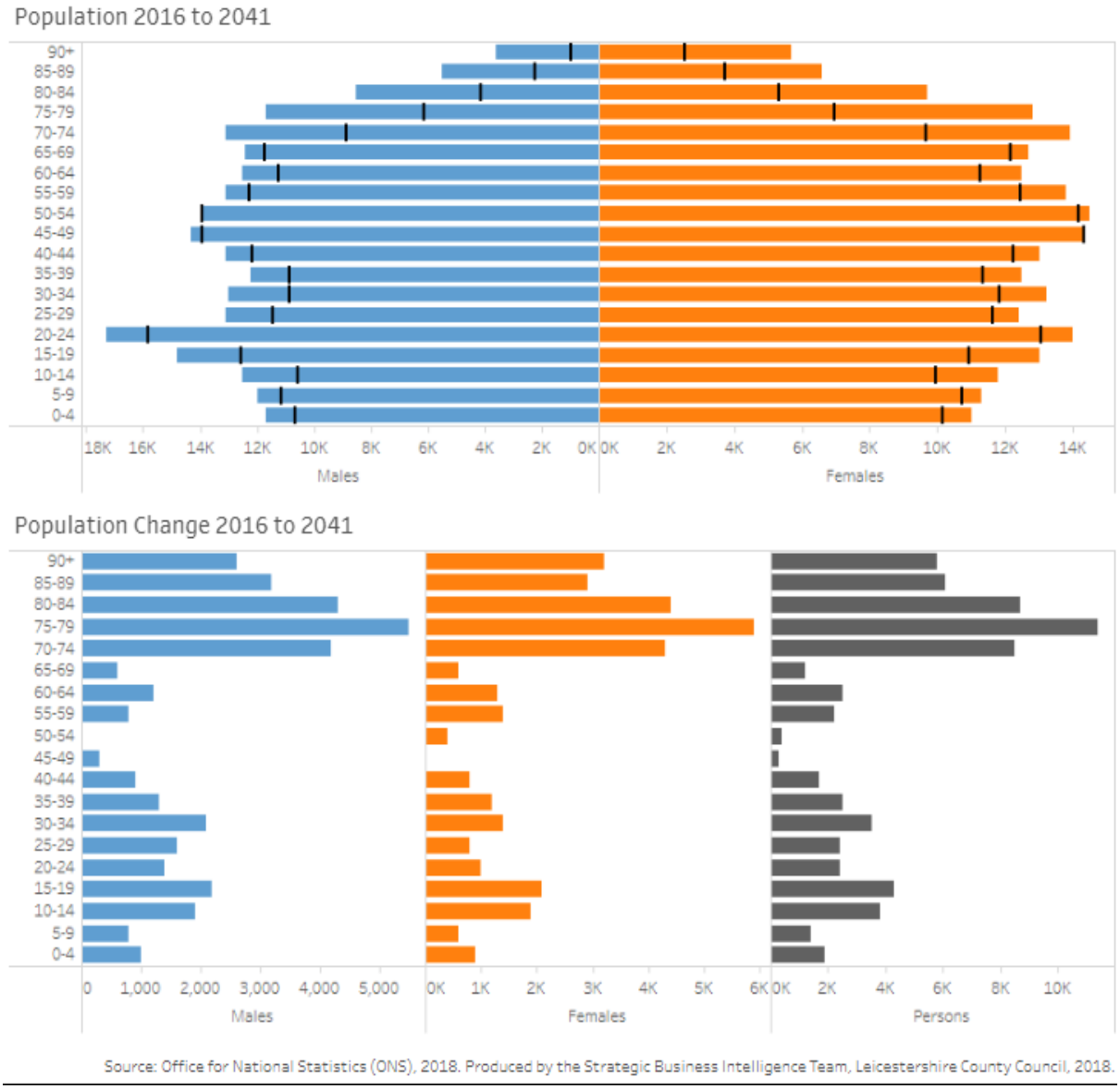
Between 2016 and 2041 (25 years) it has been projected that the total population of West Leicestershire will grow by 18.1% to 461,300:

- 126.3% increase in people aged 85 years and over
- 44.8% increase in people aged 65-84 years
- 11.4% increase in children and young people aged 0-24 years
- 7.8% increase in people aged 25-64 years

In keeping with national changes, West Leicestershire's population is ageing significantly. In October 2016 there were approximately 94,300 people aged 60 and over in WLCCG area, of which approximately 18,000 were aged 80 and over.

Figure 1 shows the population makeup and projections for the three Leicestershire districts which cover West Leicestershire. The blue bars represent males, orange bars represent females, and grey bars represent persons. The black bars on the population pyramid show the mid 2016 population for the three districts combined, while the coloured bars show the population in 2041; both broken down by age band. This coupled with the population change chart, shows the largest increase in population for males and females during this time is in 75-79 year olds with a population increase of 5,500 and 5,900 respectively.

Figure 1: Forecast population changes across West Leicestershire Districts (change from 2016)



Source: Office for National Statistics (ONS), 2018. Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2018.

Likely impact of the predicted increase in the older population in West Leicestershire:

The significantly greater numbers of older people in the population coincides with more people living with long term conditions, increasing the burden of disease and comorbidities. Examples include:

- A projected 74% increase in dementia prevalence in those aged 65 and over in the next 25 years.
- A projected 39% increase in diabetes prevalence in those aged 65 and over from 2015-2030.
- A projected 33% increase in obesity prevalence in those aged 65 and over from 2015-2030.

The complexity of care will therefore require integrated working from all parts of the health and social care system to support this population, especially those living alone. An estimated 15,700 of the over 75 age group in the WLCCG area were predicted to live alone in 2015. This number is projected to increase by 67%, to 26,300 by 2030.

The proportion of the population in paid work will decrease while care needs continue to rise. From 2015-2030, those aged 65 and over living with a limiting long term illness is predicted to increase by 47%. This creates an infrastructure gap which is already partially bridged by people providing unpaid care. This includes the 65 and over population with those providing unpaid care predicted to increase by 34% in the same time period.

The 2001 Census estimates there were around 35,580 people of all ages in the WLCCG area who were providing unpaid care. By 2011, this increased by 10.7 % to 39,400. Those providing unpaid care therefore made up 11% of the WLCCG population in 2011, which was higher than the England average of 10.4%.

3.3. Tackling the gap in life expectancy/health inequality across West Leicestershire

The average/overall health of the population of West Leicestershire is significantly better than the England average. However, within West Leicestershire there are areas that have poorer health outcomes. The main areas affected are Loughborough, Ashby, Coalville and Hinckley.

Inequalities in health need to be addressed in attempts to minimise the gap in life expectancy between the most deprived areas mentioned above, and least deprived areas.

WLCCG has significant inequalities based on communities of interest as well as geographic communities. Significant health inequalities exist for marginalised groups. For West Leicestershire specifically, there are a number of BME communities of interest, including a strong Bangladeshi community in Loughborough and Gypsy/Traveller communities across the area.

Evidence suggests that the most effective way to reduce the gap in life expectancy in the short term is to improve the management of diseases that predominately affect the socially excluded i.e. cardiovascular disease and its risk factors (smoking, high blood pressure, raised cholesterol levels and diabetes) and cancer and its associated risk factors.

Ethnicity

The three districts of West Leicestershire have very different ethnicity profiles. North West Leicestershire and Hinckley and Bosworth have black minority and ethnic (BME) populations of less than 5%, with the largest proportion coming from Irish and White other communities. In Charnwood 11% of the population are BME, with the highest proportion being Asian, followed by Irish/White Other and black African/Caribbean. Loughborough, Hastings and Thurmaston wards have high proportion of BME with Bangladeshi and Indian being the highest proportion. We also have a small but significant number of people in West Leicestershire who identify as being from gypsy and traveller communities (**237** in 2011 census).

Charnwood, Loughborough Hastings and Thurmaston have higher proportions of BME than white British people reporting that they are not in good health.

The present health inequalities related to ethnicity are summarised below:

- Bangladeshi community – concentrated population in Loughborough, in a high deprivation area – high rates of smoking;
- South Asian population: high rates of diabetes and heart disease; 50% more likely to die prematurely from coronary disease. Young Asian women are twice as likely to attempt suicide.
- Gypsy and traveller – profound health inequalities, with life expectancy up to 30 years lower than white British. A seldom heard group, with low literacy rates, therefore standard engagement models are not effective.
- White Irish – higher rates of secondary mental health care use

Religion

There is no dominant minority religion in the area. However, specific communities may have specific local barriers to services. This is difficult to evidence in terms of data and would need qualitative information or information from services.

Sexual Orientation

There is no local information on population size or health needs. Nationally estimates in 2015 found that between 5-7% of the population identifies as lesbian, gay or bisexual. Negative experiences are a recurring finding within sexual minority groups, with known health inequalities exist around:

- cancer screening (especially breast and cervical)
- rates of breast cancer in women
- mental health (e.g. higher suicide ideation and self-harm)
- higher rates of body image disorders within gay men, although the rates of obesity are lower
- substance misuse (especially alcohol use in lesbian women and stimulant use in gay men)
- smoking

Transgender and transsexual groups

Recent community engagement with local transgender and transsexual groups has raised issues throughout the health system, although privacy within A&E was a particular issue. Single sexed accommodation in secondary care is a national concern.

Gender

There is no evidence to suggest that the local population is different to the national profile for gender health inequalities.

Marital Status

According to 2011 census data, approximately half of all people over the age of 16 are married:

- Charnwood: **46.9%**
- Hinckley and Bosworth: **52.9%**
- North West Leicestershire: **52.4%**

Disability

The 2011 Census found that the percentage of population with a long term health problem or disability was 15.6% in Charnwood and 17% in Hinckley and Bosworth. Prevalence for these areas was significantly lower than the national value of 17.8%. North West Leicestershire in comparison had a 18.1% prevalence, which was significantly higher.

Barriers to services and poor outcomes are often disability-specific. Nationally there is concern about the physical health of those with mental health problems (especially smoking rates and obesity rates) and those with learning disability. Both groups suffer markedly lower life expectancy. There is limited knowledge about the disability profile of the population served and this is one area for potential development.

Age

The growing older population remains the most pressing commissioning challenge for the CCG. Health inequalities have been highlighted nationally around age in oncology (diagnostic tests and treatment); CHD (e.g. statin prescription) and mental health (including the overshadowing of common MH disorders).

4. Equality Duty

4.1. Public Sector Equality Duty (PSED)

A key measure in the Equality Act (2010) for public sector organisations is the Public Sector Equality Duty (PSED) – the Equality Duty, which came into force on April 5th 2011.

The Equality Duty is there to make sure that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all.

This Government publication summarises the Equality Duty as follows:

"The Equality Duty is a duty on public bodies and others carrying out public functions. It ensures that public bodies consider the needs of all individuals in their day-to-day work – in shaping policy, in delivering services, and in relation to their own employees.

The new Equality Duty supports good decision-making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs.

By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

The Equality Duty therefore helps public bodies to deliver the Government's overall objectives for public services."

4.2. Due Regard

The Equality Duty has three aims – it requires a public body to have due regard to the need to:

1) ***Eliminate unlawful discrimination, harassment and victimisation*** *and other conduct prohibited by the Act*

2) ***Advance equality of opportunity*** *between people who share a protected characteristic and people who do not share it; and*

3) ***Foster good relations*** *between people who share a protected characteristic and people who do not share it.*

To comply with the general duty, a public authority needs to have 'due regard' to these aims in relation to the nine protected characteristics covered by the Equality Duty and which must be considered during employment, engagement and service delivery monitoring are shown in the Table 2.

The Government Equalities Office document[1] goes on to say:

*"Having **due regard** means consciously thinking about the 3 aims of the Equality Duty as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by public bodies – such as in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how they commission and procure from others.*

*Having due regard to the need to **advance equality of opportunity** involves considering the need to:*

- *remove or minimise disadvantages suffered by people due to their protected characteristics;*
- *meet the needs of people with protected characteristics; and*
- *encourage people with protected characteristics to participate in public life or in other activities where their participation is low."*

More recent guidance [2] outlines how the aims of the Duty need to be proportionate to the issues at hand and case law is more focussed upon how officials give proper, informed consideration to equality issues at the right time and keeping a record of that consideration. EIAs are just one way of demonstrating the necessary compliance with the PSED.

Table 2: The 9 Protected Characteristics

[1] Equality Act 2010: public sector equality duty what do i need to know? A quick start guide for public sector organisations, Government Equalities Office, 30 June 2011

[2] Guidance for NHS commissioners on equality and health inequalities legal duties, NHS England, 14 December 2015

#	Protected Characteristic	Notes
1	Age	This refers to a person belonging to a particular age (e.g. 50 year old) or range of ages (e.g. 18 to 30 year old). Age includes treating someone less favourably for reasons relating to their age (whether young or old).
2	Disability	A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
3	Sex (Gender)	A man or a woman. Treating a man or woman less favourably for reasons relating to their sex.
4	Gender / Re-assignment	Gender Identity: refers the way an individual identifies with their own gender, e.g. as being either a man or a woman, or in some cases being neither, which can be different from biological sex.
5	Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.
6	Race	Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.
7	Religion / Belief	Religion has the meaning usually given to it but belief includes religious convictions and beliefs including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.
8	Marriage and Civil Partnership	Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.
9	Sexual Orientation	A person's sexual attraction towards their own sex, the opposite sex or more than one sex.

4.3. Equality Impact Assessments

Since 2016/17, programme managers have used a common template for equality impact assessments (EIAs) as part of project management documentation, so that they could consider the implications and impact of their programmes on the nine protected characteristics. To ensure that we do not intentionally or unintentionally disadvantage people from any of the protected characteristics by the way that the CCG commissions health services, plans new ones, or through its employment practices, an equality impact assessment (EIA) should be carried out at the planning stage. In addition this process also includes completion of a Quality Impact Assessment (QIA).

The CCG does not employ personnel or commission a CSU to specifically provide an equality and diversity function but the key duties are delivered through the corporate affairs team. As capacity has been limited, EIAs have been carried out on a prioritised basis; however this does cover key service changes, procurements (eg discharge to assess pathways), commissioning plans and policies and staff policies. As the CCG increasingly works in a more collaborative way with other local CCGs across LLR, workstreams are either led by WLCCG or other organisations. As a result WLCCG reviews the EIAs which they have undertaken and input as required.

There is a continual need to refresh the process (both within the CCG and across LLR) as well as reminding relevant staff of their obligations and supporting them through training and other guidance. For example staff are required to complete an equality and diversity module as part of their mandatory training. Furthermore, all corporate reports received by the Governing Body and Committees include a section within the cover sheet to show how the report continues meets our obligations and commitments under the Equality Act 2010.

5. The Human Rights Act (1998) – Meeting Statutory Requirements

Human rights are a set of universal minimum standards that must be met, and are not about protecting particular individuals and groups in society – they are a practical framework to protect the rights of everyone and are enshrined in international, European and domestic law.

The Human Rights Act (1998) came into force in 2000, and is made up of a series of sections whose effect is to codify the protections in the European Convention on Human rights into UK Law.

All public bodies (such as the CCGs, hospitals, local government, courts, publicly funded schools etc.) and such other bodies as carry out public functions have to comply with the rights set out in the European Convention. One of the results of this is that an individual can take human rights cases to domestic courts.

The Human Rights Act (1998) sets out the fundamental rights and freedoms that individuals in the UK have access.

This range of rights has implications for the way the CCG buys services and manages their workforce.

In practice this means that the CCG needs to:

- Act compatibly with the rights contained in the Human Rights Act in everything it 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); and

- 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.

Since 2016/17 WLCCG has incorporated human rights screening through the EIA process to ensure that decision making, including its commissioning, decommissioning and service redesign programmes, promotes and protects the rights of people all living in West Leicestershire.

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:

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

6. Accessibility Information Standard

The CCG have a duty to ensure that all providers comply with this standard, which introduced on 1 August 2016, and is supporting local NHS services / GP practices to meet the standard.

The Accessible Information Standard (AIS) aims to make sure that:

- people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services;
- The Standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in accessible formats; and
- The Standard also tells organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication.

To support implementation the CCG undertook the following actions:

- Communicating on what the standard means for primary care, read codes, position of clinical systems suppliers compliance and where to access further information is being shared with practices.

7. Modern Day Slavery Act 2015

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.

The CCG 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/.

8. Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015. The WRES is based on new research on the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care.

The aim of the Standard is to highlight any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing the metrics through an action plan. There are nine metrics, three of the metrics are specifically on workforce data and five of the metrics are based on data from the national staff survey indicators and the final metric focuses whether Boards are reflective of the communities they serve.

The CCG Assurance Framework requires CCGs to demonstrate that they are giving "**due regard**" to using the WRES indicators, and assurance that their Providers are implementing the WRES.

West Leicestershire CCG recognises leadership of the Workforce Race Equality Standard (WRES) must come from the Governing Body, and accordingly has appointed the Quality and Performance Committee to review CCG WRES data, and that of our providers, identifying any areas for development and reporting back to the Governing Body at least annually on its progress in overseeing the implementation the Standard.

West Leicestershire CCG will collate, review and publish WRES data, where appropriate, against the nine indicators in Appendix 4, in accordance with the

deadlines set by NHS England. Progress against the WRES will also form part of the 2018/19 Improvement Assessment Framework (under the Leadership domain).

We will also require our main providers to comply with their own requirements in respect of WRES, the NHS England Standard and will seek timely assurance of publication and compliance of the same and providers updates on WRES has been included in section 11 of this report.

The Governing Body will ensure through overview and reporting processes that West Leicestershire CCG is giving 'due regard' to using the WRES indicators to help improve workplace experiences, and representation at all levels within our workforce, for Black Asian and Minority Ethnic (BAME) staff; and assurance, through the provision of evidence, that our Providers are implementing the NHS Workforce Race Equality Standard.

The CCG has collated and analysed its data against the indicators and the results are set out in Appendix 4. However, it is recognised that the small size of the CCG means that a literal application and interpretation of the indicators needs to be approached with caution. The key findings based upon the workforce within the administration and clerical bands (AC bands 2-9) are:

- 19% of the workforce (excludes GPs/ILMs) are from a BAME background (15/81 headcount), which compares favourably to the population of the CCG outlined in section 3.3; but is a very marginal reduction since last year (20% with 17 headcount)
- There is a fair distribution of BAME staff as a proportion of total staff across the bands i.e. the majority of BAME staff are not concentrated within the lower bands and this is seen in the BAME by pay band graph in appendix 1.
- 17% of the 18 vacancies appointed to (3 out of 18) during 2018/19 were filled by BAME staff, this is a very slight proportionate reduction from last year (3 out of 16)
- 40% of the voting members of the CCG Board are from a BAME background and that is a 20% increase since last year

The CCGs staff survey, run independently by The Picker Institute, does not split the responses between white and BAME staff unlike the national survey used by NHS providers however all the CCGs results are more favourable than the average for CCGs who use The Picker Institute.

9. Managing Equality and Diversity – Governance

9.1. The Governing Body

All members of the Governing Body assume an individual and collective responsibility for supporting the CCG in complying with equalities legislation.

In addition, the Board has responsibility for:

9.2. Specific Board Member Responsibilities

Gillian Adams continues as the appointed Lay Member who will be the key voice for patient and public involvement and promoting equality/diversity issues and will ensure that:

- Views and concerns of local communities are taken into consideration in all business and at all decision-making levels within the CCG
- Equality of opportunity remains a key consideration and is protected during all patient and public involvement activities and during engagement in CCG's commissioning processes.

The Managing Director for the CCG, Toby Sanders stood down in October 2018; however Caroline Trevithick, Interim Accountable Officer has continued to ensure that the necessary resources are in place to support and promote our equality and diversity priorities.

The Director of Performance and Corporate Affairs, Ket Chudasama, will continue to have operational responsibility for:

- Ensuring that equality and diversity priorities remain a key part of the commissioning cycle, and are underpinned by the development of monitoring effective provider service delivery and strong working practices
- Ensuring equality and diversity policies are embedded within all CCG staff management and working practices through the partnership with the CCG's Commissioning Support Unit (CSU), Midlands and Lancashire (M&L).
- Providing evidence to NHS England to demonstrate compliance to the Duty through the annual assurance process (under the Better Health and Leadership domains)

As the CCG Public Health Board Member inequalities lead, Dr Mike McHugh (from Leicestershire County Council, Public Health) provides support in driving the Operational Plan, and also in setting key commissioning priorities to meet any health service gaps identified.

9.3. Sub-Group Responsibilities

All sub-groups (Committees) of the Board associated with supporting the WLCCG Board in delivering its statutory responsibilities have specific responsibilities which have an impact on equality and diversity – in particular:

- The Quality and Performance Committee (Q&P) is the body responsible for ensuring that patient feedback and engagement influence strategic commissioning decisions and that particular issues of patient safety, dignity, and respect are appropriately monitored and swiftly acted upon in line with the patient rights and pledges highlighted within the NHS Constitution. In addition, this committee has specific responsibility for oversight and monitoring of progress of the Equality and Diversity Delivery Plan.

- The Finance and Planning Committee's responsibilities include approval, financial assessment and scrutiny of business cases and investments. All new projects and initiatives presented to this sub-group are expected to have evidence of having conducted an EIA (a process which is built into the business case template). The Committee also coordinates the development of the CCG's commissioning plans, strategies and intentions and monitors delivery and effectiveness. It therefore will pay due regard to the Public Sector Equality Duty and the CCG's equality and diversity objectives in the delivery of its own objectives and throughout all its areas of responsibilities

- The Audit Committee is the key body responsible for ensuring that there are robust systems and processes for governance, risk management and internal control across the CCG's activities. This role will include measuring the delivery of all necessary and appropriate equality and diversity training, which is mandated for all staff within the organisation.

The Committees of the Board are reviewed as part of their annual effectiveness to ensure that this responsibility continues to be supported.

9.4. CCG Level

All CCG Board Members, line managers and staff remain responsible for supporting the organisation's priorities and commitment to equality and diversity. There will be support provided to all through annual training and briefings.

10. Workforce Profile

The CCG is committed to developing a representative and supported workforce and we specifically consider equality and diversity for our staff. We aim to ensure that we have fair and equitable employment and recruitment practices as well as holding up to date information about the CCG's workforce.

Legislation requires the CCG to publish an annual workforce profile in order to support the analysis of our employment policies and procedures from an Equality and Diversity perspective.

Accurate records and analysis of the workforce and employment approach in the CCG are essential to ensure a fair, diverse, and committed workforce. The CCG's Human Resources functions during 2018/19 were undertaken by Midlands and Lancashire Commissioning Support Unit. The CCG and CSU securely hold workforce data in line with recruitment and employment processes.

NHS England has agreed that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. The CCG continues to take the necessary steps to incorporate equality standard as part of its contract meetings with its providers.

All staff in the CCG are required to undertake equality and diversity training via an online module, which staff then have to renew every two years.

In particular, analysis should address and identify any adverse impact that CCG policies and procedures may have on minority and disadvantaged groups within the workforce and population, and also to establish and monitor the progress of our Equality Objectives.

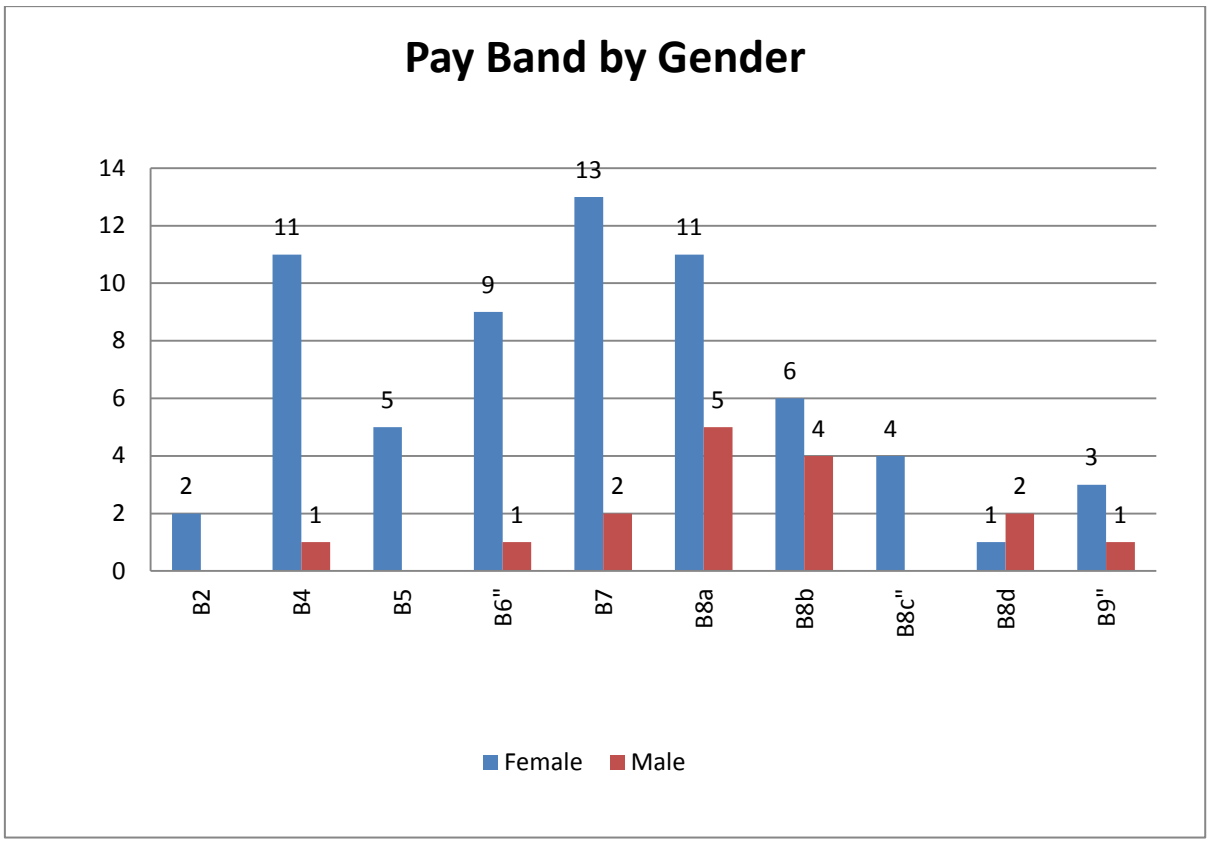
A schedule of data has been collected by the HR Team as a snapshot in time and represents information collated as at March 2019 based upon a headcount of 81 staff (excluding Board GPs and Independent Lay Members).

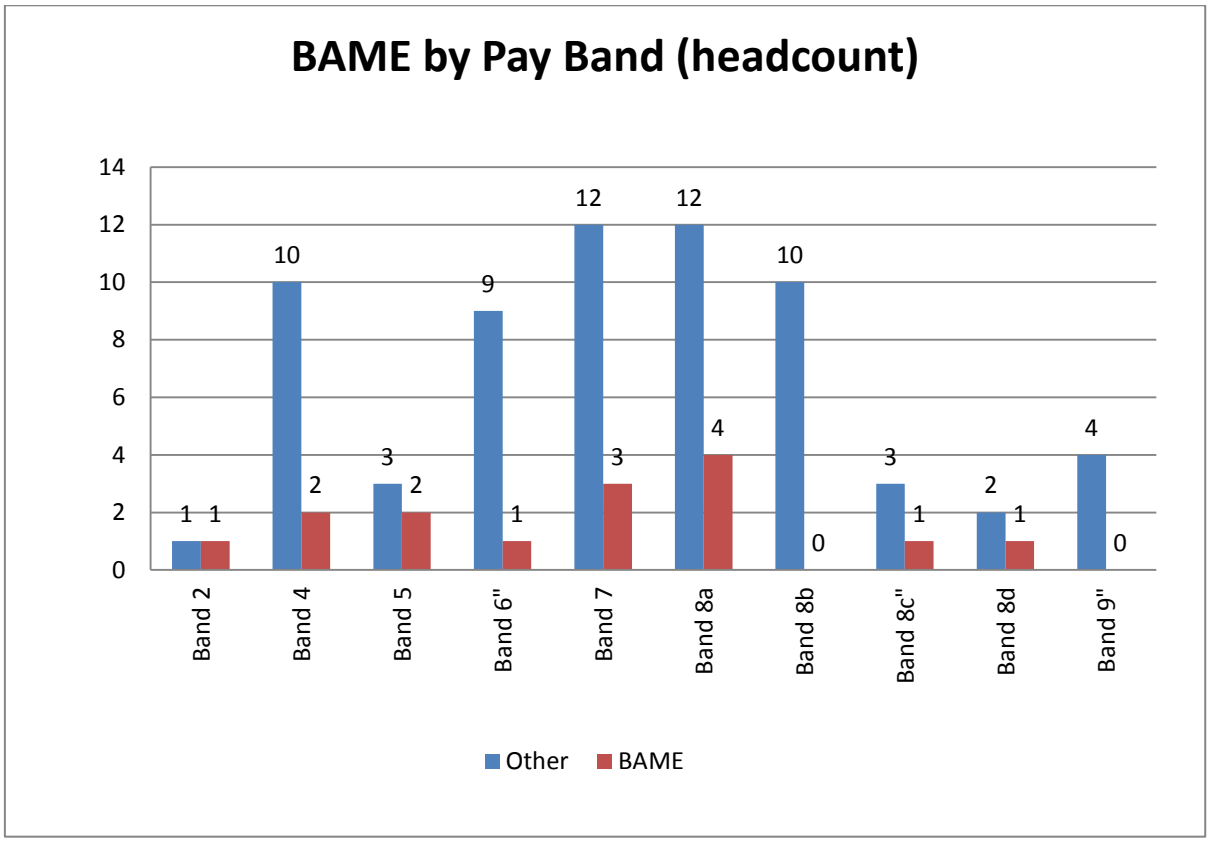
The workforce report is attached as Appendix 1 and shows CCG information against protected characteristics where information was captured through existing systems.

The following is a summary of the key workforce monitoring data for the CCG:

- a significant proportion of the CCG's workforce is female at 71% (67 staff), which is a slight proportionate decrease from last year (72% 70 staff)
- 19% of the workforce (excludes GPs/ILMs) have declared themselves to be from a BAME background (15/81 headcount), but is a very marginal reduction since last year (20% with 17 headcount)
- Due to compliance with data protection and confidentiality rules, it is not possible to disclose the number of staff (due to the low numbers) who have declared themselves disabled, declared their sexual orientation or identified themselves within certain categories of religious beliefs. However from these categories between 15% to 25% of staff have chosen not to declare their status

The 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 law. As an employer, we analyse our workforce data to monitor any trends for differentials in pay due to gender and BME ethnicity. Focussing specifically on management roles (band 7 to band 9), there are a headcount of 52 staff from a headcount of 81 eligible staff.





Notes: " includes staff employed by WLCCG but seconded within LLR CCGs

The key points are:

- 73% of senior roles (bands 7 and above) are occupied by females (headcount of 38), males occupy 27% senior roles (headcount of 14). This is in line with the overall proportion of females in the CCG (71%) and provides evidence to support there is proportionate equality of pay by gender within the CCG.
- 58% of total number of females have roles in senior positions (headcount of 38 out of 65), whereas 88% of total males occupy senior positions (headcount of 14 out of 16). This is a slight decrease for females, but an increase for males from the previous year (from 81% to 88%), indicating that during the year more senior roles have been filled by males following the recruitment processes – this is a trend that has continued since 2017, although the change in whole numbers are still relatively small.
- 0 of the 9 GP Board roles are occupied by females at the time of the snapshot of data (end Mar 2019), however during the year there have been nominations from female GPs to vacant roles and a female Board GP will occupy the H&B locality lead role from June 2019
- 17% of senior roles (bands 7 and above) are held by those from a BME background (9 out of 52) and is slightly lower than the proportion of staff who are from a BAME background (19%)
- However, 60% of the total number of BAME staff have roles in senior position (9 out of 15 headcount), although it is slightly lower than last year (65% with 11 out of 54 headcount). This is generally positive from a WRES perspective when looking specifically at the BAME workforce at the CCG, as it is not concentrated in the more junior roles.

The CCG Staff Survey for 2017/18 did not highlight any material issues on equalities experienced by staff across the range of questions. The Staff User Group, Staff Survey Action Plan and Individual Personal Development Reviews (PDRs) with their line managers will seek to identify ways to further promote development opportunities within the CCG for staff across all protected characteristics.

11. Workforce Profile – Recruitment and Selection

During 2018/19, WLCCG had 23 vacancies for which there were 363 applicants, of these applicants 99 were shortlisted and 18 recruited.

The figures in appendix 2 show the split of the 363 applicants in terms of seven out of the nine protected characteristics for which data is received.

- Sex (Gender),
- Disability,
- Age,
- Race (Ethnicity),
- Religion (Belief),
- Marriage/Civil Partnership,
- Sexual Orientation

We are not currently able to collect and extract information for the other two protected characteristics (gender reassignment and pregnancy and maternity).

As a CCG, there is a duty to be transparent in recruitment practices and treatment of workforce, and cannot favour one protected characteristic over another. When analysing the recruitment and selection data there have been small proportions of people from across the protected characteristics groups applying, being shortlisted and being appointed to posts. For example recruitment across all of the 23 vacancies resulted in:

- 20 people stated they had a disability on their application form, of which 7 were shortlisted and 2 were appointed
- 197 people stated they were of a BME ethnicity on their application form, of which 62 were shortlisted and 3 were appointed (17% appointed from a BME background)
- a fair distribution of staff across the age bands being appointed to the 18 vacancies that were appointed to
- 20 applications were received from people who stated they had a physical impairment or mental health condition, of these 7 were shortlisted and 2 were appointed

The CCG is working with the CSU, to explore ways of ensuring a comprehensive and consistent level of employment data and analysis is made available. This extends to workforce data collection in all areas of activity related to gender reassignment, and pregnancy and maternity, however there may be limitations based upon what is required on the NHS Jobs website.

This approach will be pursued by the CCG despite the fact that such levels of employment monitoring are only required under the Equality Act 2010 for public bodies with over 150 employees.

12. Performance Monitoring of Providers

Through its contracts with providers, the CCG will ensure that those organisations are compliant with the Equality Act. Contracts for NHS services are managed across the three CCGs in Leicester, Leicestershire and Rutland and processes to gain assurance from providers are not consistent. This means that it is difficult to gain a holistic picture of our patients' experiences with the interaction with various health services, and to assess the extent to which improvements are being made.

During 2018/19 there has been an improvement in the reporting from providers to CCG contracting teams in relation to the progress being made, however:

- providers continue to struggle to provide examples of service improvements against specific protected characteristics
- progress on WRES and the AIS could be achieved faster

- newer providers such as TASL have significant progress to make in 2019/20 to bring them up to speed with the requirements.

All the NHS providers with which the CCG contracts are expected to undertake an annual equality performance review using the NHS Equality Delivery System (EDS2).

A summary of the position of our providers in 2018/19 is as follows:

University Hospitals Leicester NHS Trust (UHL)

Area	Update for 2018/19
Equality and Diversity Plan	The provider is making sufficient progress with its Equality and Diversity Plan. Out of a total number of 30 actions in its current plan for 2018/2019, 21 actions are on track to be completed by the end of 2019. 6 actions have been completed and there are 10 actions where there has been some delay in making progress. Progress has been made with the following areas; • The Trust has published its equality information on its website which includes information on its gender pay gap. • The Trust has appointed Trust Board level leads for the WRES • The Trust has Delivered the 2019 Graduate training programmes with a particular focus on attracting BAME candidates which has resulted in a higher intake of BAME candidates • The development of a disability staff network • BAME staff recruited to the cultural ambassadors' programme who will advise and participate in disciplinary panels.
Implementation of the Accessible Information Standard (AIS)	The AIS has not yet been fully implemented, however the AIS requirements have been built into the revised interpretation and translation policy. A report was developed outlining the approach to implementing the 5 steps of AIS compliance and this was presented at the Equality and Diversity Board meeting in July 2018.
WRES	The Trust has undertaken the following actions in response to their WRES: • Included Unconscious Bias in Recruitment and Selection training • The trust has set achievable targets to tackle race equality and have produced and published an analysis of BAME representation across the Trust • The Trust has secured funding to roll out a career coaching programme targeted at underrepresented groups • Established a BAME staff network • The Trust hosted an away day with the Freedom to Speak Up Guardian, Anti Bullying and Harassment advisors and have developed an action plan on the outcomes from this event.

Leicester Partnerships NHS Trust (LPT)

Area	Update 2018/19
Equality and Diversity Plan	The Trust through the process described above, graded itself against the Equality Delivery System 2 for which this year, the majority of its grading is Green - achieving. A number of community and staff engagement events and actions have taken place. A workforce equality profile and equality data monitoring on service users is being analysed and associated actions are awaited. An area of risk is the provision of sufficient evidence to demonstrate compliance against goals 1 and 2 of EDS2
Implementation of the Accessible Information Standard (AIS)	During the year since the effective completion of the Implementation Plan, the following actions have been taken to embed the standard into clinical practice: • Templates/forms/questionnaires have been developed and added to all of our electronic patient record systems. • The Accessible Information Standard Implementation Group has been refocused into the Inclusive Communication Action Group and revisited the membership, which were approved at the Finance and Performance Committee in January 2017. • Completion of the Trusts' Inclusive Communication film featuring staff and service users to illustrate the meaning and importance of the Standard • Development of the work plan to meet the expectations of the Quality Schedule (QSI-10), including the reporting time line • Completion of an audit of use of the Inclusive Communication recording tools on all of the EPRs, to gauge the knowledge and engagement with the work, and to inform a communication campaign. • Development of an Inclusive Communication Guidance document for staff to supplement the revised Patient Information Policy and to align with NHS England expectations. • Engagement with a commercial organisation supporting other Trusts with the provision of information various formats to support service users communication and information needs as part of general contact.
WRES	The Trust has a three year WRES plan (2016-19) and is reported and monitored at the Strategic Workforce Group and Trust Board. The Trust has reviewed the benchmarking findings in this report – LPT was highlighted under Indicator 3 (likelihood of BME staff entering the disciplinary process relative to White staff) as a Trust where practice appears good according to this indicator.

	An action plan has been drawn out from the workforce equality data report and the WRES, highlighting key areas of work to improve staff experiences.

TASL

Area	Update 2017/18 Year end Quality Report
Equality and Diversity Plan	In line with terms of the Standard NHS, TASL commenced a full implementation of relevant equality and diversity guidance and Standards such as EDS2, WRES which has informed Action Plans to address areas for improvement.
Implementation of the Accessible Information Standard (AIS)	TASL do not yet have a policy and, or process to manage AIS this will form part of the action plan.
WRES	TASL has reported that they have commenced a full implementation of relevant standards, which includes WRES.

East Midlands Ambulance Service (EMAS)

Area	Update
Equality and Diversity Plan	EMAS has published their Annual Equality, Diversity and Inclusion Report for the period 2017/18. Their report aims to illustrate the wide range of activity and progress made against equality standards during 2017/18 and provides examples of best practice in equality and partnership working. The Equality Priorities outlined for 2018/19 are integrated into the 2018/19 Human Resources and Organisational Development Work Plan with progress monitored through their Workforce Committee. Trust Board approved the Equality, Diversity and Inclusion Strategy (2016-2020). Progress against each objective has been made during years 1 and 2 of the strategy and monitored through the Human Resources and Organisational Development Work Plan. The Equality, Diversity and Inclusion Strategy will be refreshed in 2018/19 and submitted to the Workforce Committee and the Trust Board for approval.
Implementation of the Accessible Information Standard (AIS)	EMAS have engaged with national ambulance sector colleagues to develop the AIS relative for Ambulance Services. Approval of these standards is yet to be signed off by NHS England; however, they have started implementation as described below. EMAS provides information in different formats such as: • Large Print • Braille • Easy Read

	• Email • Pictorial • Spoken Word • British Sign Language. In order for our staff to communicate effectively with patients they have introduced the following: • Included accessible information in our clinical training programmes as part of the equalities session. • A process where the public can request published EMAS documents in alternative formats, e.g. the Annual Report. • Access to training for front line staff in first line British Sign Language (BSL). Further work is required to fully implement the AIS relative to Ambulance Services and in 2018/19 they will focus on: • Equality data monitoring of service users who require accessible information. • Equality data monitoring of requests for EMAS information in alternative formats. • Raising awareness of AIS to all staff.
WRES	EMAS held their first Equalities Day during 2017/18 with 70 attendees from staff groups and a range of external stakeholders. The aim of the day was to identify equality and diversity priority actions for 2018/19 as well as commence our EDS2 grading. The event included a number of workshops comprising a focus on WRES; Disclosure of Protected Characteristics; and Cultural Development. Yvonne Coghill, National Director WRES NHS England attended the event facilitating a workshop at which EMAS WRES data was shared and explored to support learning and action planning. Priorities arising from the event include the development of the BME staff network, and a review of recruitment and selection processes. The Disclosure workshop addressed the issue of disclosing information relative to disability. This included how we proactively encourage potential staff and existing staff to disclose their disability and remove the barriers that prevent this from occurring. The staff survey, national data and anecdotal evidence clearly highlights this as an area for development. Both workshops enabled delegates to discuss challenging issues in a safe and conducive environment.

13. Communications and Engagement – key highlights in engagement with local people and stakeholders 2018/19

Patients are at the heart of everything we do and it's important that everyone in the population we cover has the opportunity be involved in decisions about their own care and influencing the design of services.

To achieve this we are fully aware of the need to ensure we reach and engage with seldom heard groups and those with protected characteristics under the Public Sector Equality Duty.

We use a range of methodologies and techniques, both quantitative and qualitative as part of our engagement activities. These include:

- Surveys
- Experienced – Led Commissioning
- Focus Groups
- Participative events
- Listening Booth
- Drop-ins and outreach
- Consultations

Our surveys include demographic monitoring to help us identify if we are reaching the appropriate audiences and if there are any specific concerns or issues being raised by those within groups of protected characteristics. For example, our reports on engagements include reference to particular concerns raised by these groups.

Events we run are accessible and make every effort to ensure as many people as possible can participate, taking into consideration factors such as: public transport, parking, wheelchair accessibility, translation, sign language translation, large print and hearing loops for example.

We complete Equality Impact Assessments for identified priority programmes of work and for consultations we carry out.

We have a database of voluntary and community groups to improve our reach to seldom heard groups. In many cases voluntary and community groups are better placed to reach certain groups so it is much more effective to work through these groups.

Patient Participation Groups

Patient Participation Groups (PPGs) play a pivotal role in helping us to shape and improve health services. The feedback we get from our PPGs help shape the decisions that we make and directly influence the services we commission for all our patients and carers.

PPGs are also involved with raising awareness of health issues in their area, helping the local practice to make an impact in the community by organising events,

distributing information and keeping the community healthy. Some have also introduced befriending groups, coffee mornings and walking groups to help improve the lives of some of the more isolated people in their area.

Four times per year PPG members from across West Leicestershire meet as part of the PPG Network Hub to share best practice, hear about the latest updates to services and the work which the CCG is doing to improve healthcare in their area.

This year we have conducted a PPG and practice survey to gather the views of people who work in and with PPGs to see where they have helped practices and local patients. The results are being taken forward by the PPG Network to share good practice and develop an action plan for next year which will include resources to help PPGs recruit a more diverse membership to their groups that better reflects their local communities.

CCG Patient Database

The patient database allows us to build stronger relationships with communities and to offer them information on the CCG's work. For example, we communicate with patients on our database through regular newsletters and updates. Being on the database ensure patients are in touch with the work of the CCG and in particular opportunities to be involved in our engagement work

We encourage people to sign-up to our mailing list at events, online and during engagement work and the number on the list continues to grow.

During 2018/19 we undertook work to ensure our database complied with new requirements under GDPR.

Social Media

We published our new website in May 2018. The new site can be easily translated using 'Google translates' and there is the facility for content to be read aloud. Visitors to our website have continued to increase with over 69,000 page views in 2018/19, representing over 21,000 individual sessions.

Our social media presence has also continued to develop this year, making our key news and health messages freely available to all who use Twitter and Facebook. In 2018/19 we added 382 new social media followers and achieved a total of 441k impressions on our Tweets – over 75k more impressions than last year - increasing our reach significantly.

We encourage our local voluntary and community sector groups to follow us and to share our messages with their followers to ensure we are reaching as wide a breadth of our population as possible. We will continue to develop this area next year with a view to encouraging those from specific community groups to follow us.

We have also used Facebook's local community groups such as Spotted to communicate with local communities about issues that affect them, such as changes to their GP practice services.
Our new Leicester, Leicestershire and Rutland winter website, in support of the national NHS Help Us Help You campaign, has received over 4,800 page views since it was created in November 2018. It brings together all our health messages that relate to encouraging people to use services appropriately and self care. We have promoted this site widely to local stakeholder and community groups on our database for them to share with their members and contacts as a useful resource to help them to stay healthy and look after themselves and their families.

Employee engagement and communication

The CCG has a range of internal communications and engagement channels. Staff briefings have been held on a regular basis during the year to enable the Corporate Management Team to discuss with staff a range of hot topics, and strategic and operational issues.

Our HR Business Partner hosts regular drop-in clinics for staff at our Woodgate headquarters to allow staff the opportunity to discuss any issues. Other updates have been sent to staff electronically on a regular basis throughout the year.

The Heads of Service also meet on a regular basis to ensure that the independencies on projects are understood and capitalised on.

We also have a regular email newsletter which is sent to all staff which has received positive feedback with staff feeling that they are well informed.

Staff survey

The 2018 Staff Survey managed by the Picker Institute on an annual basis showed that we were significantly better than average across all organisations surveyed. The response rate from West Leicestershire CCG staff to the survey was good with an 81% response rate compared to the average response rate for CCG at 78%; however, this was lower than 2017 which received a 92.5% response rate for 2017/18.

In summary 7 questions were significantly better than the Picker average and 3 questions were significantly worse. The CCG compared well against the Picker average in areas such as not feeling pressure from colleagues to come to work; satisfied with level of pay; felt the organisation acts fairly with regard to career progression / promotion; team meeting often to discuss its effectiveness and time passes quickly when at work.

Compared to last year we were most improved in the following areas:

- Not felt pressure from colleagues to come to work;
- PDR review or training left me feeling that my work is valued by my organisation;
- Training and development needs identified;
- PDR review or training helped me improve how I do my job;
- Time passes quickly when I am working.

However, compared to last year we had worsened in the following three areas:

- I am enthusiastic about my job
- I have adequate materials to do my job
- I feel that my role makes a difference to service users

We take the result of the survey and staff feedback very seriously and have shared and discussed the findings with our Corporate Management Team in February, with the staff at our March Staff Briefing. Our CCG Staff User Group, which has representation from all teams, are working to review the findings and to agree actions to make improvements in the areas needed.

Engaging our member practices

We continue to work collaboratively with our member practices, engaging them in leading and developing new pathways and services to improve the quality of care for our patients. We are continuing to deliver extended access to general practice to improve availability of routine appointments at evenings and weekends.

Regular Locality forums and Federation meetings support our operational teams to solicit and maintain practice engagement. We have also launched a weekly Primary Care News e-bulletin for practices that brings together all the information that would previously have been sent to them in separate emails throughout the week. It

reviews, edits and sorts the information into hot topics, for action and for information to make it easier for the recipients to see what is required. Feedback tells us this has been well received.

As part of the CCG annual assurance process, NHS England commission an independent organisation - IPSOS Mori the social research institute, to co-ordinate the survey. The national CCG 360 survey is a key part of ensuring the NHS West Leicestershire Clinical Commissioning Group has strong and effective relationships in place in order to be a successful commissioner. This survey allows our stakeholders to provide feedback on our working relationships. Stakeholders included GP member practices, other CCGs, the Health and Wellbeing Board, Local authorities, Healthwatch, other patient groups and NHS providers.

This year's survey was carried out between 14 January and 22 February 2019.

We will be looking at the results in detail to see where we are doing well, where there is a need for improvement and how we can act on the feedback we have received. 70% (33 out of our 47) GP member practices completed the survey.

Results indicated that 82% of our member practices rated the effectiveness of their working relationship with the CCG as either very good or fairly good and 73% had confidence in the clinical leadership of the CCG. However only 48% had confidence in the way that the CCG monitors continuous quality of the services it commissions.

Although remaining relatively positive, there are areas that will need to be addressed – such as improving ‘clear and visible leadership’ and providing member practices with more opportunities to influence the CCGs plans and priorities.

Feedback from our member practices has been incorporated into our practice appraisal programme.

MPs and other key stakeholders

We continue to ensure that we have a regular dialogue with our local MPs and parliamentary candidates ensuring they are aware of and involved in the work of the CCG and the health system collectively.

We also liaise closely with our local authorities and councillors; a good example of this is the work we continue to do with Hinckley and Bosworth Borough Council who we work in partnership with to improve the lives of residents in the area. This partnership has been particularly rewarding in introducing us to and creating, and maintaining, closer links with voluntary and community groups in the local area.

Voluntary and Community Organisations

We have a database of local voluntary and community groups including those representing protected characteristic groups. We work with these groups to reach specific communities through their established channels to help us deliver our

messages. Voluntary and communication sector organisations have supported us to deliver messages to patients and carers, particularly around topics such as winter healthcare, self-care, NHS 111 and using services appropriately, supported by toolkits provided by the CCG.

We have also attended several community group events such as Saathi (a South Asian Elders Group), to talk about these topics in attendees' first language.

Here are two case studies outlining engagement initiatives undertaken this year:

Case Study 1

Winter – Help us Help you

We worked with local stakeholders and community groups on our database to share winter urgent care messages widely across Leicestershire, Leicester and Rutland and specifically with targeted groups.

This included distributing press releases, toolkits, video clips and social media to remind people to get their flu jab, Call NHS 111, Keep Antibiotics Working, Self Care, and Staywell this Winter. All the resources were uploaded to www.bettercareleicester.nhs.uk/help-us-help-you

We achieved broad coverage in the Leicester Mercury, Loughborough Echo, Ashby Times printed editions and online and BBC Radio Leicester interviewed a respiratory consultant and patient.

As a significant community in Leicester and Leicestershire, we targeted the local south east Asian community to promote messages through Diwali celebrations and Bonfire celebrations at Abbey Park - 40,000-50,000 people had the opportunity to see the messages on large screens at these events.

We developed an interactive medicines box as an easy to follow guide as to what medicines should be kept at home to promote self care. We shared this widely on our website and social media and it was picked up and requested by other CCGs to use in their campaigns too.

The medicines management team manned a stall in Loughborough on market day and spoke to more than 120 people to promote appropriate use of antibiotics and services

We identified the largest employers locally and spoke to them about sharing our messages with their staff. This was well received with us sharing campaigns packs for their intranets and for use in their health and wellbeing agendas, including presenting at one of their staff briefings.

We also shared these packs with local community group centres and attended fresher fairs locally to reach young people who were new to the area and who may need to know what health services are available to them.

We used social media to ensure that people who were interested in our work and who followed us were aware of key winter Help us Help you messages and could share them onwards with their networks. We created approx. 400 tweets/Facebook posts over the winter period generating 100,000 impressions and an average 15,600 reach per day. There were 484 shares/retweets; 165 likes and 4,795 links clicked.

Case Study 2

Extended Access

As part of the GP Forward View all CCGs are required to introduce an Extended GP Access scheme. In West Leicestershire, the CCG undertook a pilot aimed at testing out the processes and principles that will be required to support extended access to primary care.

As part of the pilot, the CCG engaged with patients, public, carers, clinicians and reception staff to understand current and desired experiences.

Engagement was through a mixture of focus groups and face to face and telephone interviews over a 5 month period from January to June 2018. We also met with Saathi an Asian Elders Group.

The engagement work informed the extended access scheme that was introduced from October 2018 and the detailed report analysing the views of different patient cohorts can be read at https://www.westleicestershireccg.nhs.uk/publications/getting-involved/1679-gp-extended-access-slides-v2-1/file

Overall we interviewed:
17 males: 80 females
69 working: 29 non-working
0 housebound: 99 non housebound
84 White British: 1 Bangladeshi: 2 Indian: 3 Asian or British Asian: 1 Black or Black British: 4 Other / not stated
1 (Under 18): 10 (18-24): 15 (25-34): 16 (35-44): 19 (45-54): 12 (55-64): 16 (65+)

We are now looking at getting feedback on the service that was launched in October 2018 to help us continue to improve the service for local patients.

14. NHS Equality Delivery System (EDS2)

The following is an extract from "A Refreshed Equality Delivery System for the NHS – EDS2: Questions and Answers"[3]:

"Why EDS is needed is a key question.

A key principle of the NHS is that everyone counts – this is at the heart of the NHS Constitution and should be a principle that applies to everyone in the NHS: patients, carers, voluntary organisations and the people who work in the service were involved in the design of the EDS2 toolkit.

With the EDS2 toolkit, the CCG can work out how it's performing with regard to its equality performance, how it can make it better, and how it can get to where it wants to be.

EDS2 provides a ready-made way for the NHS to respond to the Public Sector Equality Duty. Without the EDS, each NHS organisation would have to work out its own response – at considerable cost. At one level it's a simple framework which organisations can use to analyse their own priorities. By focussing efforts and making better informed commissioning or making changes to service delivery, we can improve both cost effectiveness and quality."

In its simplest form, EDS2 gives the CCG the tools to work out its equality performance in relation to:

- How good performance is now
- How good the CCG could be
- What the CCG can do get there

Part of this involves listening to patients, to carers, to people who work in the NHS, and to the community, and voluntary sector.

At the heart of the EDS2, are 18 Outcomes grouped into 4 Goals.

The outcomes cover things that patients and staff tell us matter the most to them. Working with patients, staff and local voluntary organisations, NHS organisations can analyse their performance against the 18 outcomes and use the results to identify equality objectives for the next business planning round.

Table 3: NHS EDS2 Goals and Outcomes

The Goals and Outcomes of EDS2		
Goal	**#**	**Description of outcome**

[3] *"A Refreshed Equality Delivery System For The Nhs – Eds2: Questions And Answers"* (November 2013, NHS England)

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	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
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
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

The outcomes of EDS2 are aligned with key mainstream levers for the NHS – including the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission's (CQC) key inspection questions.

By delivering on the EDS2, organisations can also deliver, to an extent, on mainstream business.

Table 4: The 4 grading levels for EDS2

NHS EDS2 Grading Levels	
Excelling	People from all protected groups fare as well as people overall
Achieving	People from most protected groups fare as well as people overall
Developing	People from only some protected groups fare as well as people overall
Undeveloped	People from all protected groups fare poorly compared with people overall *OR* evidence is not available

14.1. EDS2 Grading for 2018/19

To support the assessment of the CCG against the 18 outcomes, the following information was taken into account:

- refresh of the health inequalities information provided by public health colleagues
- review of the CCGs commissioning activities during the year
- provider performance information received on equality and diversity
- our engagement activities with local people and our stakeholders
- our staff survey results and staff engagement activities
- analysis of staff recruitment, retention and HR policies

Based upon this it is proposed that no changes are made in 2018/19 to the grades awarded to the 18 outcomes assessed in 2017/18. These grades are presented in Appendix 3.

14.2. Equality and Diversity Delivery Plan 2019/20

The 2019/20 CCG Equality and Diversity Plan will ensure that both Equality Objectives and forward actions emanating from gaps identified during implementation of EDS2 are mainstreamed into core business and throughout all commissioning activities through the 2019/20 Operational Plan, BCF and wider STP.

The plan will be discussed at future Quality and Performance Committee and the key areas of focus aimed at achieving positive outcomes for our service users will need to include:

a) Proactive review and challenge of implementation of E&D activities / strategies at a CCG, provider and STP level

b) Better understand the impact of planned QIPP schemes during their development and / or prior to implementation.

c) Collate and review E&D evidence from BCF and other commissioned services to determine access and service quality for protected characteristics groups and other hard to reach groups.

d) Pushing providers to provide documented evidence of specific improvements to service delivery for protected characteristics groups and other hard to reach groups

e) Review CCG recruitment processes i.e. undertaking spot check audits and having diverse interview panels etc

f) Consider how we can make progress towards promoting a 50/50 gender balance by 2020 on the CCG Board, particularly with female GPs on the Board. More work is required; however, we have successfully appointed a female GP as the Hinckley and Bosworth Locality Lead who will take up their role on 1st June 2019.

g) Refresh E&D training for CCG staff and improve the completion of equality impact assessments across all projects. This is to link with the PMO process.

h) Provide regular updates on the delivery plan to the Q&P Committee

i) Build on the engagement work already undertaken by the CCG and through the STP workstreams to further involve the voluntary and community sector and protected characteristics groups to inform service delivery

j) Consider further mechanisms to maximise feedback from public and key stakeholders specifically on the CCGs duty to meet PSED.

k) Nominate a Senior Responsible Clinician to support the equality and diversity agenda.

15. Publishing Our Equality and Diversity Documentation

Public authorities have **specific duties** under the Equality Act to ensure they comply with the public sector equality duty.

Public authorities – such as WLCCG - must do the following:

- Prepare and publish a strategic Equality Plan and equality objectives
- Engage with equality groups when carrying out the other specific duties
- Publish information about how they've complied with the equality duty
- Carry out assessments on the impact of proposed policies and practices and then monitor the impact after they are introduced.

As such, WLCCG will post equality and diversity reports on our web page as they are completed and approved.

16. Summary

WLCCG is committed to reducing health inequalities in West Leicestershire, and we will work to promote equality and value diversity as part of our planning and commissioning processes.

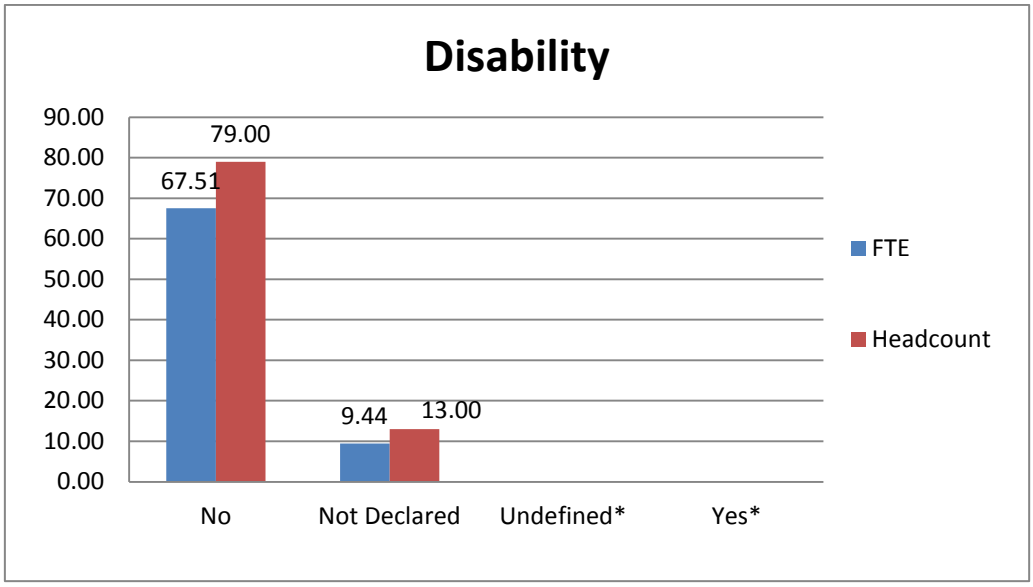
This Annual Equality and Diversity Report outlines the work undertaken by the CCG We have had some success in implementing our EDS2 objectives that were linked to the EDS2 goals and outcomes, but we have some continuing work to do to achieve our intentions to ensure that we meet the needs of patients, carers, the public, and CCG staff.

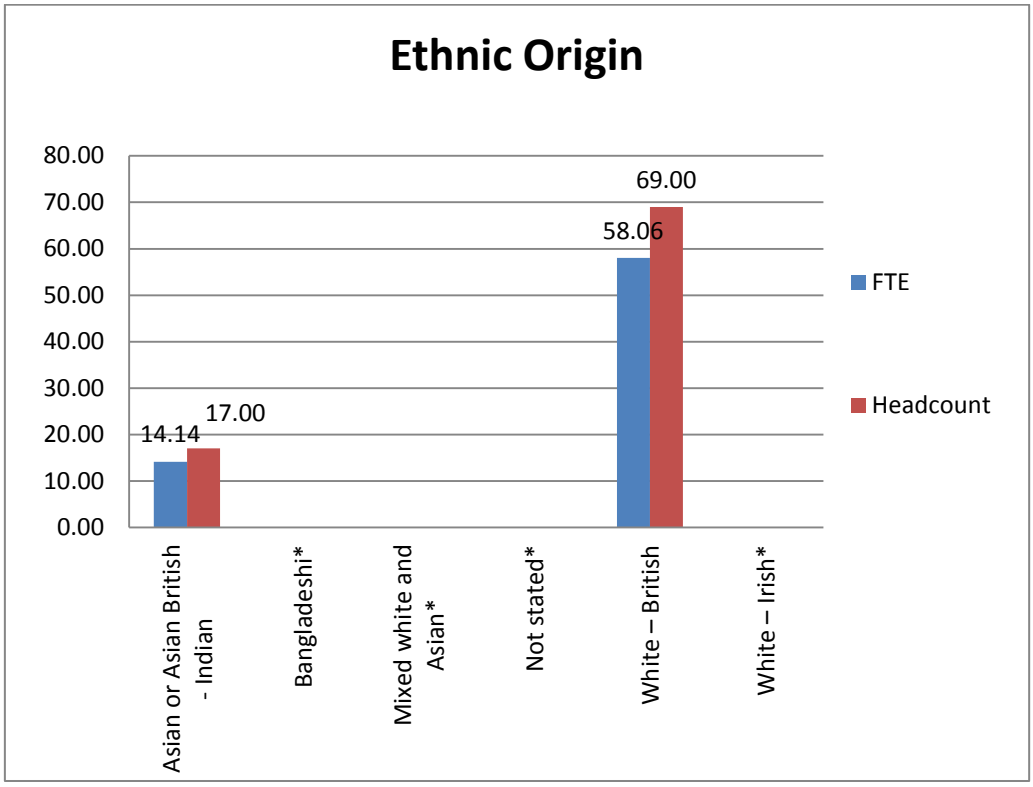
Once the 2019/20 Equality and Diversity Delivery plan is approved, we will monitor our progress against Plan, and report progress with implementing the delivery plan to the Quality and Performance Committee as part of the schedule of business.

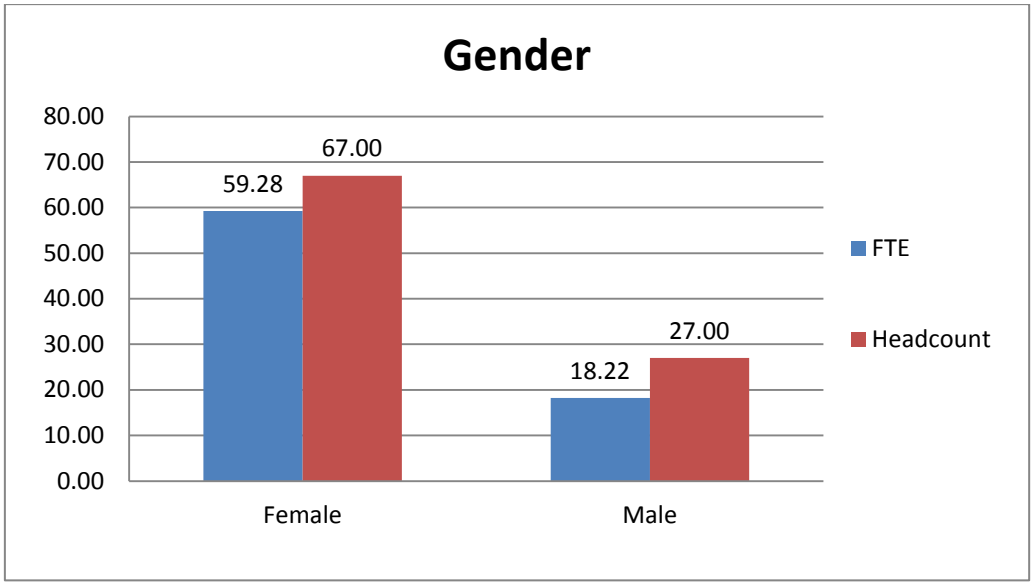
APPENDIX 1: WORKFORCE PROFILE *(all data as at March 2019)*

*Denotes information withheld by the CCG for staff confidentiality purposes due to low numbers

“ includes staff employed by WLCCG but seconded within LLR CCGs



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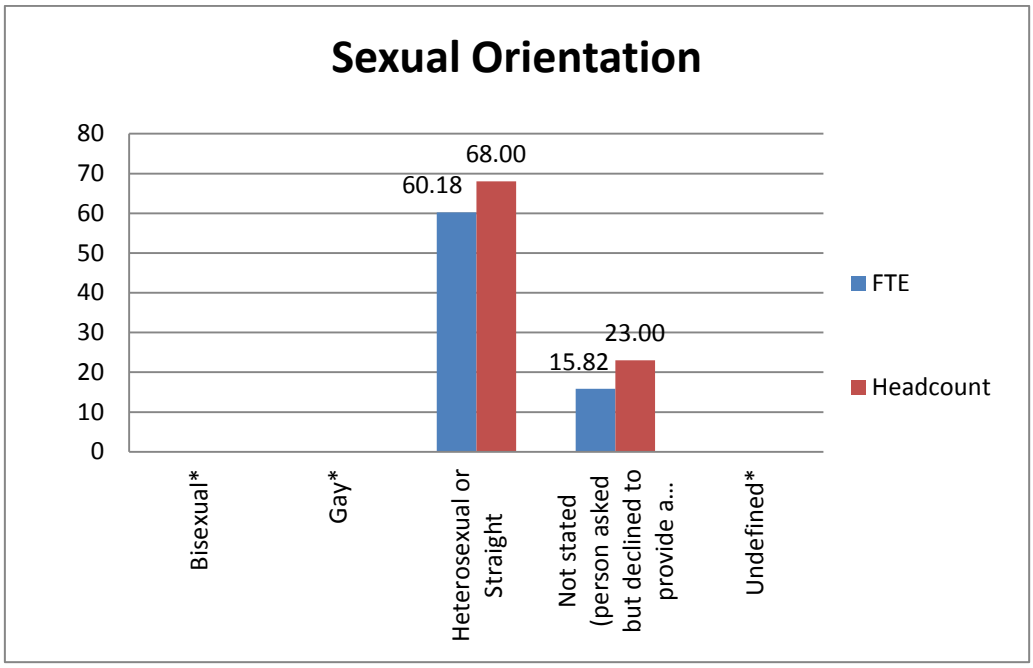
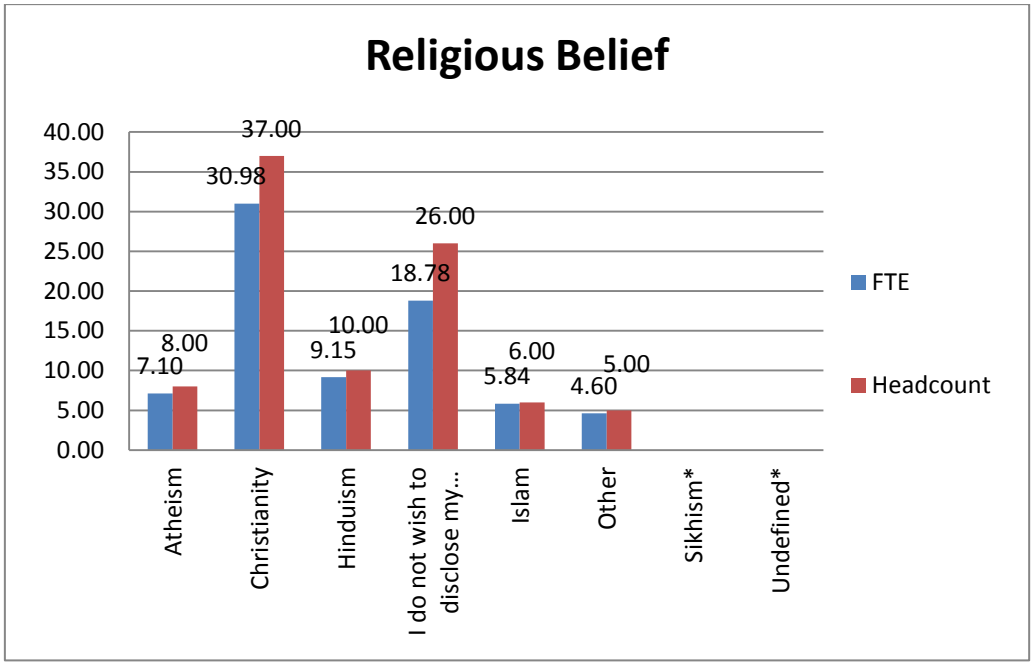
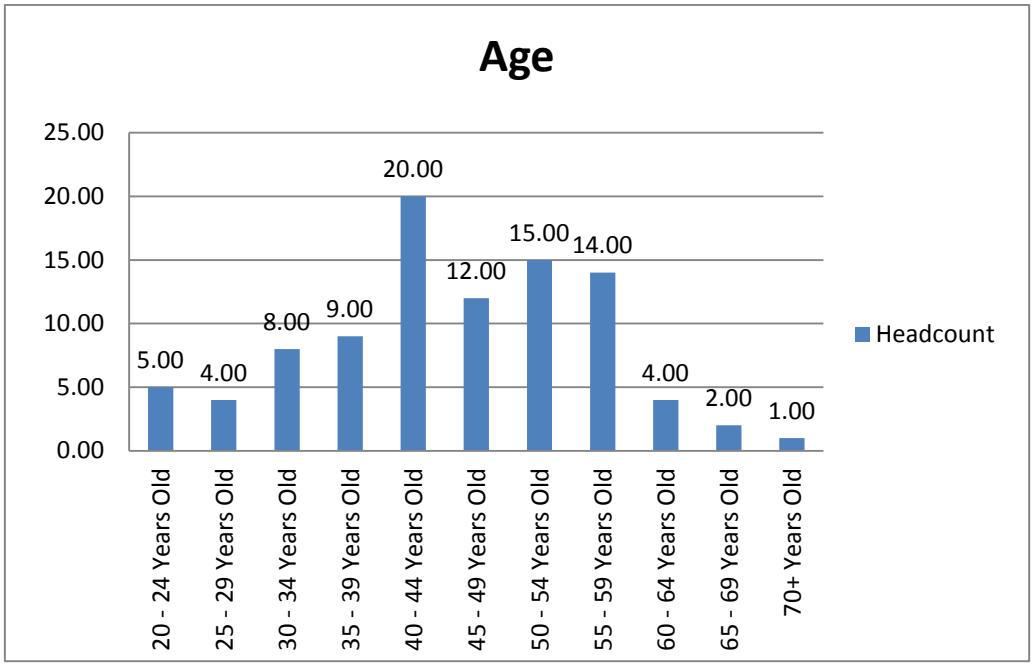
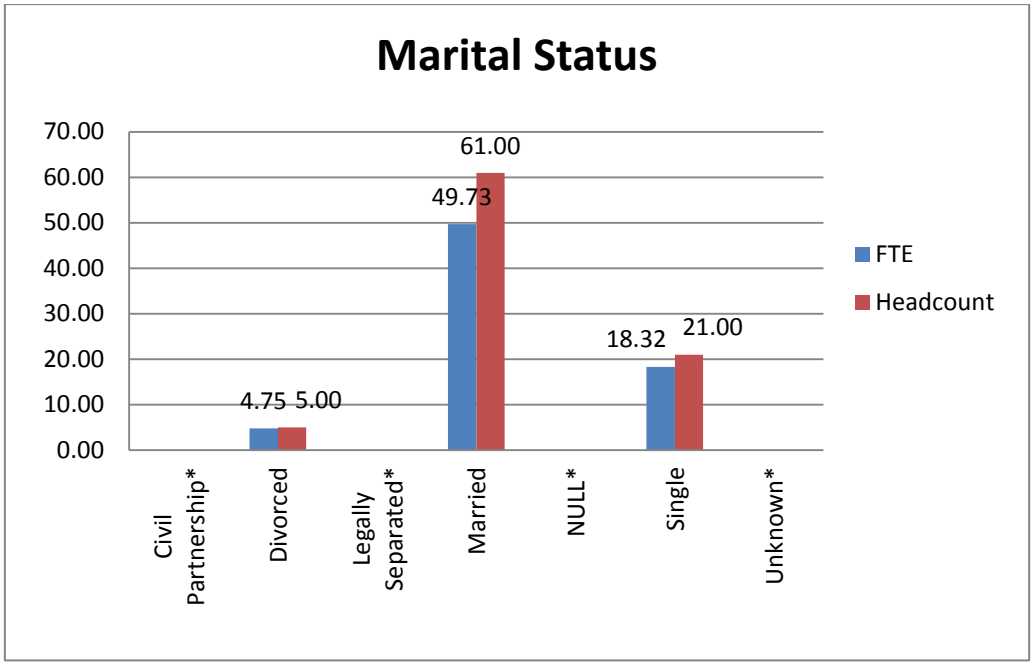
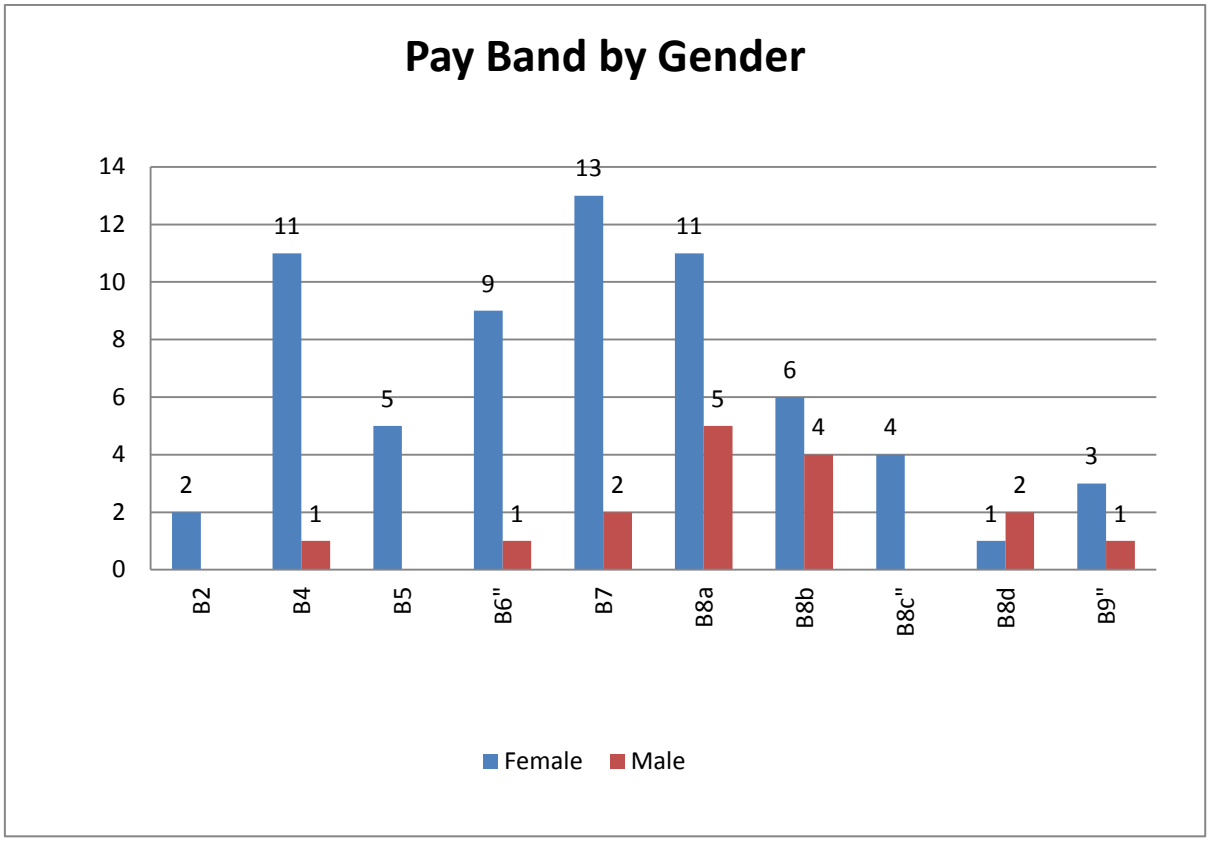
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
59.28
67.00
18.22
27.00
Female
Male
FTE
Headcount

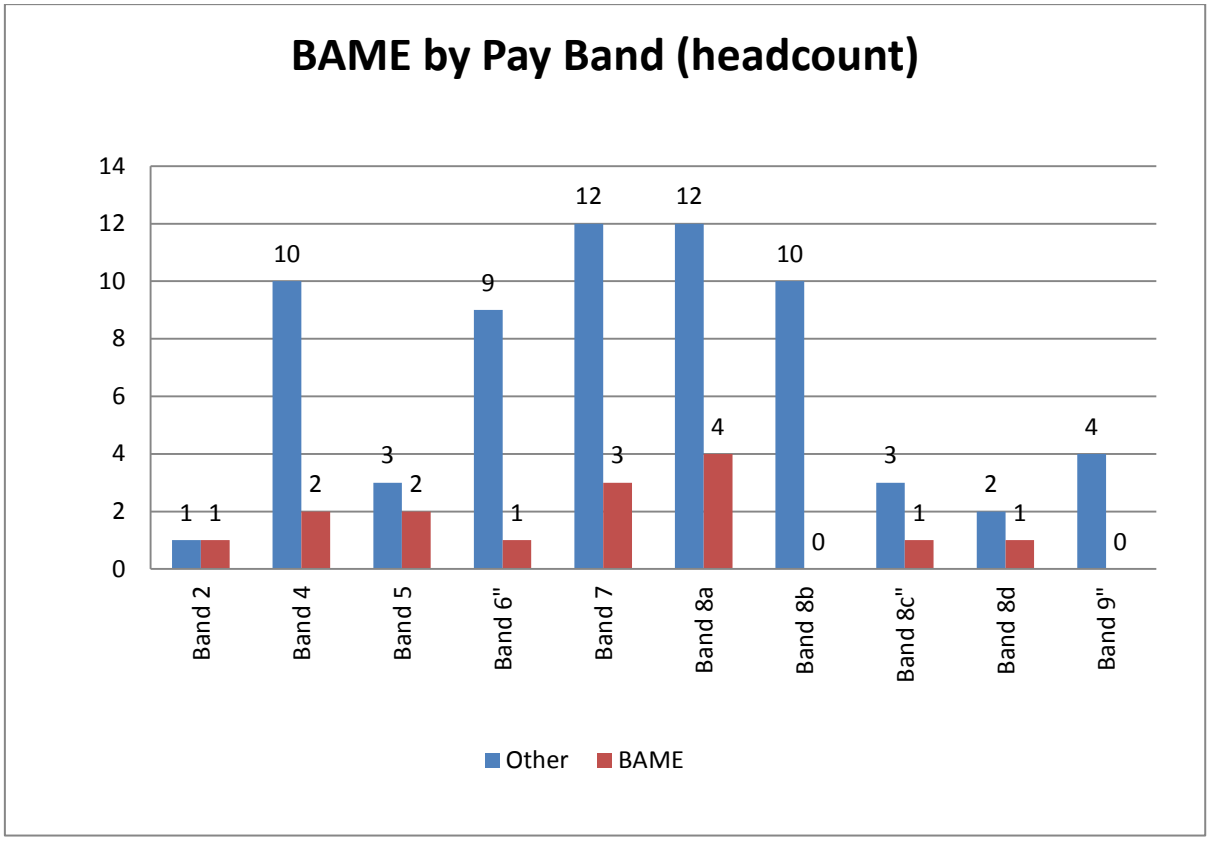

Sexual Orientation
80
70
60
50
40
30
20
10
0
60.18
68.00
15.82
23.00
Bisexual*
Gay*
Heterosexual or Straight
Not stated (person asked but declined to provide a...
Undefined*
FTE
Headcount

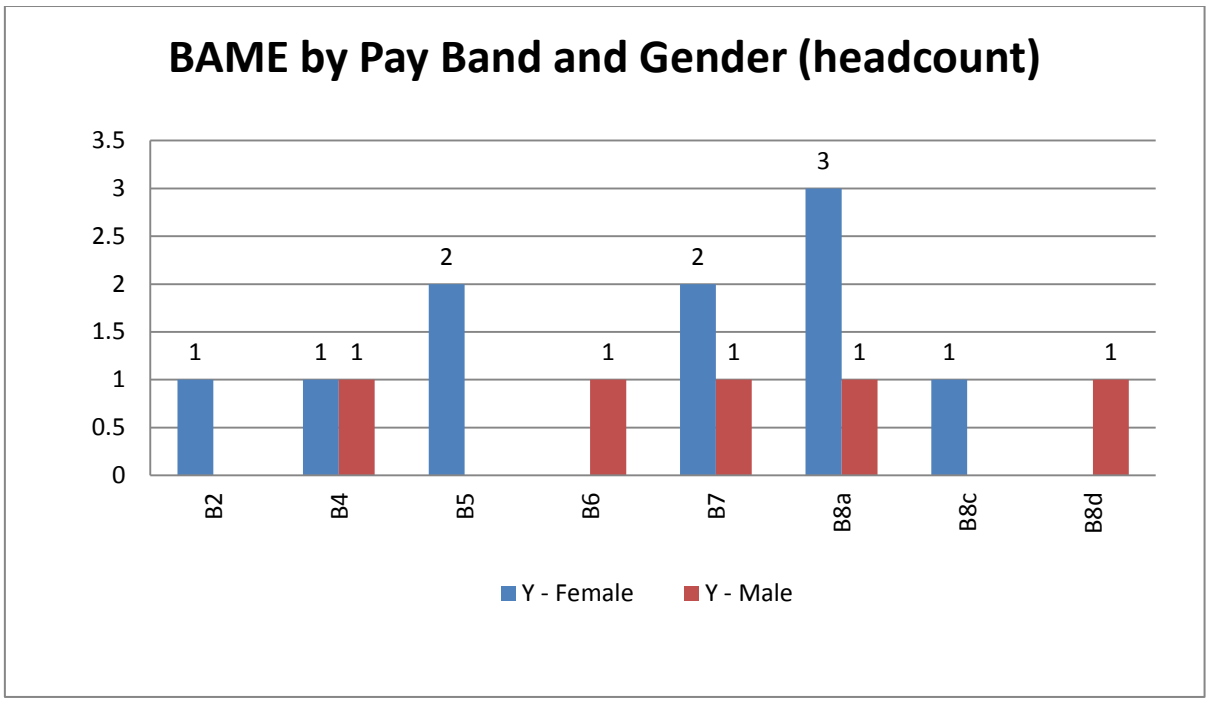

Religious Belief
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
0.00
7.10
8.00
30.98
37.00
9.15
10.00
18.78
26.00
5.84
6.00
4.60
5.00
Atheism
Christianity
Hinduism
I do not wish to disclose my...
Islam
Other
Sikhism*
Undefined*
FTE
Headcount


Age
25.00
20.00
15.00
10.00
5.00
0.00
5.00
4.00
8.00
9.00
20.00
12.00
15.00
14.00
4.00
2.00
1.00
20 - 24 Years Old
25 - 29 Years Old
30 - 34 Years Old
35 - 39 Years Old
40 - 44 Years Old
45 - 49 Years Old
50 - 54 Years Old
55 - 59 Years Old
60 - 64 Years Old
65 - 69 Years Old
70+ Years Old
Headcount


Marital Status
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
4.75
5.00
49.73
61.00
18.32
21.00
Civil Partnership*
Divorced
Legally Separated*
Married
NULL*
Single
Unknown*
FTE
Headcount


Pay Band by Gender
14
12
10
8
6
4
2
0
2
11
1
5
9
1
13
2
11
5
6
4
4
1
2
3
1
B2
B4
B5
B6"
B7
B8a
B8b
B8c"
B8d
B9"
Female
Male

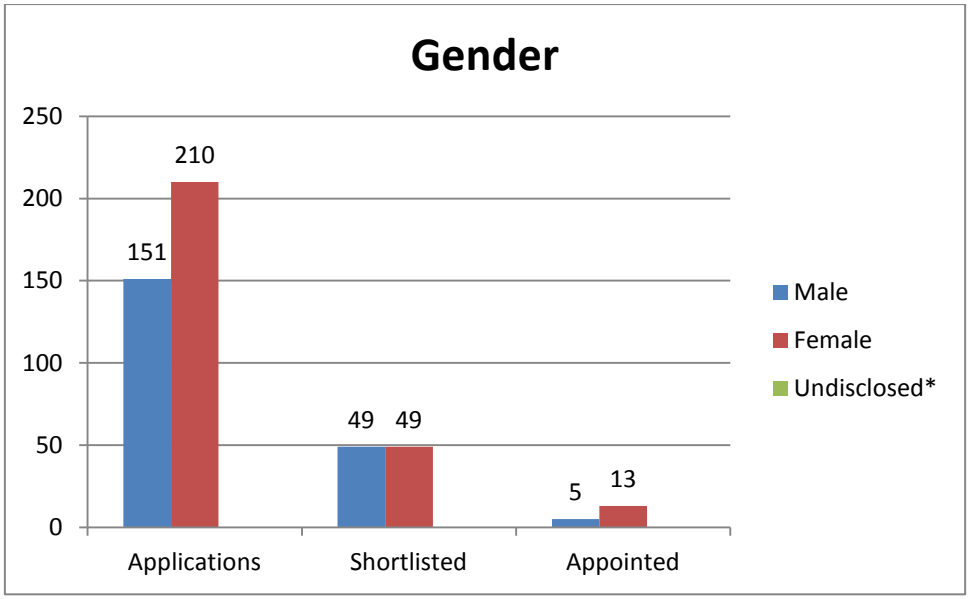


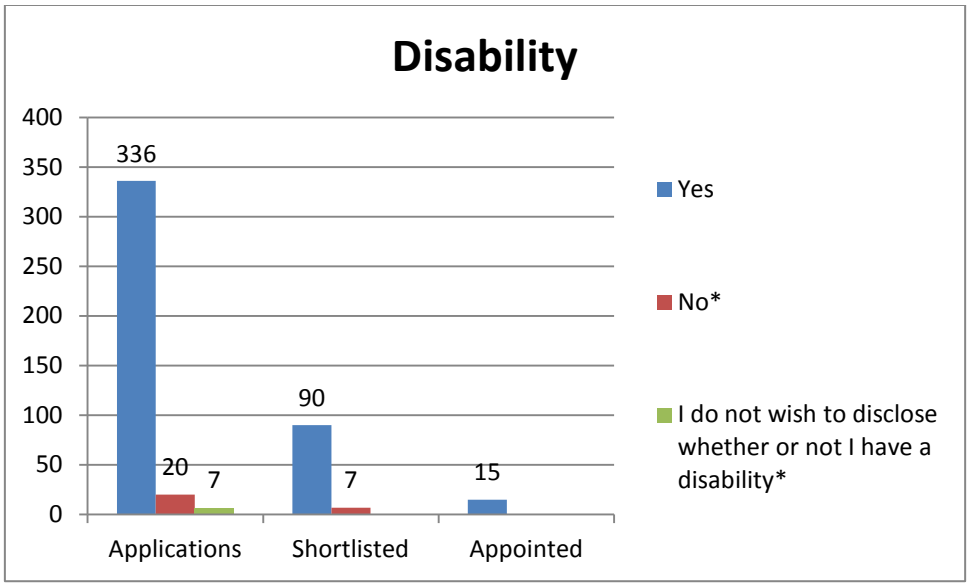


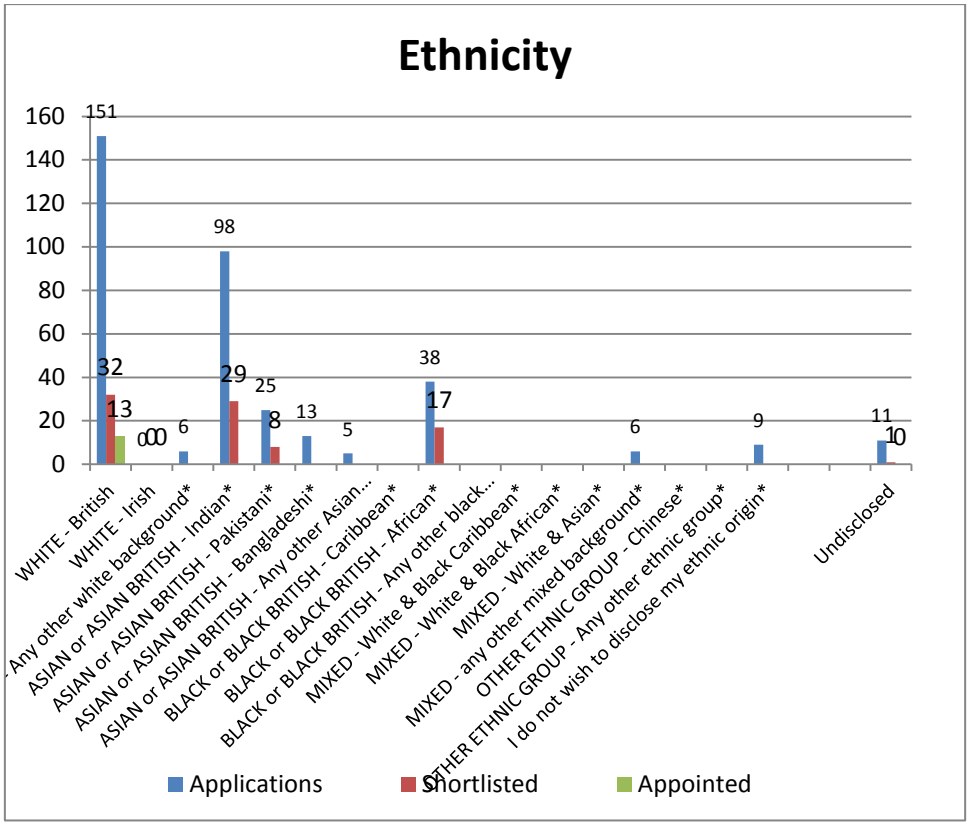
APPENDIX 2: WORKFORCE RECRUITMENT

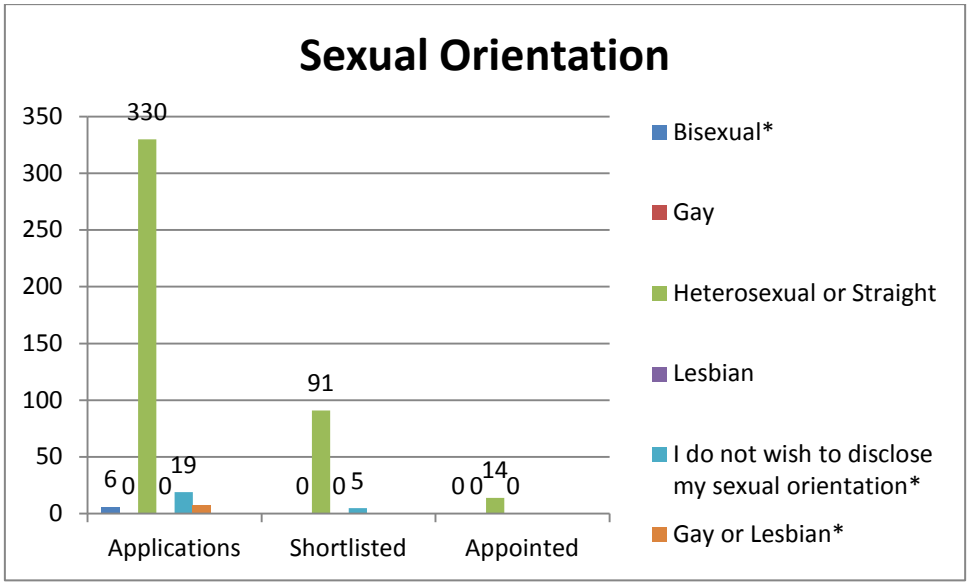
Of the Job Applicants to WLCCG (April 2018 – March 2019)
Job Applications, Shortlists, Appointments
(all data as at March 2019)

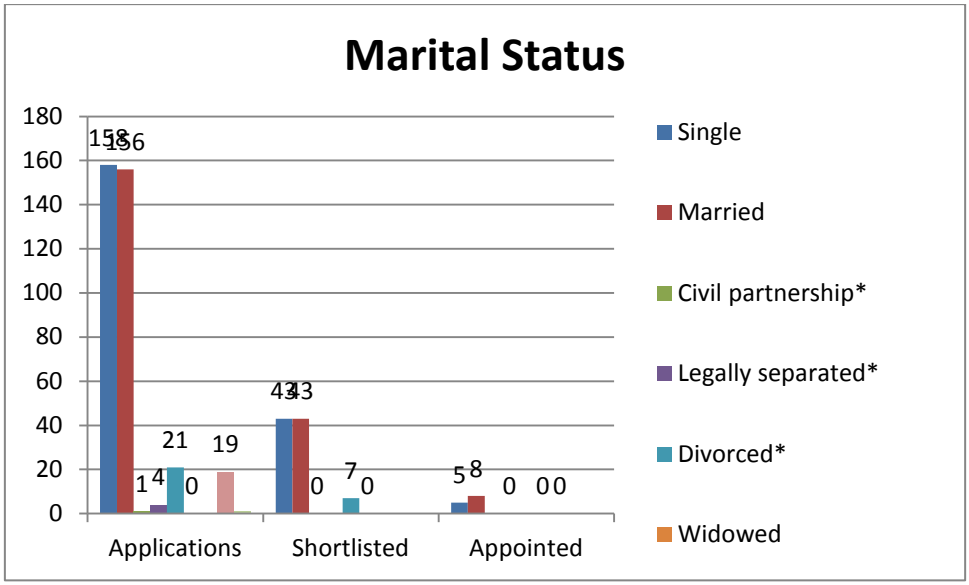
*Denotes information withheld by the CCG for staff confidentiality purposes due to low numbers






Ethnicity
160
140
120
100
80
60
40
20
0
151
32
13
0
0
6
98
29
25
8
13
5
38
17
6
9
11
1
0
WHITE - British
WHITE - Irish
Any other white background*
ASIAN or ASIAN BRITISH - Indian*
ASIAN or ASIAN BRITISH - Pakistani*
ASIAN or ASIAN BRITISH - Bangladeshi*
ASIAN or ASIAN BRITISH - Any other Asian...
BLACK or BLACK BRITISH - Caribbean*
BLACK or BLACK BRITISH - African*
MIXED - White & Black Caribbean*
MIXED - White & Black African*
MIXED - White & Asian*
MIXED - any other mixed background*
OTHER ETHNIC GROUP - Chinese*
OTHER ETHNIC GROUP - Any other ethnic group*
I do not wish to disclose my ethnic origin*
Undisclosed
Applications
Shortlisted
Appointed


Sexual Orientation
350
300
250
200
150
100
50
0
330
6
0
0
19
91
0
0
5
0
0
14
0
Applications
Shortlisted
Appointed
Bisexual*
Gay
Heterosexual or Straight
Lesbian
I do not wish to disclose my sexual orientation*
Gay or Lesbian*


Marital Status
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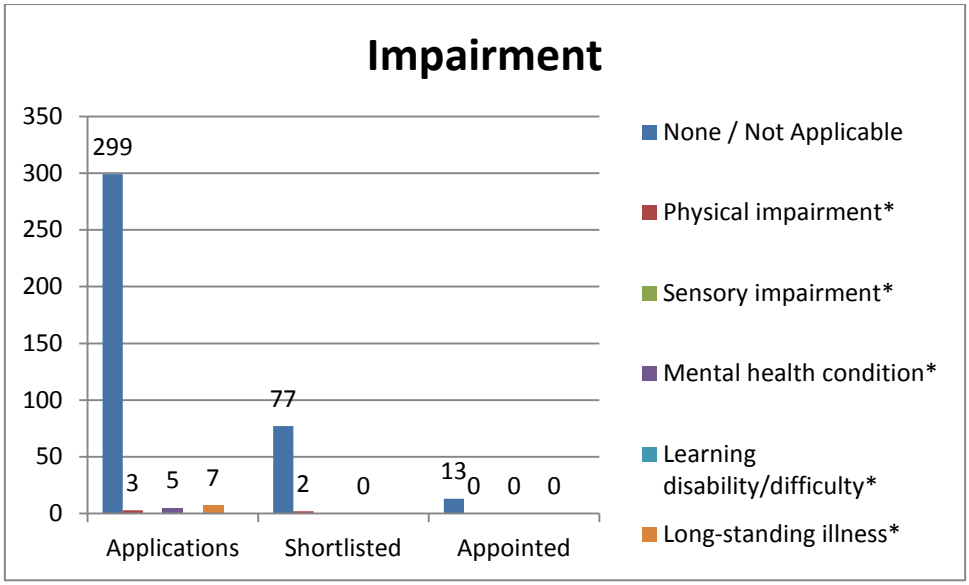
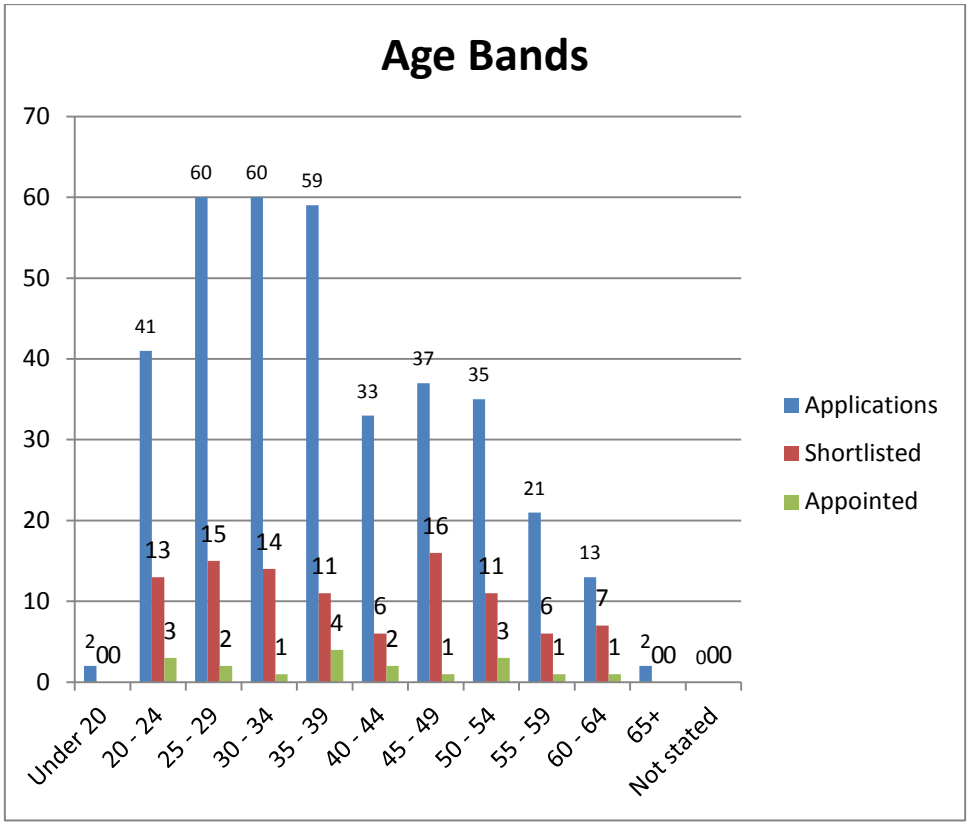
160
140
120
100
80
60
40
20
0
158
156
1
4
21
0
19
43
43
0
7
0
5
8
0
0
0
Applications
Shortlisted
Appointed
Single
Married
Civil partnership*
Legally separated*
Divorced*
Widowed


Impairment
350
300
250
200
150
100
50
0
299
3
5
7
77
2
0
13
0
0
0
Applications
Shortlisted
Appointed
None / Not Applicable
Physical impairment*
Sensory impairment*
Mental health condition*
Learning disability/difficulty*
Long-standing illness*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40
30
20
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2 0 0
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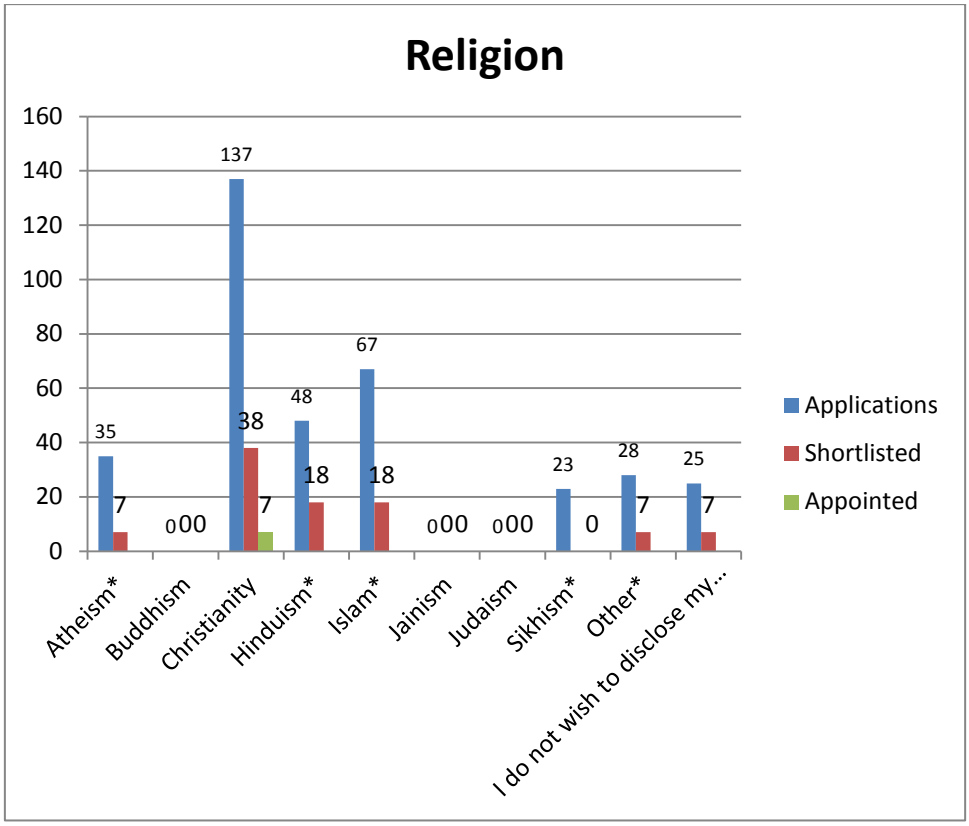
60 15 2
60 14 1
59 11 4
33 6 2
37 16 1
35 11 3
21 6 1
13 7 1
2 0 0
0 0 0
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+
Not stated
Applications
Shortlisted
Appointed


Religion
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140
120
100
80
60
40
20
0
35 7
0 0 0
137 38 7
48 18
67 18
0 0 0
0 0 0
23 0
28 7
25 7
Atheism*
Buddhism
Christianity
Hinduism*
Islam*
Jainism
Judaism
Sikhism*
Other*
I do not wish to disclose my...
Applications
Shortlisted
Appointed

APPENDIX 3: WLCCG EDS2 Gradings 2015/16, 2016/17, 2017/18 and 2018/19

WLCCG The goals and outcomes of EDS2						
Goal	**#**	**Description of outcome**	**15/16**	**16/17**	**17/18**	**17/18**
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	D	D	D	D
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	D	D	D	D
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	D	D	D	D
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	A	A	A	A
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	D	D	D	D
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	D	D	D	D
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	A	A	A	A
	2.3	People report positive experiences of the NHS	A	A	A	A
	2.4	People's complaints about services are handled respectfully and efficiently	D	D	D	D
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	D	D	D	D
	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	A	A	A	A
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	D	D	D	D
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	D	D	D	D
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	A	A	A	A
	3.6	Staff report positive experiences of their membership of the workforce	A	A	A	A
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	A	A	A	A
	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	D	D	D	D
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	D	D	D	D

Grading Guide	**Undeveloped**	**Developing**	**Achieving**	**Excelling**
	People from all protected groups fare poorly compared with people overall *OR* evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people over

APPENDIX 4: WRES Metrics (DRAFT)

No	WRES Metric	2018	Pickers CCG average
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce		
	Non Review Body Band 2	50%	n/a
	Non Review Body Band 4	17%	n/a
	Non Review Body Band 5	40%	n/a
	Non Review Body Band 6	10%	n/a
	Non Review Body Band 7	20%	n/a
	Non Review Body Band 8 - Range A	25%	n/a
	Non Review Body Band 8 - Range B	0%	n/a
	Non Review Body Band 8 - Range C	25%	n/a
	Non Review Body Band 8 - Range D	33%	n/a
	Non Review Body Band 9	0%	n/a
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Of Total applications - 54% BME Applied 24% BME Shortlisted 17% Appointed	n/a
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	0	n/a
4	Relative likelihood of staff accessing non-mandatory training and CPD.	tbc	n/a
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	0%	2%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	3%	7%
7	Percentage believing that trust provides equal opportunities for career progression or promotion.	98%	82%
8	In the last 12 months have you personally experienced discrimination at work from any of the following? (b) Manager/team leader or other colleagues	3%	7%
	Board representation indicator		

9	Percentage difference between the organisations' Board voting membership and its overall workforce.	20%	

West Leicestershire Clinical Commissioning Group

55 Woodgate
Loughborough
Leicestershire
LE11 2TZ

Approved by WLCCG Board on [28 May]

Lay Member – ***Gillian Adams***
Senior Responsible Officer – ***Ket Chudasama***
Operational Lead – ***Stuart Fletcher***

Telephone: 01509 567700
E-mail: enquiries@westleicestershireccg.nhs.uk