NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Equality Diversity & Inclusion Annual Report

2023/2024

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1. Accessibility

We want to ensure that the information we communicate is fair and accessible to all sections of our local communities. Patients, the public and staff can request reasonable adjustments such as information converted into other formats for easier reading.

To request information or any of our key documents in an alternative format such as braille, larger print, audio, or other format please email communications@cheshireandmerseyside.nhs.uk quoting your address, telephone number along with the title and date of the publication, plus the format you require. Alternatively, please write to us at:

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In addition, you may require additional support to contact us e.g., a British Sign Language interpreter to support you or you may need language support where your first spoken language is not English.

Cheshire and Merseyside NHS will give due regard to the new Accessible Information Standard from NHS England. For more information, visit the NHS England website.

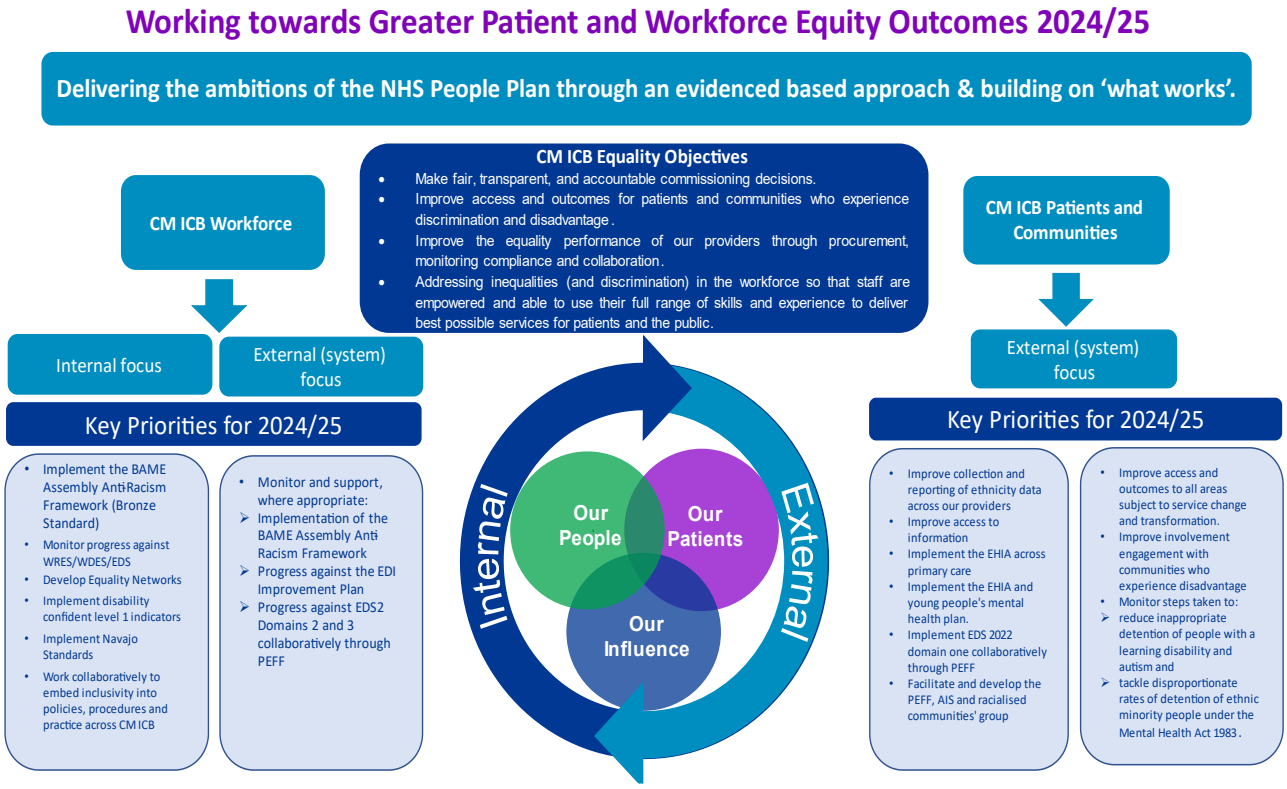
Introduction

This document sets out how the NHS Cheshire & Merseyside (NHS C&M) has delivered actions that support the organisation to meet it requirements under the Equality Act 2010 and the Public Sector Equality Duty. As an Integrated Care Board (ICB) we are committed to advancing equality of opportunity and tackling the health inequalities across our sub region. The Cheshire and Merseyside Integrated Care Board was established in July 2022 as the new statutory organisations to lead integration within the NHS. The ICB is responsible for the day-to-day running of the NHS in Cheshire and Merseyside, including planning and buying healthcare services.

This purpose of the report is to evidence that our legislative and regulatory requirements are met whilst acknowledging the need for improvements.

The report outlines our Equality Objectives for the next year and what the NHS C&M will focus on. Our key Equality diversity and inclusion priorities are embedded in our approaches across the organisation and includes our ambition to be an inclusive employer, a leader and to commission services that tackle discrimination and improve outcomes for the communities we serve.

The diagram below show the CM ICB's key objectives and priorities



Legal Context

NHS Cheshire and Merseyside is committed to promoting equality and eliminating discrimination as an employer and a commissioner of services, ensuring the health care services that we provide are accessible and inclusive.
This report sets out how the NHS C&M is working with the Equality Act 2010 and paying 'due regard' to the Public Sector Equality Duty's (PSED) three objectives to: -

1) Eliminate unlawful discrimination, harassment, and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic.
2) Advance equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
    - Removing or minimising disadvantage experienced by people due to their personal characteristics.
    - Meeting the needs of people with protected characteristics
    - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3) Foster good relations between people who share a protected characteristic and people who do not share it, which means:
    - Tackling prejudice, with relevant information and reducing stigma
    - Promoting understanding between people who share a protected characteristic and others who do not.

'Due regard' is a legal requirement. Having due regard means considering the above in all decision making, including:

- How the organisation acts as an employer
- Developing, reviewing, and evaluating policies
- Designing, delivering, and reviewing services
- Procuring and commissioning
- Providing equitable access to services.

'Due regard' means that the Board of the NHS C&M must consider issues of 'equality and discrimination' before making any commissioning or policy decisions that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the NHS C&M does.

'Due regard' must be paid by the Board or by the NHS C&M decision makers (Committee's). Officers support this process by developing and presenting information and views to the decision makers. The reports that are presented to the NHS C&M Board or committees are called Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs). These reports will test the proposal/s or changes to policy and say whether it meets the Public Sector Equality Duty (PSED) and ultimately complies with the Equality Act 2010, which is a Statutory Duty. Recommendations are part of the reporting process. The Board must consciously take into consideration the content of the reports as part of their deliberations and decision-making process. EIA reports cannot be undertaken after a decision is made as this is unlawful and could be grounds for Judicial Review (legal challenge).

NHS C&M continues to strengthen internal governance by developing and delivering EIA reports and linking them to the current change programmes. EIA reports need to consider the effect or impact of any change to policy, practice, or procedure against all the protected characteristics this means that there must be a strong link to the consultation and engagement process to identify different people's perspectives and concerns.

Support is provided to staff making them aware of the EIA process and the NHS C&M ensures strong support mechanisms are in place to help staff and the organisation to develop and deliver timely and accurate reports.

Protected Characteristics

It is against the law to discriminate against anyone because of:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

Governance and Management Arrangements

NHS C&M has a responsibility for paying 'due regard' to the Public Sector Equality Duty (Section 149, Equality Act 2010) and for all mandated regulatory Equality Diversity and Inclusion (EDI) requirements. The board provides visible leadership to advance equality of opportunity across NHS C&M and wider system and lead the ICB to become a more inclusive employer.

Strategic EDI leadership currently sits within the Central NHS C&M Director and Senior Leadership Structures. Chris Samosa is the Chief People Officer for Workforce and Culture and Clare Watson is the Deputy Chief Executive for Patients and Communities

The Chief People Officer is the Senior Responsible Officer for EDI, Workforce and Organisational Development at Board level and the Senior Responsible Officer for EDI from a patient and commissioning perspective is the Deputy Chief Executive Officer.

The disparity in health outcomes between communities and demographics within Cheshire and Merseyside is of concern to our current healthcare system and therefore a priority. The health of our local populations is impacted by several social factors as highlighted in the Marmot review Fairer Together, (FT), Health and Care partnership (HCP) and the Joint Forward Plan (JFP). As such, tackling health inequalities has become the responsibility of all of those who work not only within health and social care, but also wider sectors such as education, housing, and employment. Our workforce must evolve to be able to effectively address these disparities. We have therefore developed actions and priorities as detailed within this report. Our priorities have been informed by our strategic objectives, which are detailed in the following plans.

Health Equality for Cheshire and Merseyside

All Together Fairer brings, together public, private and third sector organisations with one shared aim: build a fairer, healthier Cheshire and Merseyside. This work is being coordinated by the Cheshire and Merseyside Health and Care Partnership's Population Health Board, which is currently chaired by Ian Ashworth, Director of Population Health for NHS Cheshire and Merseyside.

4. 2021 the Institute of Health Equity (IHE) was commissioned by the Population Health Board of the Cheshire and Merseyside Health and Care Partnership (HCP) to support work to reduce health inequalities in the region through action on the social determinants of health and to build back fairer from COVID-19.

The recommendations made in the report cover the key social determinants of health – the eight Marmot principles and seven actions across for the Cheshire and Merseyside stakeholders and system. The recommendations are classified in two categories: Year 1 (2022-23) and Years 2-5 (2023-27) and they challenge the region to take actions on the social determinants of health, develop a regional system to take forward these actions and develop a healthier and more equitable region.

Overall, a third (33 percent) of Cheshire and Merseyside population live in the most deprived 20 percent of neighbourhoods in England, with significant negative implications for health. Austerity policies from 2010-20 in England have had substantial impacts on services offered and subsequently on health and inequalities. Across England, life expectancy for the most deprived areas outside London declined, even before the pandemic and this is likely a direct result of cuts to public services and local government, reductions in benefits and low-quality work and low pay. Within Cheshire and Merseyside life expectancy is generally below the average for England, except in Cheshire West and Chester and Cheshire East.

The COVID-19 mortality rate in Cheshire and Merseyside has been high (5 percent higher than the England and Wales average between March 2020 and April 2021) and the pandemic has exposed and amplified inequalities.

Social Determinants of Health

Health is largely shaped by the social, economic, and environmental conditions in which people are born, grow, live, work and age known as the social determinants of health. The social determinants of health are encompassed by the ***Marmot 8 principles.***

Marmot Principles

- Give every child the best start in life.
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.
- Tackle racism, discrimination, and their outcomes.
- Pursue environmental sustainability and health equity together.

Actions addressing the social determinants of health in Cheshire and Mersey include:

Example 1 – *Children*. At Alder Hey Children's Hospital a team of respiratory paediatricians, specialist nurses, and Allied Health professionals are working together with families to improve children's lung health. The team regularly phone landlords, housing agencies, and the council directly, explaining the urgency of good housing for children with respiratory problems. Their clinics focus on empowering parents – at one level to use their house better (with advice about cooking oils and kitchen extractor fans, home ventilation, where to place furniture, and how to dry clothes to reduce humidity and so on); and empowering families to help them advocate for better housing for themselves.

Example 2 – *Tackling Racism and discrimination*. Ethnic minority groups often experience worse outcomes in the social determinants of health, such as income, quality of employment and housing conditions – this relates to experiences of discrimination and exclusion. Ethnic minority populations are more likely to report being in poor health and have poor experiences using health services than the White British population. The COVID-19 pandemic has revealed the stark inequalities in health and economic and social inequalities for many of the UK's ethnic minority communities. Merseyside Sport Partnership (MSP) is working with the Wirral Deen Centre, a mosque and community centre in Birkenhead and Tranmere. The project works with women who do not speak English as a first language, who have difficulties accessing, or even knowing about, local services. The charity identified that appropriate clothing for exercise and money to travel were barriers for women who wanted to become physically active. Many of the women had minimal spoken English, which meant accessing services was more difficult, especially for those who wanted women's-only gym or swimming sessions. MSP helped the Wirral Deen Centre secure funding to subsidise transport costs, purchase gym clothing and funded exclusive access for a group of women to access a nearby gym. The work is being led by the Voluntary Sector.

Shifting to a social determinants of health approach means acting in the drivers of ill health as well as treating ill health when it is presented in healthcare settings: the prevention agenda must focus on improving living and working conditions and reducing poverty – as well as focussing on healthy behaviours. As set out in the report, it is almost impossible to live healthily when in poverty.

22 indicators, aligned with the 8 Marmot themes, covering areas which are considered critical in reducing health inequalities have been recommended. The social determinants indicator set was co-created with Cheshire and Merseyside and will be monitored by the Combined Intelligence for Population Health Action (CIPHA) programme.

- The full report can be found here Cheshire-and-Merseyside-report_interactive-v6.pdf (champspublichealth.com)

The 22 Beacon indicators agreed, are embedded within the Cheshire and Merseyside Health and Care Partnership (ICP) interim strategy. This strategy sets out how the challenges will be addressed, and outcomes monitored. Tackling Health Inequalities in outcomes, experiences, and access (our eight Marmot principles) is one of the strategic objectives of the plan.

Prevention pledge

The NHS Prevention Pledge – aims to improve the health of our population and is already adopted by several NHS Trusts across Cheshire and Merseyside. Itis aimed at embedding ill-

health prevention within core service delivery and Trust environments. It comprises 14 core commitments on cross-cutting prevention themes including:

- Reduction of preventable risk factors e.g., healthier catering offer, smokefree sites
- Workforce development, staff health and wellbeing
- Increasing social value and working towards Anchor Institution principles
- Working with partners at Place to build community capacity e.g., social prescribing.
- Addressing health **inequalities and strengthening diversity and inclusion.**

The Prevention Pledge takes a system-wide approach to promoting wellbeing and tackling health inequalities. Working in tandem with the Cheshire and Merseyside Marmot Community Programme, the Prevention Pledge supports NHS Trusts to address findings from the Public Health England 'Disparities Review' published in 2020 and NHS England's Core20PLUS5 initiative.

The Pledge commitments include the impact of obesity, diabetes, cardiovascular disease, COVID-19, mental wellbeing, increased alcohol consumption, poor diet, increased deconditioning and the impact on unemployment and **inequalities**.

Core 20 Plus 5

Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities. The approach defines a target population; the 'Core20PLUS' and identifies '5' focus clinical areas requiring accelerated improvement.

Core20
The most deprived 20% of the national population. For Cheshire and Merseyside this is more than 900,000 of our 2.7m population.

PLUS
'PLUS' population groups are groups who may be excluded in society, or who cannot access services as easily as other people. In Cheshire and Merseyside, we target groups in our Places where the variations in our population make up can be best reflected.
Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, care leavers, Military Veterans, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and wider socially excluded groups.

Here are some examples of work undertaken that addresses these priorities:

Example 1: Early Cancer Diagnosis

Aims:
- Reduce unwarranted variation in care, access, experience, and outcomes.
- Reduce health inequalities for vulnerable communities, who have been affected by cancer.

The Cancer Alliance's Health Inequalities and Patient Experience Team has been nominated for several high-profile awards, for our targeted work to reduce inequalities. As an example of this we undertook a successful campaign to increase awareness of the heightened risk of prostate cancer in Black men, compared to the rest of the population.

Example 2: Children and Young People

As a partnership we have an established Cheshire and Merseyside's children and young people's transformation programme (Beyond). This works collegiately with the Cheshire and Merseyside Directors of Children's Services (DCS) Forum to ensure there is an agreed set of priorities and objectives. Key priorities include:

- Establish multi-agency "gateway" meetings in all nine Places to support children in crisis.
- Develop a model of best practice for safe places for CYP who need alternatives to hospital care due to emotional well-being or social needs.
- Implement targeted interventions around alternatives to hospital care, reducing variation in diabetes and epilepsy care and early intervention around healthy weight and obesity.
- Improve access rates to CYP mental health services for 0–17-year-olds, certain ethnic groups, age, gender, and deprivation.

PLUS
In delivering these objectives we have a focus on ensuring we prioritise our PLUS population groups. With specific consideration being taken for the **inclusion of young carers, looked after children/care leavers and those in contact with the justice system.**

Example 3: Learning Disability and Autism

On average people with a learning disability and / or autism die 22-26 years earlier than the general population. This makes it crucial that, we tackle the long waits people can experience accessing a diagnosis and treatment for their learning disability or autism and take specific action to tackle health inequalities in access to physical health care.
We have established processes to ensure we codesign improvements to services, working with service users, experts by experience and self-advocates. Our aims include to:

- Increase the percentage of people with a learning disability and/or autism or who receive an annual health-check and a health care plan to at least 85% by 2028.
- Continue to develop services to support schools, children and young people in crisis and their families, children, and young people with autism, eating disorders and issues relating to transgender.
- Develop a digital single point of access for emotional health and wellbeing. In support of the Transforming Care programme – for children and young people with learning disabilities and / or autism – ensure key workers are in place across Cheshire and Merseyside and that young people aged 14+ have access to annual health checks and personalised care short breaks.

Example 4: Mental Health

We have established a Mental Health Programme, with oversight of the implementation of the NHS Long Term Plan ambitions for mental health and drives delivery of whole system all age mental health transformation.
The programme leads on priorities deemed best undertaken 'at scale' – as agreed by commissioners, public health representatives, Northwest Ambulance Service, Police, local authorities, and voluntary sector representatives. We will:

- Act on prevention / promotion of positive mental health to help reduce mental health inequalities.
- Continue to roll out school / college-based Mental Health Support Teams
- Work with the ambulance service, Police, hospitals, and local authorities to address delays in Mental Health Act assessment processes.

- Establish places of safety outside of emergency departments in all of Cheshire and Merseyside's nine Places
- Reduce care variation by standardising care pathways through strong Place-based partnerships.

The Cheshire and Mersey NHS ICB Joint Forward Plan

Our established Population Health Board oversees our **Population Health** programme of work. The aims of this are to improve health outcomes and reduce **health inequalities** by embedding a sustainable system-wide shift towards focusing on prevention and reducing health inequality. Our newly appointed Director of Population Health plays a key leadership role in this work.

In line with the Hewitt Review recommendations, as an ICB we intend to increase year on year the proportion of our budget being spent on prevention. Over time we expect that this will improve the health of our population, whilst helping to address the variation and inequality in access and outcomes we see across Cheshire and Merseyside. In developing our approach, we have set out principles for improvement. We will deliver care that is:

• Safe
• Effective
• A positive experience
• Responsive and personalised
• Caring
• Well-led
• Sustainably resourced
• Equitable.

This approach requires 'levelling up' our digital and data infrastructure to help address the significant inequalities so clearly faced by parts of our population and to ensure we successfully support all we serve. We are committed to turning 'intelligence into action' by using increasingly sophisticated ways of understanding the health and care needs of our population, and then finding and intervening for those in greatest need to improve their health and care outcomes in an equitable way.

Anti Racism

Northwest Region –Anti-Racism Statement

NHS England Northwest Region supports the commissioning and delivery of high-quality services across Cheshire and Merseyside, Greater Manchester and Lancashire and South Cumbria. NHSE NW also works closely with Integrated Care Boards and NHS Trusts, who have been integral in the development of this Anti-Racism Statement:

NHSE NW are committed to becoming an Anti-Racist organisation and will take a strategic approach to embed equity and inclusion. We will improve the experiences of our Black and Ethnic Minority patients and staff, which will ultimately improve the patient care we provide, and improve the experiences of our workforce. NHSE NW are currently implementing the

NHS Northwest BAME Assembly Anti-Racist Framework, a key driver to us becoming Anti-Racist. We will use our resources and partnerships effectively to influence and collaborate with others, challenging each other to eradicate racism in our organisations as we openly acknowledge the negative experiences of our patients and staff within the NW Region.

What is Racism and what it means to be Anti-Racist?

Racism is discrimination and prejudice perpetuated by an individual, community, or organisation towards an individual on the grounds of their race or ethnic group. It's marginalisation of individuals based on their race or ethnic background, which effects Black, Asian, and Minority Ethnic groups. Racism is overt (racial comments) or covert (microaggressions). Racism is very harmful, and can make an individual feel stressed, victimised, and depressed. Being Anti-Racist is actively recognising and opposing racism, it involves taking action to address systemic racism. Understanding individual differences forms part of becoming anti-racist, it involves being open to learn, reflect and changing behaviours. Although this is an anti-racism statement, we acknowledge individuals make up several facets and discriminatory practice affects other characteristics such as Religion, disability, sexual orientation, belief, gender, and socio-economic status.

What we know In the Northwest Region

We are aware that patients from Black and Ethnic Minority backgrounds experience health inequalities, for example Black women are more than 4 times more likely to die during childbirth than white women (M-BRRACE 2023) Reports | MBRRACE-UK | NPEU (ox.ac.uk).People from Black and Ethnic Minority backgrounds also have poorer access to healthcare. Workforce Race Equality (WRES) Data tells us that staff from Black and Ethnic Minority backgrounds are more likely to enter formal disciplinary processes, have a lack of opportunities for career progression, and more likely to experience bullying and harassment or abuse from patients, relatives, and the public. In a recent tribunal case, it was evident that the NW Region failed to act appropriately. These lived experiences occur from the negative policies and practices that have remained unchallenged. This is not acceptable, we must eradicate all forms of racism and health inequalities, by becoming Anti-Racist we will address inequity at root cause. To achieve this, we will be open and honest regarding our findings, we will work with our staff networks, patients, and the wider community.

What we plan to do

As previously mentioned, The Northwest Region (NW NHS England and the 3 northwest regional ICBs – Cheshire and Merseyside, Greater Manchester and Lancashire and West Cumbria – have articulated an ambition to become intentionally anti-racist. To demonstrate its support of this ambition the Cheshire and Merseyside ICB Board issued and published its anti-racism statement , in September 2023, articulating its commitment to race equality in the Cheshire and Merseyside ICS and individual members of the board made and issued their own pledges to committing to becoming anti-racist allies. In addition to this, the ICB Chief Executive was identified as the champion/sponsor for the anti-racism agenda and the board approved the implementation of the of Northwest BAME Assembly's Anti Racism Framework.

The Northwest BAME Assembly Anti-racism Framework is a tool designed to support NHS organisations to become intentionally anti racist by tackling structural racism and discrimination through collaboration, reflective practice, and accountability. It recognises that this intention requires committing to undertaking a journey that involves the continuous review of progress and being intentional about actions for change.

As at January 2024, 14 Trusts have committed to implementing the Framework, or expressed their intention to do so (highlighted in the Table 3). Trust representatives attend the NW Anti-Racism drop-in sessions for support. Additional support is provided via the monthly meetings of the Cheshire and Merseyside Patient/Workforce Equality Focussed Forum.

Cheshire & Merseyside ICB Hospital Trusts
1. Alder Hey Children's NHS Foundation Trust
2. Bridgewater Community Healthcare NHS Foundation Trust
3. Cheshire and Wirral Partnership NHS Foundation Trust
4. Clatterbridge Cancer Centre NHS Foundation Trust
5. Countess of Chester Hospital NHS Foundation Trust
6. East Cheshire NHS Trust
7. Liverpool Heart and Chest Hospital NHS Foundation Trust
8. Liverpool University Hospitals NHS Foundation Trust
9. Liverpool Women's Hospital NHS Foundation Trust
10. Mersey and West Lancashire Teaching Hospitals NHS Trust
11. Mersey Care NHS Foundation Trust
12. Mid Cheshire Hospitals NHS Foundation Trust
13. The Walton Centre NHS Foundation Trust
14. Warrington and Halton Hospitals NHS Foundation Trust
15. Wirral Community Health & Care NHS Foundation Trust
16. Wirral University Teaching Hospital NHS Foundation Trust

Targeted Anti-racism Leadership development

ICB Board

BRAP, a leading charitable organisation with considerable experience of supporting NHS and other public sector Board development in anti-racism, equality, diversity and human rights, (https://www.brap.org.uk/about), were commissioned to deliver a board leadership development session on anti-racism started in February, 2023. The Purpose of the session was to support the board to achieve: a shared understanding of anti-racism, to understand the implications of an anti-racist approach; and to develop its understanding of the purpose of its leadership in this area and how it holds itself accountable for change.

In addition to the above, NW NHS England have commissioned BRAP to deliver Anti-racism Allies 6-month development programme to executive leaders of the 3 ICBs to support their development of anti-racist systems-thinking and practice. This programme will be delivered from April 2024.

Nursing and Allied Health Practitioners (AHPS)

A programme of targeted anti-racism development will be available to 135 nursing and AHPs from across the system during the period of May to October 2024.

The aim of the training is to build the confidence of practitioners to become anti-racist allies and develop their capability to embed EDI and anti-racism into their practice.

The development package will include:

- Race Awareness Training
- Unconscious Bias Training
- Anti-racist Ally training
- Enhanced EDI Training
- Equality Impact Analyses Training – understanding risk.

NHS Cheshire and Merseyside ICB Leadership Programme

The above programme is targeted at all senior leaders within the ICB organisation and comprises 5 modules that will support the development of anti-racist and anti-discriminatory practice (see below). The programme has been designed using the collective expertise of agencies like AquA, NHS NWLA, Health Innovation, CLP and NW Employers. It is an interactive learning programme that will be delivered in half and full-day in-person sessions from March 2024 - March 2025 (supported by resources on Future NHS).

We are also aligning this statement with our core values, the NHS Long-Term Workforce Plan, EDI Improvement Plan and the People Promise. Staff will be encouraged to speak up safely without fear of reprisal. Patients, staff, and Leaders should be able to identify, discuss and challenge racism. We will change policies and practices, taking measurable actions to support this work.

Our ambition is to eradicate the behaviours that perpetuate racism. Our commitment is to develop a Region where everyone's culture and difference is celebrated, where racism is not tolerated, and patients and staff do not experience discrimination in any form. As a region we are united in opposing and dismantling racism in all its forms, creating a welcoming and supportive environment where colleagues' careers flourish, and we are relentless in reducing health inequalities by improving access, experience, and outcomes.

How will we drive this?

• We will take action to tackle racism and wider health inequalities that affect our patients and staff

• We will support a consistent approach across the NW Region

• Senior Leaders will be held accountable, key processes will be introduced to ensure there is a strategic approach to measure improvements.

• We will develop robust mechanisms for our patients and staff to speak up

• We will understand the lived experience of our patients and staff (listening and learning with regular engagement sessions)

• We will tackle and diminish inequalities

• We will grow and develop inclusive leaders

• We will regularly measure progress, setting clear trajectories

Tackling Racism and Race discrimination

Ethnic minority groups often experience worse outcomes in the social determinants of health, such as income, quality of employment and housing conditions – this relates to experiences of discrimination and exclusion. Ethnic minority populations are more likely to report being in poor health and have poor experiences using health services than the White British population. The COVID-19 pandemic has revealed the stark inequalities in health and economic and social inequalities for many of the UK's ethnic minority communities.

Our Anti Racism Pledge can be found here:

https://cheshireandmerseysidenhsuk.sharepoint.com/SitePages/Anti-racism--the-power-of-a-pledge.aspx

https://www.cheshireandmerseyside.nhs.uk/posts/nhs-cheshire-and-merseyside-to-be-unapologetically-anti-racist/

Commissioning Health Care Services

NHS C&M works with our partners and the people of Cheshire and Merseyside to commission services and improve the health and wellbeing of the people and communities across the sub region. The programmes are being developed and will to be based on evidence about the population, with a focus on health needs and inequalities. These include:

6.
- Population Health Management data
- CIPHER Medical
- Qualitative feedback – Friends &Family surveys, GP surveys, CQC feedback
- Ward level public health profiles
- Delivery of the NHS Long Term Plan
- Delivering safe, high-quality services
- Building relationships with communities
- Acting on health inequalities and the local strategy for health and wellbeing
- Quality intelligence
- CHAMPs intelligence and evidence findings and recommendations
- Fairer together

Equality, Inclusion and Diversity progress

Individual Funding Request Panel

Individual Funding Requests (IFR) are made by GPs on behalf of patients in cases where additional funding may be required for an additional element to health care. These may include physical adaptations or aids, communication aids or further courses of clinical

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treatment, An Equality and Inclusion officer participates in the panel meetings and gives advice on cases whereby the Public Sector Equality Duty may be applicable. This process ensures that any individual case that is exceptional or unusual is duly considered and that decisions consider equality and inclusion and reasonable adjustments.

EDI Monthly Bulletins and Awareness Campaigns

Working as part of a Communications team, we produce an equality and diversity information monthly bulletin to assist in awareness raising of relevant initiatives to health and social care. A bulletin is produced, and this is disseminated to staff. Items include LGBT History month, Mental Health Awareness campaigns, religious festivals, Disability campaigns and anti-racism initiatives.

Equality Impact Assessments

The ICB carries out Equality and Health Inequality Risk and Impact Assessments on all service changes and improvements, restructures, workforce and clinical policies, and strategies. The EDI officers complete and review these assessments and offer advice and support across the organisation to ensure these are of a high standard and fit for purpose. Over the past year, we have carried out over 100 EIAs.

Interpretation and Translation

As we have described, the area that we provide health care services for across Cheshire and Merseyside has a diverse population, with several languages used. Languages may be used for either spoken or written word, and it important to acknowledge that because a patient may speak English, they may not understand the written language or may have low literacy skills and / or other communication needs. CM NHS has a comprehensive Language and Interpretation policy and as described at the beginning of this report, requests can be made for language and interpretation needs.

The table below shows how the languages our communities use differs by area.

Language	Sefton	Liverpool	St Helens	Knowsley	Warrington	Halton	Wirral	Cheshire West	Cheshire East
English	96% (261,800)	90% (425,452)	97.20%	96.97%	94.56%	97.34%	97.67%	96.66%	95.76%
Polish	2,400	1.02% (4,809)	0.61%	0.68%	1.47%	0.53%	0.31%	0.82%	1.32%
Romanian	1,100	0.65% (3,063)	0.36%	0.33%	0.73%	0.53%	0.20%	0.29%	0.58%
Portuguese	900	0.70% (3,283)	0.12%	0.28%	0.10%	0.08%	0.06%	0.17%	0.16%
Tamil	400	0.22% (1,039)							
Latvian	400								
Arabic		1.22% (5,743)	0.25%	0.14%	0.11%	0.19%	0.11%	0.12%	0.08%
Chinese		0.71% (3,326)							
Panjabi			0.36%	0.02%	0.12%	0.03%	0.04%	0.02%	0.03%
Urdu		0.15% (717)	0.32%	0.03%	0.15%	0.01%	0.03%	0.03%	0.06%
Bengali			0.24%				0.14%		
Gujarati			0.01%						
Italian			0.05%						
Spanish				0.12%		0.09%	0.09%	0.17%	0.14%

Patient Equality Focused Forum - PEFF

The collaborative (Patient Equality Focused Forum - PEFF) is made up of equality leads and key officers from across the healthcare system and meets on a bi-monthly basis. This group works collaboratively to share best practice, identify issues, and provide recommended actions to their respective organisations to advance equality of opportunity and support NHS C&M to address health inequalities and barriers in accessing healthcare services to improve patient journey and experience.

Task and Finish groups are then subsequently established to focus on priority areas agreed by the Patient Equality Focused Forum. Task and finish groups currently in progress are Transgender Best Practice and Military Veterans and Armed Forces Community.

Clinical Policies (Improving Access and Patient Outcomes)

Harmonisation of Clinical Policies

In 2022 9 NHS Clinical Commissioning Groups (CCGs) joined together to form Cheshire and Merseyside Integrated Care Board. It was identified that there were disparities in many of the clinical policies governing health care across the region. This meant that people living in different areas could be subject to variation in treatment. Some of the policies contained criteria that was inconsistent across Cheshire and Merseyside and could potentially cause inequalities in application.

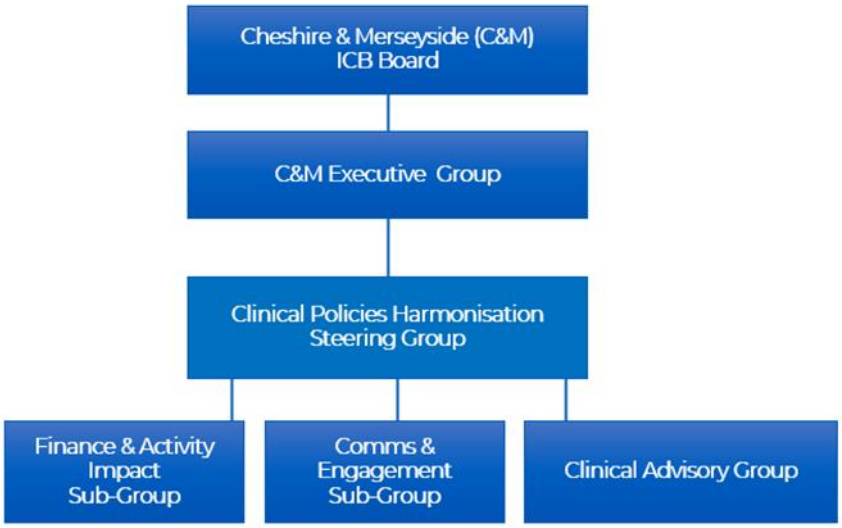
The ICB determined that the harmonisation of clinical policies was a priority in addressing inequality in access to services and patient outcomes. In light of the variation between existing policies, and in some cases the age of the existing policies, it was essential that any single suite of harmonised clinical commissioning policies for C&M reflects and is based on up-to-date clinical practice and research, but also takes into account the current commissioning landscape, legislation, equality, diversity and inclusion, the changing needs of the C&M population and the duties on the ICB to ensure that health care services are available to meet the reasonable needs of the population. A policy harmonisation working group was established, governed by a Policy Harmonisation Steering Group. The Steering Group was established with Terms of Reference and included Clinicians, policy development officers, Communication and Engagement Leads and Equality and Inclusion officers.

Over the period 23-24, over 60 policies have been updated and aligned with the most up to date clinical evidence and guidance. We have ensured that policies are in line with NICE guidance. NICE is the National Institute for Health and Care Excellence. NICE guidance is evidence-based recommendations for the health and social care sector, developed by independent committees including professionals and lay members, and consulted on by stakeholders, helping practitioners and commissioners get the best care to patients.

Our EDI team carried out these Equality and Healthy Inequality Impact and Risk Assessments. The EHIIRAs are an important part of the process as they inform the policy development work, ensuring that due regard and consideration has taken place when developing the policies and making decisions. The EHIIRAs also ensure that the Public Sector Equality Duty (PSED), Equality Act 2010, and the Human Rights Act 1998 have all been considered. The assessments also inform the Communication and Engagement planning, helping to identify which groups of patients / potential patients and organisations

should be prioritised in consultation and engagement work. The assessments will be revisited once the Consultation and Engagement work has ended and the outcomes from patient feedback have been collated.

Below is a flow chart that shows the structure of the management of the project.



Equality Delivery System 2023 (EDS 2023)

NHS England introduced the EDS3 2022 toolkit, replacing the older EDS2. The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight.

The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users. EDS 2023 comprised eleven outcomes spread across three domains, which are:

Domain 1: Commissioned or provided services
1A: Service users have required levels of access to the service
1B: Individual service user's health needs are met
1C: When service users use the service, they are free from harm
1D: Service users report positive experiences of the service

Domain 2: Workforce health and wellbeing
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions (response to Covid-19)
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source (response to Covid-19)

2D: Staff recommend the organisation as a place to work and receive treatment

Domain 3: Inclusive leadership
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.
3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients (response to Covid-19).

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. Scoring in conjunction with key stakeholders to determine if the organisation is graded as:

- Underdeveloped
- Developing
- Achieving
- Excelling

Ratings in accordance with scores are below	
Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

The EDS findings can contribute to NHS system and provider organisations achieving delivery on the Core20Plus5 approach and Health Inequalities priorities.

2023 has been used as a test period, for organisations to use this time to get used to applying the new EDS in a new way, in a new system. Because of this there are some differences in the way in which we have asked organisations to apply the EDS, mainly: systems applied domain one to two services, rather than three as requested in the official Technical Guidance. One of the two services for domain one must fall within one of the Core20Plus5 clinical areas. These NHS England adjustments are to acknowledge that the NHS system has now changed from Clinical Commissioning Groups to ICSs and ICBs, and that NHS organisations have not had a full year to implement the EDS. Organisations are encouraged to make as much progress as possible during the forthcoming year.

Domain One implementation

NHS C&M and the following eleven trusts opted for early implementation of EDS 2022. For domain 1, the ICB asked each trust equality / patient experience lead to liaise with executive colleagues of their respective organisation to identify two services to review, one of which had to be a clinical area part of Core20Plus5. Trusts selected the following services. Note that some trusts selected two services part of Core20Plus5.

- **Bridgewater Community Health NHS FT**: Halton Health Visiting Service and Warrington Family Nurse Partnership (Core20Plus5 Maternity)
- **East Cheshire NHS Trust:** Antenatal Screening (Core20Plus5 Maternity) and Acute Paediatrics
- **Liverpool Heart and Chest Hospital NHS FT:** Targeted Healthy Lung Check Service (Core20Plus5 Respiratory) and Hypertension Case Finding (Core20Plus5)
- **Liverpool University Hospitals NHS FT**: Cardiology, (Core20Plus5 Hypertension Case Finding) and Respiratory (Core20Plus5 Respiratory)
- **Liverpool Women's Hospital NHS FT**: Induction of Labour (Core20Plus5 Maternity) and Early Cervical Cancer (Core20Plus5 Cancer)
- **Mersey Care NHS FT:** High Secure Services (Core20Plus5 Severe Mental Illness)
  NB Mersey Care had planned to review Silver Birch Hubs Peri-natal mental health service as their second service however due to organisational pressures could not complete the review.
- **Mid Cheshire NHS Trust:** Maternity (Core20Plus5 Maternity) and Ophthalmology
- **Southport and Ormskirk Hospitals NHS Trust:** TIA (Core20Plus5 Hypertension Case Finding) and Patient Initiated Follow Ups (PIFU) in MSK
- **Warrington and Halton Hospitals NHS FT:** Team River -Warrington and Team Sunlight – Halton (Core20Plus5 Maternity) and Long COVID service
- **Wirral Community Health and Care NHS FT:** Community Cardiology CVD Rehabilitation (Core20Plus5 Hypertension Case Finding) and Bladder and Bowel
- **Wirral University Teaching Hospital NHS FT:** Maternity (Core20Plus5 Maternity), Perinatal Mental Health (Core20Plus5 Maternity)

NHS C&M Equality and Inclusion leads developed a service review template for organisations to adapt and complete for each service review. Organisations could then use this document to consider information available relating to patient access, meeting health needs, experience, patient satisfaction, and outcomes, identify any gaps in intelligence, to help inform ratings against each outcome, and to develop service improvement plans. A list of data sources and publications were also provided to trusts for each of the Core20Plus5 clinical areas.

NHS C&M equality and inclusion leads facilitated a series of meetings for each of the Core20Plus5 clinical areas with trusts, Healthwatch and lead 'place' commissioning managers in attendance. Other stakeholders were also invited, such as Improving Me colleagues to the Maternity specific meetings. Contact was also made with CHAMPS and cancer alliance colleagues.

The approach to engagement with stakeholders was varied. Some trusts had access to well established internal patient experience groups, established links with Healthwatch and VCSE organisations and therefore were more easily able to engage with them throughout the process and collectively agree ratings. Other trusts however didn't have access to such groups; either due to them not being as well established or due to time constraints with undertaking the reviews whilst managing internal organisational pressures. These trusts therefore utilised dedicated grading meetings, facilitated by the NHS C&M equality and inclusion leads with Healthwatch, commissioning managers and trust peers in attendance to agree/ disagree with proposed ratings.

NHS C&M ratings for domain 1 is Achieving across each outcome. This is the **mode** rating, as taken from the trust's individual service review ratings below:

Trust	Service Review	1A: Service users have required levels of access to the service	1B: Individual service user's health needs are met	1C: When service users use the service, they are free from harm	1D: Service users report positive experiences of the service
Bridgewater Community Health NHS FT	Halton Health Visiting Service (Core20Plus5 Maternity)	**Developing**	**Achieving**	**Achieving**	**Achieving**
	Warrington Family Nurse Partnership (Core20Plus5 Maternity)	**Developing**	**Achieving**	**Achieving**	**Achieving**
East Cheshire NHS Trust	Antenatal Screening (Core20Plus5 Maternity)	**Achieving**	**Achieving**	**Excelling**	**Achieving**
	Acute Paediatrics	**Achieving**	**Achieving**	**Achieving**	**Achieving**
Liverpool Heart and Chest Hospital NHS FT	Targeted Healthy Lung Check Service (Core20Plus5 Respiratory)	**Achieving**	**Achieving**	**Developing TBC**	**Developing TBC**
	Hypertension Case Finding (Core20Plus5)	**Achieving**	**Achieving**	**Achieving**	**Developing TBC**
Liverpool University Hospital NHS FT	Cardiology (Core20Plus5 Hypertension Case Finding)	**Developing**	**Developing**	**Developing**	**Developing**
	Respiratory (Core20Plus5)	**Developing**	**Developing**	**Developing**	**Developing**
Liverpool Women's Hospital NHS FT	Induction of Labour (Core20Plus5 Maternity)	**Developing**	**Achieving**	**Achieving**	**Developing**
	Early Cervical Cancer (Core20Plus5 Cancer)	**Developing**	**Developing**	**Developing**	**Developing**

Mersey Care NHS	High Secure Services (Core20Plus5 Severe Mental Illness)	**Achieving**	**Achieving**	**Excelling**	**Developing**
Mid Cheshire NHS Trust	Maternity (Core20Plus5 Maternity)	**Achieving**	**Excelling**	**Excelling**	**Achieving**
	Ophthalmology	**Developing**	**Achieving**	**Achieving**	**Developing**
Southport and Ormskirk Hospital NHS Trust	TIA (Core20Plus5 Hypertension Case Finding)	**Developing**	**Developing**	**Achieving**	**Undeveloped**
	Patient Initiated Follow Ups (PIFU) in MSK	**Achieving**	**Achieving**	**Achieving**	**Achieving**
Warrington and Halton Hospitals NHS FT	Team River - Warrington and Team Sunlight – Halton (Core20Plus5 Maternity)	**Developing**	**Achieving**	**Achieving**	**Achieving**
	Long COVID service	**Developing**	**Excelling**	**Achieving**	**Achieving**
Wirral Community Health and Care NHS FT	Community Cardiology CVD Rehabilitation (Core20Plus5 Hypertension Case Finding)	**Achieving**	**Achieving**	**Excelling**	**Achieving**
	Bladder and Bowel	**Achieving**	**Achieving**	**Achieving**	**Achieving**
Wirral University Teaching Hospital NHS Trust	Maternity (Core20Plus5 Maternity)	**Achieving**	**Achieving**	**Achieving**	**Achieving**
	Perinatal Mental Health (Core20Plus5 Maternity)	**Achieving**	**Developing**	**Developing**	**Achieving**

EDS is only one of many tools NHS C&M uses to demonstrate how we comply with our PSED.

Equality Objectives 2024/2025

The NHS Cheshire and Merseyside Integrated Care Board is a listed Public Authority for the purposes of the Equality Act 2010, and thereby is obliged to set out its Equality Objectives at least every 4 years alongside its progress towards meeting the Public Sector Equality Duties.

To reflect the fact that NHS C&M is still a new organisation and is still undergoing a major restructure (management of change) process, the objectives have been set focussed on delivering key priorities, including the development of an EDI framework and operating model that matches the full ambitions of the ICB. This will enable the organisation to involve and engage people who have lived experience of discrimination to inform our objectives from 2024 onwards allow us to establish more robust governance arrangements across NHS C&M and the wider system, including better integration of the EDI agenda with the ICB's work on addressing health inequalities, as outlined in the Health and Care Act 2022.

Each of the equality objectives is supported by associated priorities and responsibility and accountability for advancing equality and addressing inequality rests with NHS C&M Board.

The board will need to provide visible leadership on equality, diversity, and inclusion issues across the system. Its purpose is to shape the future of health and care – to help improve the access, experiences and health outcomes for all patients and communities, and to support NHS C&M to become a more inclusive employer by making full use of the talents of its diverse staff and the communities it serves.

The Equality Objectives are:

- Make fair, transparent, and accountable commissioning decisions.
- Improve access and outcomes for patients and communities who experience discrimination and disadvantage.
- Improve the equality performance of our providers through procurement, monitoring compliance and collaboration.
- Addressing inequalities (and discrimination) in the workforce so that staff are empowered and able to use their full range of skills and experience to deliver best possible services for patients and the public.

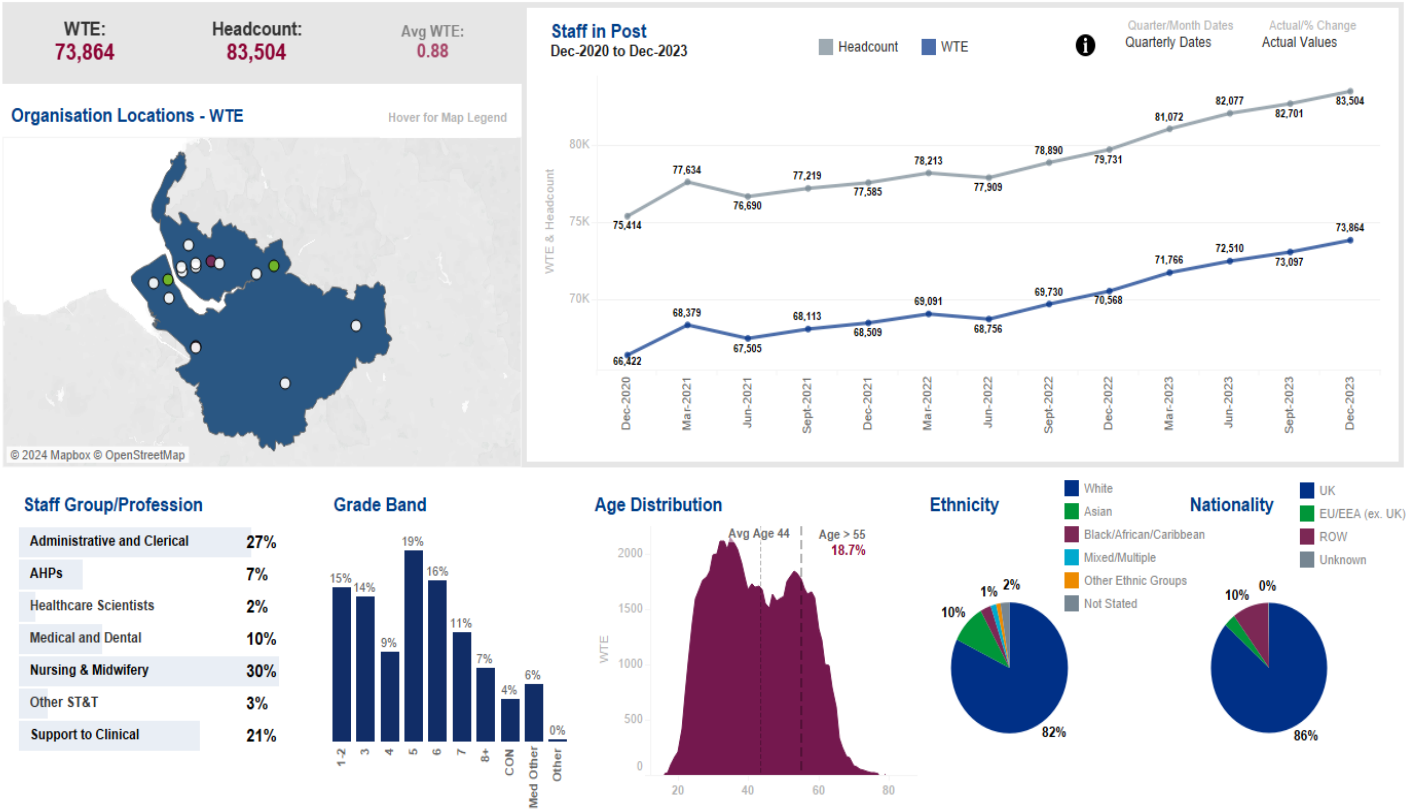
To support us with our equality objectives, we will develop of a system wide EDI framework and strategy, that is evidence based and developed in partnership with the Cheshire and Merseyside health and care system. The framework will support us to develop the necessary governance, accountability, and assurance arrangements for a more joined up approach to addressing systemic inequalities facing underrepresented groups and advance equality of opportunity for our people, our patients, our providers, our partners, and our populations.

Equality, diversity, and inclusion in the workforce

Demographic profiling is an essential characteristic of health and care workforce planning and modelling. It enables us to sense check our progress against national imperatives for the equality, diversity and inclusion relayed in the NHS People Promise 2022, NHS Long Term Plan 2019, NHS Model employer 2019 and the Messenger Review 2022 and more locally, the Northwest NHS anti racism framework 2022 and Care Quality Commission (CQC) Well Led framework.

10.

The diagram below shows Secondary Care Provider Trust Workforce Profile at December 2023 in the Cheshire and Merseyside - Source: ESR



Demographic Breakdown

Disability

Between December 2020 and December 2023 there was an increase in percentage declarations for both disabled and non-disabled people employed within secondary care provider trusts. Non-disclosure of disability status remains significantly high but, year on year improvements have been seen (a fall of 7 percentage points between in 2020 and 2023). All declaration rates are consistent with those of regional averages.

Ethnicity

Ethnicity reporting between 2020 and 2023 remained consistently high at approximately 97%. During this period the percentage of BAME people employed increased year on year by 1 percentage point from 8% in 2020 to 12% in 2023.
However, over this same period the percentage of white people employed remained higher than the average for the region and the percentage of BAME people employed remained consistently lower that the average for the region.

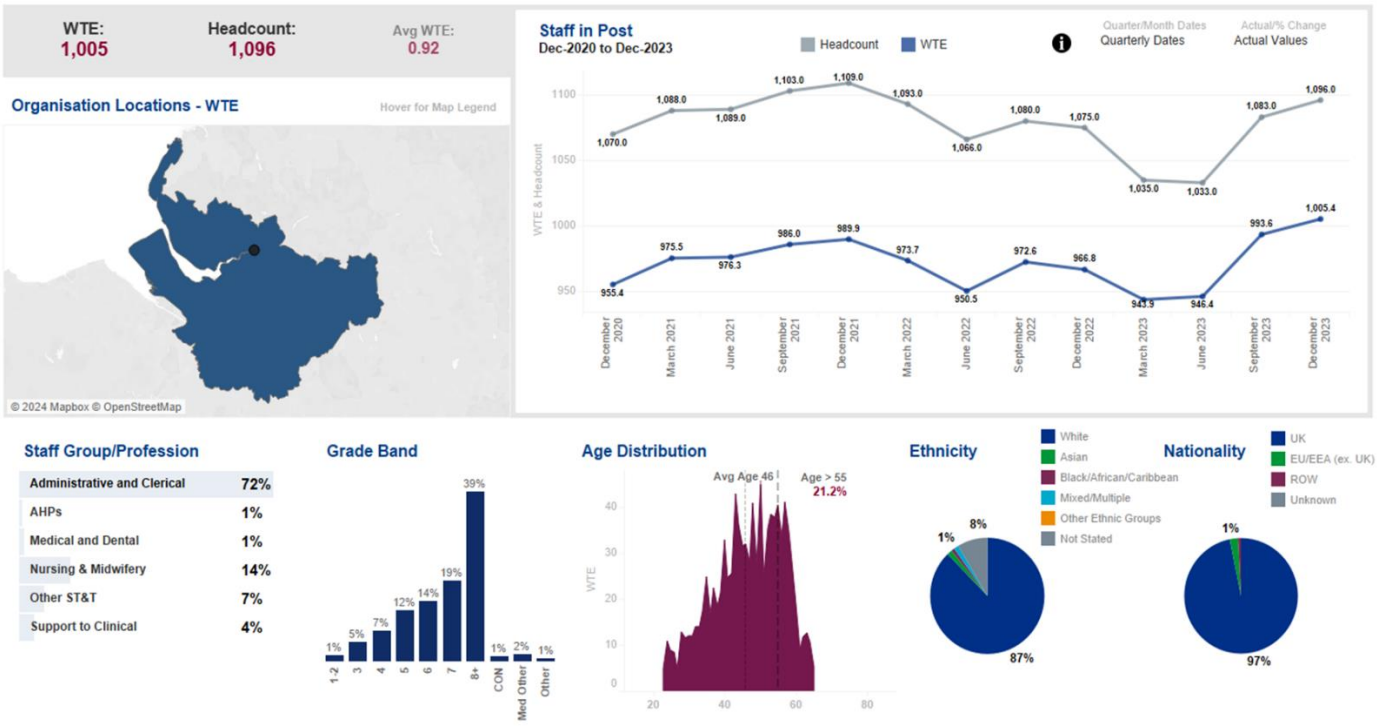
Gender

Between 2020 and 2023 was consistent and significant over-representation of female staff employed by the secondary care provider trusts, when compared with the number of male employees. The percentage of females employed remained consistently higher than the regional average, and the percentage of male employees consistently lower.

Sexual Orientation

During this same period, there was significant under-reporting of the number of employees declaring their sexual orientation (less than 80%) within secondary care provider trusts. The trend over the previous 3 years is decreasing from a peak of 80% in 2020 and 2022 to 75% in 2023. The percentage of people who are gay/lesbian and bisexual employed remains consistent with regional average.

The diagram below shows NHS Cheshire and Merseyside ICB Workforce Profile at December 2023- Source: ESR



Demographic Breakdown

Disability

Between December 2020 and December 2023, the overall level of disability reporting has remained below 90% peak of 2023. However, this is higher than the regional average. Except for 2023, the percentage of disabled people employed is consistent with the regional average. The percentage of those choosing not to disclose their disability status, remains below the regional average and shows a decreasing trajectory.

Ethnicity

Between December 2020 and December 2023 there has been a decrease in the overall level of ethnicity reporting – within the ICB/legacy CCGs from a peak of 98% in 2022 to 93% in 2023.

The percentage of white people employed remains consistently higher than the regional average and the percentage of BAME people employed remains consistently lower.

Gender

Between 2020 and 2023 there has been consistent and significant over-representation of female staff employed by the ICB/legacy CCGs, when compared with the number of male employees. Although there has been slight fluctuations between each year, these figures are, in general, consistent with regional averages.

However, despite the above, the table below show that at 31st March 2023 there was a significant gender pay gap of 18.7%

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	31.7751	24.8164
Female	25.8282	22.4026
Difference	5.9469	2.4138
Pay Gap %	18.7157	9.7267

Sexual Orientation
there was significant under-reporting of the number of employees declaring their sexual orientation (less than 80%) within the ICB/legacy CCGs, during 2020 and 2023. The trend over this period decreased from a peak of 80% in 2020 and 2022 to 75% in 2023.
The percentage of people who are gay/lesbian and bisexual employed remains consistent with regional average.

Whilst aggregated system data for workforce analytics will be developed in 2023- 2024, we recognise that the NHS C&M current workforce profile requires focused effort necessary for leadership for inclusion across health and care.

We are working towards a single workforce demographic profile to inform our regulatory duty to report to the Workforce Race Equality Standard and in the future Workforce Disability Equality Standard and this will support our reporting on the gender pay gap. There will be ongoing development of a framework to build internal cultural competence capability.

In 2022 NHS C&M participated in the national staff survey and the results will assist us to understand any differentials in staff experience in the context of recruitment, access to development, experience of work and engagement with just culture principles within HR systems and processes.

We continue to monitor diversity in the organisation across the senior leadership tiers at Board, Executive and senior leadership body and through established networks we will continue to work with our local trusts to develop a dedicated workforce policy to support people who are transitioning gender in the workplace.

It is important that we continue to explore access to regional system-based resources of support for underrepresented groups including local staff equality networks, health and wellbeing provision and support together with opportunities to drive positive action approaches to recruitment at all levels of NHS C&M workforce to achieve diversity.

Conclusion

NHS Cheshire and Merseyside will continue to drive forward our Equality Objectives and all of the aspects outlined within this report. We will support the development of our staff groups ensuring that they are listened to and are involved in policy development and decision making.

We will support our commissioned services to fully implement the Public Sector Equality Duty and to progress with the Equality Delivery System. Patients and our workforce will remain our priority in delivering effective, efficient, and equitable services. Health inequalities will continue to be addressed and monitored across the region. Our Equality Objectives will underpin the values of the organisation as we continue to improve equality, diversity, and inclusion.