### 2017-18 Equality Delivery System 2
Goals, Outcomes and Evidence

<table>
<thead>
<tr>
<th>Outcome 1.1</th>
<th>Goal 1 Better Health Outcomes</th>
<th>MK CCG Assessment 25.07.18</th>
<th>MK CCG Stakeholder session 12.10.18</th>
<th>MK CCG NHS EDS2 final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Achieving</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Protected Characteristic Groups that fared well or those that fared less well</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.07.2018 All fared well except Gender re-assignment group</td>
<td>25.07.18 Evidence suggests that delivery at Primary Care level remains problematic for some services</td>
</tr>
<tr>
<td>12.10.2018 *AGE-all fared well but elderly people may fair less well</td>
<td>12.10.18 *positive feedback from Age UK regarding social prescribing and working with GPs</td>
</tr>
<tr>
<td>* feedback that all people fare less well within current gluten free prescribing</td>
<td>*delays on occasions for planned surgery as no-one at home to provide after care- Age UK not commissioned for overnight service</td>
</tr>
<tr>
<td>*AGE- children with Mental Health needs</td>
<td>*Healthwatch have received feedback from patients unhappy about Gluten Free Foods (HW are conducting a wider piece of work)- other feedback that local decision ‘discriminates’ and is against current NICE guidelines</td>
</tr>
<tr>
<td></td>
<td>*Feedback provided on local wellbeing strategy that implies diversity but needs to be wider to reflect local population</td>
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<tr>
<td></td>
<td>*Decommissioning of Tier 2 CAMHS- queries of the outcome of the QEIA and what this picked up- how are other services/options communicated to parents?</td>
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<tr>
<td></td>
<td>*Admiral Nurses’ were mentioned in connection with Dementia Care</td>
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### Outcome 1.1 Evidence

Milton Keynes Clinical Commissioning Group (MK CCG/the Organisation) conducts detailed health needs assessments of the local population to inform the commissioning of services, promote health and wellbeing and reduce health inequalities. Information is provided in the Director of Public Health’s annual report and the latest Joint Strategic Needs Assessment (JSNA 2016/17). The JSNA’s ‘framework for the future’ in Milton Keynes includes clear plans for the changing needs of the population, increased investment in prevention, the need to tailor person centred services to empower self-care and recognises the interdependence of physical and mental health.

Healthwatch Milton Keynes invited members of the public to take part in developing the local wellbeing strategy (https://www.healthwatchmiltonkeynes.co.uk/news/milton-keynes-health-
MK CCG’s Five Year Strategy and the Health & Wellbeing Strategy uses the latest JSNA in Milton Keynes as well as other health and clinical evidence to determine the best way to address the needs of our local population. This plan is refreshed annually. The Five Year Strategy has a range of underpinning projects which helps secure the strategy for example:

- Improved health outcomes for people with Diabetes
- Improvements to access for all age Mental Health
- Chronic Obstructive Pulmonary Disease (COPD) and Asthma
- End of Life
- Bedford, Luton and Milton Keynes (MLMK) Local Maternity Transformation Plan – improving the safety and personalisation of maternity services
- The ‘Right Care’ agenda

All projects are Quality & Equality Impact Assessed (EQIA) using MK CCG’s EQIA Policy and tool kit. This process ensures that commissioning changes do not adversely affect people with shared protected characteristic. Any risks to protected groups are identified and actions taken to ensure there is no unlawful discrimination.

In addition, NHS England has a rolling national ‘Commissioning for Quality and Innovation’ programme (CQUIN) which determines programmes of work for CCGs to oversee with their Providers. The programme is driven by nationally gathered health data. CQUIN’s for 17/18 have included the following:

- Cardio metabolic assessment and treatment for patients in Psychosis
- Improving services for people with mental health needs who present at A&E
- Transitions out of Children’s and Young people’s Mental Health Services
- Personalised Care and Support Planning

MK CCG works closely with Public Health and NHS England to ensure that positive action is taken in specific areas to reduce the life expectancy gap for disadvantage communities. An example of this is dedicated self-care work on the Lakes Estate in Milton Keynes which has been identified as an area of deprivation needing a targeted approach. The work included the following:

- Forming a self-care group of local services, organisations and residents
- Exploring and promoting local opportunities that support self-care
- A calendar of events developed for Self-Care Week
- A game developed to creatively demonstrate the benefits of self-care to engage local residents and children
- A local and specific Directory of Services to support residents
- MK CCG and Public Health supported the local GP surgery and local primary school to deliver health & wellbeing sessions

**Sustainability and Transformation Partnership (STP)**

In addition to our local activity, the Sustainable Transformation Partnership (STP) across Bedford, Luton and Milton Keynes (BLMK) considers the needs of the wider population across the STP geographical area. Priority areas have been identified nationally for all STPs across the country to deliver and these are:
**Priority 1- Illness prevention and health promotion:** Preventing ill health and promoting good health by giving people the knowledge and ability, individually and through local communities, to manage their own health effectively

**Priority 2- Primary, community and social care:** Delivering high quality and resilient primary, community and social care services across BLMK

**Priority 3- Secondary care:** Delivering high quality and sustainable secondary (hospital) care services across BLMK

**Priority 4- Digital programme:** Working together to design and deliver a digital programme, maximising the use of information technology to support the delivery of care and services in the community and in primary and secondary care

**Priority 5- Demand management and commissioning:** Working together to make sure the right services are available in the right place, at the right time for everyone using health and social care in BLMK

The STP priorities are already impacting on the local landscape to encourage a more system wide and partnership approach to improving the health care of our local population. MK CCG has developed a Self-Care Steering Group which engages with partners and members of the public to develop priorities to improve self-care and to target those with poorer health outcomes which has included:

- The development of a Mental Health Awareness Tool Kit
- Carers Hydration project
- Improved awareness of health literacy

**Engaging and Involving our Population in local decisions**

NHS Organisations are required to involve and consult members of the public and stakeholders in planning, buying, developing and improving services. The requirement has been strengthened over the years, most notably with sections 242 and 244 of the 2008 NHS Act and more recently with section 14Z2 of the 2012 Health and Social Care Act. MK CCG uses a range of engagement activities and works closely with Healthwatch Milton Keynes who provide patient representatives at Programme Boards and acts as a critical friend through a Memorandum of Understanding. MK CCG participates in regular quarterly meetings with Patient Participation Groups facilitated by Healthwatch.

**Engagement Governance**

MK CCG’s Public Involvement and Advancing Equality Reference Group (PIAERG) is accountable to MK CCG’s Board. The PIAERG assists with the oversight of MK CCG’s Patient and Public Engagement Strategy and the Equality Strategy. The Group supports the Organisation with assurance that commitments in the following areas are met:

- Processes are in place to collect, analyse and utilise the views of patients and the public to inform decision making, shape services and improve health outcomes
- Meaningful engagement with seldom heard or harder to reach groups has taken place recognising that at times additional efforts and resource is required
- There is ongoing improvement and innovation in relation to patient and public engagement

**Engagement Activity**

MK CCG continues to engage with patients, carers and members of the public when proposals are developed to commission, de-commission or make changes or alterations to services. Consultation takes place in line with the legal duty to consult and fulfilment of the Equality Duties.
The Parents and Carers Alliance (PACA) represent the views of parents of children with special educational needs and disabilities (SEND). PACA were invited to join the Health SEND group to review various pieces of work across health services and identifying the level of service user engagement on a ‘coproduction ladder’. A range of professionals and service users participated in a VOICES co-production training event.

An example to demonstrate our approach to engagement is the robust fully evidenced consultation (which took place from January 2017 to March 2017) across a range of proposed service changes in order that we could assess the impact on those changes on individuals including those who were part of a protected characteristic group. Equality monitoring and targeting invitations ensured we had a diverse representation at the pre engagement and consultation events.

The results of the consultation were reported in April 2018 and implemented in July. As a result of feedback from members of the public, clinicians, organisations and stakeholders, MK CCG made significant changes to some original proposals:

- **Gluten Free Food** – There was public support for the original proposal to cease prescribing of Gluten Free Foods and to allow GPs to apply to MK CCG for exceptional circumstances to be considered if they believe their patient is at risk of severe dietary neglect if Gluten Free bread and flour was not prescribed.

- **Adult Hearing Services** - The original proposal to exclude patients with mild hearing loss and limit the supply of a second hearing aid was not taken forward. Members of the public and stakeholders suggested that the commissioning of hearing services could be improved to deliver the savings required. The whole pathway is under review.

- **Policies of Limited Clinical Value** – a number of original proposals were further developed and reviewed as a result of MK CCG’s consultation including:
  - Shoulder Arthroscopy – further STP wide policy development and further discussion with clinicians.
  - Bariatric Surgery- approve a restricted policy once weight reduction programmes were accessible.
  - Diagnostic Colonoscopy/sigmoidoscopy for IBS – policy will be developed further.
  - Female Sterilisation- to move to a restricted Policy rather than not routinely funded.
  - Facet Joint Injections- due to concerns of some groups and stakeholders further clinical engagement to occur before the Policy is approved.
  - Therapeutic Injections- Postpone policy changes to allow for further clinical engagement.
  - Sleep Apnoea – due to the concerns raised from members of the public and stakeholders, changes to the policy were postponed for further considerations.

- **Supply of ‘over the counter medicines’ on prescription, repeat prescribing, other prescribing changes including travel vaccines** - There was support from members of the public and no variations were made to the original proposals.

- **Podiatry Services** - There was support from members of the public and no variations were made to the original proposals.
• **Community Beds** - There was support from members of the public and no variations were made to the original proposals

Further information is available at the following link: [www.miltonkeynesccg.nhs.uk/clinical-priority/](http://www.miltonkeynesccg.nhs.uk/clinical-priority/)

**Procurement**

MK CCG’s Procurement process ensures that potential Provider’s robustly demonstrate the ability to make reasonable adjustments and meet the needs of people with protected characteristics when accessing their service for example:

- For premises to meet the needs of individuals with physical and sensory disabilities
- Due regard of cultural requirements for example gender appropriate clinicians
- Equality of access for seldom heard groups including various methods of communication
- Consideration of carers and flexibility around their caring role

When reviewing tenders the Procurement Panel (which includes public representation) appropriately scores this element of the bid to ensure that equality requirements are met and Human Rights considerations for staff, members of the public and patients are considered. All NHS services are subject to the NHS Contract which has Equality legislation as part of its contract specification.

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>MK CCG Assessment 25.07.18</th>
<th>MK CCG Stakeholder Session 12.10.18</th>
<th>MK CCG NHS EDS2 final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1.2</td>
<td>Individual people’s health needs are assessed and met in appropriate and effective ways</td>
<td>Achieving</td>
<td>Achieving</td>
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</table>

**Protected Characteristic Groups that fared well or those that fare less well**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.07.18</td>
<td>Most of all protected groups fared well</td>
<td>25.07.18 Recognition that some from the very hard to reach groups may fare less well</td>
</tr>
<tr>
<td>12.10.18</td>
<td>* Gender reassignment group</td>
<td>12.10.18 * Homelss people are struggling to register with a GP as no proof of address but this should not prevent receiving Primary Care</td>
</tr>
<tr>
<td></td>
<td>* Homeless hard to reach group</td>
<td>* People with dementia seem to fare less well</td>
</tr>
<tr>
<td></td>
<td>* Disability – learning disability</td>
<td>* People with learning disability and/or autism fare less well in accessing services.</td>
</tr>
</tbody>
</table>

**Outcome 1.2 Evidence**

MK CCG can demonstrate that mechanisms are in place to commission services based on individual health needs identified in the JSNA and to support disadvantaged groups and
individual patients in particular circumstances as identified. As a commissioning organisation, MK CCG’s role is to understand the health needs of our population and commission services accordingly to address priority needs and reduce health inequalities. Normally we do this on a population basis to help direct Providers to meet patient needs, but there are instances when we commission on an individual basis or population group for example:

- Patients assessed as having a Primary Health Need and eligible for NHS Continuing Healthcare funding
- Children with Learning Disabilities needing care placements
- Care and Treatment Reviews for individuals with learning disabilities
- The availability of a Personal Health Budgets to individuals eligible for NHS Continuing
- Handling Individual Funding Requests and Exceptional Cases for patients requiring high cost treatment in line with the Individual Funding Request Policy
- The Community Paediatric Service helps children to stay at home rather than be admitted to A&E
- More services closer to home (for example the Community Cardiology, Dermatology, Gynaecological Clinics and Respiratory Community Service) to increase accessibility of services for all patients including those with protected characteristics
- Specialist Diabetic Foot Multi-Disciplinary Team which has supported the reduction of amputations for people with Diabetes
- Increased support for pregnant women and new mums who may experience a crisis
- Increased support for people with dementia
- Assessing individuals with very complex needs on an individual basis and developing bespoke discharge packages to support recovery and rehabilitation in the community

The High Impact Service Users Group
MK CCG identified patients who attend hospital frequently with conditions that could be managed differently with more individual support by commissioning specific small scale services to meet these needs. An example of this approach is the High Impact Service Users Scheme (HISU) where service users’ needs are often complex and multiple as outlined below:

**Service User Support Needs**

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>90%</th>
<th>Educations and Employment needs</th>
<th>40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health problems</td>
<td>80%</td>
<td>Housing and Tenancy problems</td>
<td>20%</td>
</tr>
<tr>
<td>Social Isolation</td>
<td>80%</td>
<td>learning Disability/difficulty</td>
<td>20%</td>
</tr>
<tr>
<td>Debts/Finances</td>
<td>60%</td>
<td>Drug mis-use/addiction</td>
<td>10%</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>60%</td>
<td>Homelessness</td>
<td>0%</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>50%</td>
<td></td>
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This joint agency project has continued in 2017-18 to support individuals who frequently over use emergency services for emotional and practical support. Identified most frequent users of unplanned services are engaged with directly by the Provider to provide non-judgemental, compassionate and practical support. This helps individuals to identify and tackle the underlying root causes driving behaviour and empower them to regain control of their often chaotic lifestyles and improve quality of life.

MK CCG commissions services from health care Providers, including NHS Trusts and Primary Care Practitioners (such as GPs and GPs with special interests) using standard NHS contracts. We measure whether groups with protected groups have their health needs
met through a range of mechanisms. These includes the capture and analysis of demographic data within the annual JSNA, nationally published Public Health and other data, and through Provider’s contractual mechanisms including the requirement to share thematic reviews of complaints received and lessons learned.

MK CCG has developed a broad range of mental health and wellbeing services in primary and secondary care. These include increased options available in Primary Care through the development and roll out of psychological therapies (IAPT) services. Also by strengthening our links with our partners in the third sector, we acknowledge they provide support to seldom heard groups which helps ensure we commission services that meet the needs of the whole community. Close working with Milton Keynes Council and Central North West London NHS Foundation Trust (CNWL) ensures the necessary support is available for those living with (and caring for) mental ill health in our community. The mental health Primary Care Plus service has linked mental health practitioners to several GP practices. This has enabled GPs to access specialist advice quickly and often treat the patient in the practice avoiding a referral to secondary care.

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Better Health Outcomes</th>
<th>Outcome 1.3</th>
<th>Transitions from one service to another for people on care pathways are made smoothly with everyone well informed</th>
<th>Achieving</th>
<th>Achieving</th>
<th>Achieving</th>
</tr>
</thead>
</table>

**Outcome 1.3 Evidence**

MK CCG can demonstrate, through the use of best available evidence that service changes and transitions for patients from most protected groups compare equally with the changes and transitions for patients as a whole.

MK CCG leads a daily system wide teleconference concerned solely with the discharge of patients from Milton Keynes University Hospital Trust (MKUHFT). Discussions take place for all patients who are either medically safe for discharge, or whose discharge is already delayed. The aim is to identify actions and responsibilities to ensure that patients spend the minimum amount of time in an acute setting once their treatment is completed. In addition, MK CCG has commissioned a wide range of community based services and working within
MKUHFT to help staff on general wards, A&E and the Medical Assessment Unit decide who can safely be supported either at home, or in intermediate care beds.

MK CCG has carried out a series of whole system education workshops and opportunities to improve the patient experience and flow through health and social care services. As part of the Getting People Home Programme (managed by MK CCG) the system has moved to ‘early supported discharge’ to both home and intermediate beds. MK CCG and our Partners developed the initiative (along with various protocols and operating procedures) to focus on patient flow and reduced Length of Stay. As a result, more people are being supported to live as independently as possible in their own homes.

As part of the drive to ensure the Special Educational Needs and Disability Reforms are embedded for children and young people a number of services have piloted the ‘Ready Steady Go…Hello’ materials which are designed to support the transition between services. In addition there is a national CQUIN which provides a quality incentive payment for Providers to develop seamless transitional arrangements between child and adolescent mental health services and adult mental health services. CNWL are working with MK CCG to meet the requirements of this CQUIN which will support the local Children and Young Peoples Mental Health and Emotional Wellbeing Transformation Plan.

<table>
<thead>
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<th>MK CCG Confirmed Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1.4</td>
<td>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Achieving</td>
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<table>
<thead>
<tr>
<th>Protected characteristic Groups that fared well</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.07.18 *Most protected characteristic groups fared well but people with a disability (learning) and Gender reassignment fare less well</td>
<td>25.07.18 *A recognition that there remains a national issue for people with learning disabilities (LD). Gender re-assignment group issues need more awareness</td>
</tr>
<tr>
<td>12.10.18 *Transgender group fare less well * Disability – mental health, autism and people with learning disability fare less well</td>
<td>12.10.18 * How are we assured of learning from complaints, incidents and serious incidents * Are people listened to and empowered to complain when things go wrong? Particularly if patients have difficulties with communication e.g. people with LD * NHSE contracts e.g dentists * Our systems and processes changed when things have gone wrong * Changes to culture (mindfulness) when there have been incidents of safety, mistakes, mistreatment and abuse * The safety of people with mental health needs should be prioritised – issues can be ignored</td>
</tr>
</tbody>
</table>
Outcome 1.4 Evidence

All providers have a duty to comply with the Health and Social Care Act 2012 and the Care Act 2014 to improve quality, safety of services and to protect vulnerable people. MK CCG’s Prospectus describes our joint working arrangements with the Health and Wellbeing Boards, Safeguarding Adults Boards and Safeguarding Children’s Boards. Milton Keynes Local Investment Plan ‘The National Out of Area Placement Protocol’ is in place.

MK CCG’s Safeguarding Team works in partnership with Health Service Partners and other agencies to prevent mistreatment and respond to the abuse of children and adults with care and support needs. The Safeguarding Team has led work aimed at protecting the rights of individuals from protected characteristic groups, including a multiagency strategy to eradicate Female Genital Mutilation (FGM). People’s rights to safety are taken in the context of overall well-being, protecting their rights to choice and control over their care and risks involved. We ensure that services are delivered in line with the Mental Capacity Act.

MK CCG has a team to oversee and monitor the reporting and management of serious incidents in accordance with national guidance. We receive real time notifications when an incident is reported. Monthly updates are discussed directly with Providers and quarterly reviews take place at MK CCG’s Operational Group. NHS England’s Strategic Executive Information System (StEIS) is used by all NHS Providers to report serious incidents and investigations are monitored by CCGs and NHS England. StEIS includes equality monitoring. Regular serious incident reports are compiled and any themes relating to specific groups of patients (including those with protected characteristics), healthcare settings or clinical areas of treatment are escalated as appropriate.

MK CCG’s Infection Prevention and Control (IPC) Lead works closely with IPC teams in other healthcare services and settings. This enables an understanding of local priorities and development of meaningful outcomes to support ongoing reductions in Health Care Associated Infections and improvements in patient safety for all our patients including those from protected characteristic groups. Outcomes and assurance are monitored via a variety of routes and shared within the whole health economy MK CCG chaired IPC Committee.

MK CCG is committed to the improvement of quality within healthcare and our dedicated Quality Team is led by the Director of Nursing and Quality. MK CCG’s Quality Committee is a sub-committee of MK CCG’s Board and is chaired by a Lay Member. The Committee receives assurance on the quality and safety of services commissioned and MK CCG along with our Providers respond to national directives. We use learning outcomes from national enquiries, Monitor reports, Care Quality Commission (CQC) reports, national patient safety reports and clinical alerts to review services and agree actions for improvement in care for patients and service users.

Within the NHS Contract there are a range of requirements to ensure the duty to drive up quality is fulfilled. We deliver this requirement through a variety of initiatives including but not limited to:

- Review of performance outcome measures
- Assurance that the NHS Constitution is upheld
- Entitlement to access waiting times is adhered to
- Supporting improvement when Provider adverse performance is identified
- Review of patient experience measures and feedback
- Planned and unplanned visits to Providers
- Proportionate utilisation of contract levers

MK CCG 17/18 EDS2 Evidence
Contract Monitoring Review Meetings and Clinical Quality Review Meetings with Providers occur regularly and Provider performance is reviewed at these meetings. This includes monitoring of measures to deliver against the five outcomes in the NHS Outcomes Framework which is part of the National Quality Improvement System (NQIS), as well as locally defined quality measures relating to specific Providers. Whole system risks, assurances and mitigating actions are reported to the Regional Quality Surveillance Group. This is attended by representatives from the Health & Social Care System including the CQC, NHS England, Monitor, Milton Keynes Council and MK CCG’s Executive representatives.

All Providers publish Quality Accounts as part of the fulfilment of the duty of disclosure. The account provides a summary of performance against a range of quality measures from the previous year and quality priorities for the next year. This ensures that patient safety and quality of care is at the forefront of our Providers’ work. MK CCG works collaboratively with the CQC as they fulfil their duty as an independent regulator of Health and Adult Social Care services. The CQC protects the interests of people who use services and has powers to ensure quality improvements. The results of CQC inspections are shared with MK CCG and any resulting improvements in services are monitored through Provider quality contract meetings. MK CCG’s Complaints Service robustly triangulates any information that may identify where safety has been compromised or where there are Safeguarding concerns.

MK CCG has delegated authority from NHS England in driving improvements in the quality and safety of Primary Care services. To discharge this duty we have established a Primary Care Committee to oversee effective working for Primary Care services for the whole population of Milton Keynes. This committee is chaired by a lay representative and includes representation from Healthwatch, Public Health and the GP Federation. A joint Risk Sharing meeting oversees the transition of responsibility.

All 27 GP Practices receive an annual visit from the Primary Care Team supported by the Quality Team and includes a focus on patient access, quality indicators and any clinical variations in treatment.

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</thead>
<tbody>
<tr>
<td>Outcome 1.5 Screening, Vaccination and other health promotion services reach and benefit all local communities</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Achieving</td>
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</table>

**Protected Characteristic Groups that fared well or those that fared less well**

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<tbody>
<tr>
<td>25.07.18</td>
<td>Most protected characteristics fared well except people with a disability (learning) and Maternity/pregnancy group</td>
<td>25.07.18 no comments</td>
</tr>
<tr>
<td>12.10.18</td>
<td>* AGE – some elderly patients may fare less well * Travelling communities harder to reach group</td>
<td>12.10.18 * There are issues with some elderly patients accessing screening services * Non-emergency patient transport criteria is set high which may prevent access to some screening services * Travelling communities may be prevented from accessing screening vaccination and health</td>
</tr>
</tbody>
</table>
Outcome 1.5 Evidence

NHS England leads on the commissioning of all national vaccination and screening programmes which is overseen by Milton Keynes Council’s Public Health department. The vaccination and screening programmes are subject to regular performance monitoring to ensure that locally we meet all national targets for immunisation rates and coverage. The results are reported on a regular basis to MK CCG as well as wider regional reporting.

MK CCG can demonstrate through the use of best available evidence that the vaccination and screening programmes reach and benefit most protected groups within local communities. In conjunction with our Partners and through membership of the Health & Wellbeing Board, we are improving the efficiency of Public Health programmes for most protected groups through mainstream processes. General health inequality assessments are based on the Index of Multiple Deprivation (IMD) for Milton Keynes.

In the most recently available data, premature mortality is similar in Milton Keynes to Local Authority peers. The slope index of inequality (a measure of inequality in life expectancy within an area) is 10.1 years (males) and 7.1 years (females) which is similar to peers (source: fingertips.phe.org.uk).

Cancer Screening programmes
Based on the report from NHS England’s Quarter 1 2017-18 data for MK CCG:

- Breast screening coverage is 77%, which is above the minimum standard of 70%
- Cervical screening coverage for younger women (25-49 years) is 69.2% - below the minimum standard of 80%, coverage for the older age group (50-64 years) is 77.2% below the minimum standard of 80%
- Bowel screening uptake is 55%; which is above the national minimum standard of 52%.

Uptake of cervical screening varied more and uptake in around half of GP Practices was below the national average. Uptake was lower in GP Practices with younger women so activities are focusing on areas of deprivation and improving uptake in younger women. Public Health is working with Cancer Research UK and GP Practices to address gaps in access to cervical screening. Two campaigns each for cervical and bowel screening and one for breast screening focus on social marketing in the populations around GP Practices with low uptake. Public Health work with community, faith leaders and local voluntary organisations to make high risk groups aware of the benefits of screening.

Guidance on inclusion or cessation of breast screening for reasons of surgery, illness, disability, or gender reassignment is available from: http://www.cancerscreening.nhs.uk/breastscreen/publications/programme-management.html

Guidance on inclusion or cessation of cervical screening for reasons of surgery, radiotherapy illness, disability, female genital mutilation or gender reassignment is available from: http://www.cancerscreening.nhs.uk/cervical/publications/programme-management.html

Guidance on inclusion or cessation of bowel screening for reasons of surgery, illness, disability, or gender reassignment is available from:
Guidance of the requirements of the Chlamydia screening programme is available at: http://www.chlamydiascreening.nhs.uk/

**Immunisation programmes**

<table>
<thead>
<tr>
<th>Immunisation age</th>
<th>17/18 Q1 Evidence</th>
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<tbody>
<tr>
<td>12 months</td>
<td>Uptake of DTAP/IPV/HIB, PCV2 and MenB antigens remain above the target and the national average. Rotavirus coverage remains below 95% this quarter</td>
</tr>
<tr>
<td>24 months</td>
<td>Coverage remains above 95% in DTAP/IPV/HIB. However uptake of PCV, HIB/MENC and MMR antigens has fallen below target in this quarter</td>
</tr>
<tr>
<td>5 years</td>
<td>Coverage improved from quarter one with the target met in two vaccinations, the DTPol primary and the MMR 1st dose. Uptake of the MMR 2 and HIB/MenC have risen above 90%. Coverage remains below 90% in the DTAP/IPV booster and continues to be rag rated red</td>
</tr>
<tr>
<td>School age</td>
<td>Coverage of school aged vaccinations across is generally high</td>
</tr>
</tbody>
</table>

**Flu Immunisation (2017-18)**

Uptake of the flu vaccination in Milton Keynes is above that in 2016/17 flu season in each cohort and uptake has improved in the school age programme across all years one to three in comparison to last year. Uptake has been highest in reception age children.

Improving the uptake of flu vaccinations has been a system wide priority in 2017/18. Public Health has commissioned Milton Keynes Urgent Care Centre to offer flu vaccination to the vulnerable population not on a GP register which include:

- Homeless people and rough sleepers
- The Gypsy and Traveller community
- People who substance misuse
- Compass is offering seasonal flu vaccination to service users and their carers attending Drug and Alcohol clinics

Further information can be found at the following links:

Routine childhood immunisations

Public Health England
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/VaccineCoverageAndCOVER/

The national flu programme
https://www.gov.uk/government/collections/annual-flu-programme
Smoking
Compared to Local Authorities with a similar demographic, for Milton Keynes:

- Smoking prevalence in adults was similar
- Smoking prevalence in adults in routine and manual occupations was similar
- Smoking status at time of delivery was similar
- Smoking prevalence in adults with serious mental illness was similar

The Stop Smoking Service continues to prioritise increased engagement with vulnerable groups whose smoking prevalence is higher. Providers are all supported to ensure ‘very brief advice’ and onward referral to the Stop Smoking Service continues, particularly in the Acute Trusts and Mental Health Services where the Risky Behaviour CQUIN is being established.

The Stop Smoking Service remodel will inform provision moving forwards and give various opportunities for feedback from stakeholders and members of the public which will inform service development in line with national evidence and best practice.

MK CCG also monitor mother’s smoking at the ‘time of delivery’ via MKUHFT and gain assurance from the Provider that the national initiative via the ‘saving babies lives bundle’ are being implemented.

Weight Management
The latest available data for weight management in Milton Keynes is for in 2016/17. Obesity levels for reception and year six were similar to the England average but worse than the regional average. Over the same period, the percentage of adults classed as overweight or obese was worse than the England and regional averages. Weight Management Services are designed to be accessible to meet the needs of people of all ages, those who are unable to attend sessions during the working week and for people living in the more deprived areas of Milton Keynes. The needs of people with learning difficulties have been specifically addressed and include the provision of easy-read materials.

In addition:
- A range of services [http://www.whyweightmk.co.uk/ home](http://www.whyweightmk.co.uk/home) are commissioned to monitor, prevent and manage excess weight in adults and children in Milton Keynes
- HENRY (Health, Exercise, Nutrition for the Really Young) – is a universal group programme for 0-5 year olds and their families, which combines evidence based nutrition, physical activity, behaviour change and parenting skills. HENRY has been delivered in Children Centres
- Alive ‘N’ Kicking (5-18 years) is a10 week referral programme for families with a child on or above the 91st centile for BMI. Alive ‘N’ Kicking deals with individual, personal and family issues that surround the issue of weight and specifically targets those in deprived wards and other population groups where there is greater need
- The Alive ‘n’ Kicking Move and Learn (formerly School’s Programme) is a school-based intervention to raise awareness of healthy eating and physical activity and to allow children aged eight to eleven years old to explore how they can positively impact their lives through food and activity choices
- ShapeUp is a 10 week weight management programme for men and women to provide free weight loss support. IN 2017-18, 486 adults completed the programme
- Shape Up for Business provide companies in Milton Keynes with a professional weight management service which is tailored to suit the needs of business and employees. In-order to maintain long term success, the scheme builds a weight
management strategy within the company and creates a ‘health’ culture throughout the workforce.

Activities in the Healthy Weight Strategy Implementation Plan include:

- Healthy Schools and Early Years Settings UNICEF Baby Friendly Accreditation
- Public Health are a consultee for new and renewing street food licenses
- A Hot Food Takeaway policy - awaiting approval in the MK Plan
- A Physical Activity Directory
- #HealthyMK campaigns
- AMKERS – Exercise on Referral
- Health Walks
- School Travel Plans
- Eat Out Eat Well- an accreditation scheme for food businesses offering healthy food options

In addition to the work of Public Health, MK CCG is overseeing the national CQUIN to improve the physical health of people with mental health conditions. Mental health services are focusing on the physical health needs of adults, by ensuring annual health checks are carried out and referring to specialist health services as required.

<table>
<thead>
<tr>
<th>Goal 2</th>
<th>MK CCG Assessment 25.07.18</th>
<th>MK CCG Stakeholder Session 12.10.18</th>
<th>MK CCG Confirmed Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2.1</td>
<td>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</td>
<td>Achieving</td>
<td>Achieving</td>
</tr>
</tbody>
</table>

*Protected Characteristic Groups that fared well or those that fared less well*

<table>
<thead>
<tr>
<th>25.07.18</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most protected groups fared well except people with some complex disabilities and gender reassignment</td>
<td>25.07.18</td>
</tr>
<tr>
<td>Recognition that people with complex LD/ADHD/dual diagnosis may fare less well. People on the gender reassignment pathway may experience difficulty accessing some services. Older people in care homes may have more difficulties</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12.10.18</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harder to reach groups (homeless, travellers, drug addicts, substance misusers and refugees)</td>
<td></td>
</tr>
<tr>
<td>Transgender group fare less well when accessing some services</td>
<td></td>
</tr>
<tr>
<td>AGE – elderly people may fare less well</td>
<td></td>
</tr>
<tr>
<td>Race - People whose first language isn't English may fare less well</td>
<td></td>
</tr>
<tr>
<td>Transgender community advised by some GPs that services and pathways are not available for treatment including hormone prescribing</td>
<td></td>
</tr>
<tr>
<td>Unnecessary mental health referral for transgender person</td>
<td></td>
</tr>
<tr>
<td>Lack of knowledge of services available provides barriers that may affect all patients</td>
<td></td>
</tr>
<tr>
<td>Homeless people told by some GP Practises they cannot register and have access to primary care</td>
<td></td>
</tr>
<tr>
<td>Elderly patients may fare less well accessing services because of automated systems</td>
<td></td>
</tr>
<tr>
<td>Patients whose first language is not English may fare less well when accessing services</td>
<td></td>
</tr>
</tbody>
</table>
Outcome 2.1 Evidence

All providers are closely monitored in terms of their ability to meet access targets for all population groups. These include the NHS Constitution measures and meeting standards linked to national requirements e.g. Child and Adolescent Mental Health Service (CAMHS). When access targets are not met, we work with Providers to improve access times and utilise contract levers if improvements are not made.

Procurement evaluation is specifically targeted at ensuring Providers can make reasonable adjustments to ensure access to services for those individuals with protected characteristics (for example on religious grounds/individuals with learning disabilities and/or autism/physical disabilities).

To improve access and accessibility to health services for all our patients including those from protected groups, MK CCG and our Partners have developed a range of accessible services in the community which include:

- Primary Care Outpatients clinics for Ear Nose and Throat, Gynaecology, Dermatology, Respiratory, and Cardiology
- Home oxygen service provides a standardised clinical assessment in the patient’s own home
- Medicines Optimisation Scheme supports patients in their own home with complex medication issues
- An additional 15, 600 GP appointments were made available via the GP Practice Access Fund

MK CCG has commissioned new models of extended access to Primary Care that better serve local communities in Milton Keynes to improve patient access and experience. Improved access is also facilitated by GP Practice visits by our Primary Care Team to discuss with GPs and practice staff a more complete picture of A&E usage, Urgent Care Services, ‘In Hours’ and ‘Out of Hours’ services, NHS 111 and community services usage. GP Practice visits promote discussions on future models of care and proposed extensions to budgets will enable GP Practices to focus on how they can offer their services within a more federated peer support approach.

Examples of MK CCG’s approach to improved patient access and experience includes:

**Respiratory**

Patients who have early signs of breathlessness are referred into the British Lung Foundation- Keep Well Keep Active programme. This programme gives people the opportunity to participate in physical activity sessions combined with inhaler technique training and signposting to community breathless walk events. This programme allows patients with respiratory conditions to participate in group sessions thereby reducing social isolation.

Respiratory patients who have been admitted as emergency admissions to hospital are provided with out-patient follow up appointments in a community setting. These clinics are run by respiratory Consultants to provide quicker access to specialists to support patients from exacerbating and requiring additional hospital admissions. In addition, patients on
home oxygen receive regular coordinated reviews by home oxygen specialists in their own homes to support patients in self managing their oxygen therapy, thereby providing patient choice, access and equity to all patients registered within Milton Keynes geographical boundaries.

**Diabetes Support**

The Integrated Community Diabetes Service is delivered by Consultants and Diabetes Specialist Nurses in the community and closer to patients. The service provides support and additional help to people with diabetes requiring more complex care. Enhanced Type 2 patient education sessions provide culturally adaptive training sessions delivered in community settings. Building on the BAME Diabetes Awareness programme and in conjunction with Diabetes-UK, MK patient group implemented a Diabetes Peer/Buddy Support roll out programme within communities utilising ‘expert patients’ to provide information, support and advice to promote self-management.

The Expert Parent Training Programme has been developed by the Council for Disabled Children and is devised to support parents to understand their local health system in order to better navigate their way to support their children’s care. In Milton Keynes this programme first ran during 2017/18 and is planned to run during 2018/19 so that by that time there will be a significant pool of parents trained and ready to keep the programme running longer term.

<table>
<thead>
<tr>
<th>Outcome 2.2</th>
<th>Goal 2 Improved Patient Access and Experience</th>
<th>MK CCG Assessment 25.07.18</th>
<th>MK CCG Stakeholder Session 12.10.18</th>
<th>MK CCG Confirmed Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are informed and supported to be as involved as they wish to in decisions about their care</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Achieving</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protected Characteristic Groups that fared well or those that fared less well</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.07.2018 Most protected characteristics fared well</td>
<td>25.07.2018 No evidence to suggest otherwise</td>
</tr>
<tr>
<td>12.10.18 *DISABILITY – people with LD may fare less well</td>
<td>12.10.18</td>
</tr>
<tr>
<td>* Transgender – LGBT may fare less well</td>
<td>* People in poverty may feel less supported with their health, particularly when needing to access treatments commissioned out of area and having to pay for transport costs which impacts their limited income</td>
</tr>
<tr>
<td></td>
<td>* People with LD may feel less informed and supported due to communication difficulties</td>
</tr>
<tr>
<td></td>
<td>* LGBT community can feel unsupported due to nationally commissioned pathways</td>
</tr>
<tr>
<td></td>
<td>* Feedback on the evidence – helpful to gather evidence on a rolling basis and approach protected characteristic and hard to reach groups directly</td>
</tr>
<tr>
<td></td>
<td>* The NHS could work more in partnership with patients who have mental health/physical disabilities and long term conditions in an ‘expert’ patient capacity</td>
</tr>
</tbody>
</table>
Outcome 2.2 Evidence

The local community are engaged throughout the year on MK CCG’s plans. Patient and Public involvement forms part of MK CCG’s service redesign and improvement projects. The appropriate level of engagement activity is tailored to each project and we work closely with local Patient and Public representative groups including Patient Participation Groups and Healthwatch Milton Keynes, who have representatives on each of MK CCG’s Programme Boards.

Work to engage with the BAME community is ongoing and in conjunction with the Equality Council Milton Keynes, we are training up to 20 ‘Diabetes Ambassadors’. The Ambassadors will be trained in diabetes awareness/management and will share awareness of the condition within their own communities. Examples of involving individuals in decisions about their care include:

- MK CCG’s social media presence has continued to grow over the last 12 months and is used as a channel for Patient and Public communications and engagement including a programme of multiple self-care seasonal messages regularly disseminated via social media, local papers and radio messages

- The implementation of the Accessible Information Standard is mandatory across organisations and ensures patients are able to understand and engage with information about their care

- MK CCG’s Referral Management Service and NHS Provider Director of Services enables choice at the point of referral where individuals can be involved as to where treatment takes place (where appropriate)

- Children's Commissioners' link with 'Healthy Children and Young People's Network' and receive feedback from children and young people to inform service planning

- Engaging locally affected communities is an essential element in eradicating Female Genital Mutilation. MK CCG and Public Health secured funding for a community project led by two Somalian women. The project continued during 17/18 to support change within communities, by communities

- Milton Keynes has developed its own version of an Advanced Care Plan (ACP) with implementation training hosted by Willen Hospice. A working group is tasked to ensure sustainability of the ACP to help empower patients to state their preferences for health and social care at the end of life

- Through the Transforming Care Programme for people with a learning disability and/or Autism, MK CCG is working with partners in Joint Commissioning and Joint Learning Disability Services to improve community services. The provision of Care and Treatment Reviews for Adults and Care Education and Treatment Reviews for children and young people, involves their families/carers, involved professionals and local advocacy to ensure that:
  - If an individual is at risk of being admitted to hospital (because of their mental health or behavior that can be seen as challenging to services) that everything has been explored to avoid the admission if possible/appropriate
  - An admission to hospital is appropriate and a discharge plan is in place
  - People are not hospitalised for any longer than is needed

- Personal Health Budgets (PHBs) – is a different way to spend health funding to meet the healthcare and wellbeing needs of an individual which is planned and agreed
between the individual/their representative and MK CCG. PHBs provide more choice and control to people with long term health conditions and disabilities. Adults eligible for NHS Continuing Healthcare and children in receipt of NHS Continuing Care have a right to request a PHB. During 2017/18, PHBs became more widely available including for people with a learning disability and/or Autism

- The Local Maternity System has undertaken a range of engagement activities in conjunction with Maternity Voice Partnerships to secure the views of service users in the programme of work to improve safety and personalisation of maternity services. These activities have been undertaken to hear the voice of communities who may not often have their voice heard

- MK CCG’s Pharmacy and Medicines Management Team engaged with individual Practice Participation Groups to provide patient information on self-care and self-management of health care conditions

- The High Impact Service User Group can over use emergency services. By involving individuals and working on a one to one basis, the inappropriate use of emergency services has reduced.

MK CCG is co-terminus with Milton Keynes Council which supports close working with our Local Authority Commissioners and includes some joint working arrangements. Our Joint Commissioning colleagues are directly engaged with patients, carers, service users and stakeholders by way of a number of Partnership Boards which consist of the following:

- Autism Partnership Board
- Carers Partnership Board
- Dementia Partnership Board
- Older People’s Partnership Board
- Mental Health Partnership Board
- Learning Disability Partnership Board
- Special Educational Needs and Disabilities Strategy Group

All Providers provide information to patients about their care and treatment and MK CCG has commissioned an interpreting service to support patients in Primary Care where necessary. In addition, patients are able to bring friends/carers to consultations who will enhance their ability to understand information provided e.g. patients who may be hearing impaired or have a learning disability.

There is evidence of a good range of all people with protected characteristics taking part in consultations run by MK CCG as described in Goal 1.1.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Out- come 2.3</td>
<td>People report positive experiences of the NHS</td>
<td>Developing</td>
<td>Developing</td>
</tr>
</tbody>
</table>
Outcome 2.3 Evidence

MK CCG has positioned patient experience as a key element of our Quality Assurance programme. A programme of Quality visits across all Providers by our Quality Team has played an important role in seeking out the views of patients, residents, carers and families about how care is delivered to individuals (including people from all protected characteristic groups) in real time on a day to day basis. During 2017/18 there is good evidence to show that people report positive experiences of the NHS locally.

MK CCG also monitors experience through a range of mechanisms including:

- The Friends and Family test
- Care Quality Commission surveys - Adult Inpatients, Emergency Department, Children and Young People, Community Mental Health and Maternity
- The National Cancer Survey
- Ipsos Mori annual GP survey
- Local surveys and information gathering conducted by Healthwatch
- Maternity: MK the local Maternity Voice Partnership

GP survey results can be varied from Practice to Practice and any exceptions are raised by our Primary Care Team at Practice visits. Regular face to face meetings with Providers enable MK CCG the opportunity to ensure that the Equality agenda is being advanced and that statutory requirements and best practice initiatives are in place.

Many GP Practices in Milton Keynes have a Practice Participation Group which provides the opportunity for patients to get involved and have their say. Information about experiences of health services are used to inform commissioning decisions and improvements to services. Examples of how MK CCG supports improvements to patient experience include:

- The NHS Standard contract requires Providers to respond to survey results and produce action plans to improve patient experience
- Performance monitoring of NHS Outcomes Framework data provides information as to whether national waiting targets and treatment targets are met
• NHS Constitution measures are closely monitored
• Patient Experience is robustly triangulated within MK CCG to inform our commissioning pathways
• A regular Patient Experience report is compiled for MK CCG’s Quality Committee to provide data, narrative and examples of individual patient experience
• Our main Providers are required to demonstrate on a quarterly basis (as part of the Quality Schedule 4 of the NHS Contract) where the sharing of experiences has improved services.
• The Ipsos Mori Annual GP Survey results are discussed and reviewed annually at our Primary Care Committee and forms a main agenda item on our practice visit programme
• Provider reports contain examples of where patients/carers have shared positive experiences of their care and thanks to staff
• Safeguarding our population and reaching out to all our communities to prevent harm is an essential component of patient experience. The ‘Be Bold’ project aims to promote change within communities by communities, to eradicate Female Genital Mutilation. The project has established a community based support network of champions. The following quotes from members of the community demonstrate the powerful outcomes this work has achieved

"FGM is an experience that I have never shared with anyone besides the midwives and GPs. I did not know how much of a burden it has been on my soul until my first meeting at Be Bold. The words just poured out like water from a tap and with it eased some of my pain. I feel safe here and I can express my feelings without being judged."

"I always thought that FGM was a religious obligation as that is what I was led to believe most of my life, even though I felt in my heart that it was wrong. Attending these meetings has educated me that FGM has no religious basis. I wish more women would get the opportunity to fully understand that FGM has no religious basis and then maybe the need to do it would stop."

• During the year, MK CCG’s Quality Monitoring Nurse (QMN) and Milton Keynes Council’s Safeguarding Team agreed that a Root Cause Analysis will be completed by care home staff if any of their residents develop a category 3 or 4 pressure sore. This process has empowered care home staff to complete their own investigations and provide:
  o A critical evaluation of care delivery & enabling learning opportunities
  o Identifying any improvements that need to be made to improve residents experience in care homes

Other areas of work undertaken included requesting the Coroner’s office to contribute to the Care Homes newsletter to provide insight into the Coroner’s involvement when a resident subject to a Deprivation of Liberty authorisation die’s whilst a resident in a care home. Guidance has also been provided on the use of covert medication.

<table>
<thead>
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<th>MK CCG Confirmed Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2.4 Complaints about services are handled respectfully and efficiently</td>
<td>Excelling</td>
<td>Excelling</td>
<td>Excelling</td>
</tr>
</tbody>
</table>
Outcome 2.4 Evidence

Contract Monitoring Review Meetings and Clinical Quality Review Meetings with Providers occur regularly to review Provider complaints and incidents. Regular assurance reports are provided as part of MK CCG’s Quality requirements. Providers are required to have a complaints policy and procedures in place to ensure effective handling of complaints. Specific audits around complaint handling take place when required as part of Quality monitoring. We have received no evidence to suggest that groups with protected characteristics fair worse than other individuals when making a complaint.

MK CCG’s Complaints Policy is compliant with The Local Authority and National Health Service Complaints (England) Regulations 2009. We are committed to treating the concerns and complaints from all patients equitably. We provide the public with opportunities to raise concerns both verbally and in writing and all information can be provided in a variety of formats including Braille, other languages, easy read and large print as required. Staff will provide information on the complaints procedure for anyone wishing to make a complaint and provide any assistance they may reasonably require.

MK CCG directly handles the complaints, concerns, comments and compliments we receive and have taken steps to ensure that all types of feedback are received as a valuable insight into patient experience. Processes have been developed to ensure that complainants receive a high quality service when contacting the Organisation and include:

- Contacts are acknowledged within three working days or sooner where possible
- Complainants are assured of confidentiality and appropriate consent is sought
- Any person who contacts MK CCG’s Complainants Service is treated with respect and dignity
- Timescales for complaints responses are agreed with the complainant
- Systems are in place to monitor all contacts received to ensure effective management of complainant’s experience including establishing if there are any communication difficulties and any reasonable adjustments required
- As part of the complaints process we requests Equality monitoring data from complainants and their views on how the complaint was handled
- A complaints service leaflet is provided to individuals which provides clarity on the complaints process and contains information in other languages on how to contact the service. The service leaflet also advises how to contact NHS England, the Parliamentary and Health Service Ombudsman and the local NHS Advocacy Service
- Regular complaints reports to MK CCG’s Quality Committee and statutory complaints reporting in line with national mandated requirements supports Governance around complaints
- A range of information from complaints, comments, feedback and signposting is triangulated within the organisation which can be effectively used to improve services and highlight themes and trends

<table>
<thead>
<tr>
<th>Protected Characteristic Groups that fared well or that fared less well</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.07.18 All protected characteristics would fare well</td>
<td>25.07.18 (It would have been useful to have seen a specific report)</td>
</tr>
<tr>
<td>12.10.18 * All protected characteristics would fare well when making a complaint to MK CCG</td>
<td>12.10.18 * People with disabilities and long term conditions are less likely to complain about their treatment * Helpful to include a breakdown of protected characteristic data in complains reporting</td>
</tr>
</tbody>
</table>
Outcome 3.1 Evidence

All external advertising is primarily via NHS Jobs which shares vacancy information directly with Job Centre Plus helping to increase access and support employment in local communities (About NHS Jobs). To ensure access to a wider audience, MK CCG utilises other routes to market in addition to NHS Jobs which includes well-known jobsites, online media, broadsheets, local newspapers and forums. Adverts placed by MK CCG advise applicants that we are an equal opportunities employer and welcome applications from disabled candidates. Reasonable adjustments are made to ensure that such applicants can pursue their application.

MK CCG works to the principles of The Equality in Recruitment Scheme (Two tick √√ organisation) demonstrating a commitment to encourage applications from disabled people. Recruitment is facilitated under a Service Level Agreement with NHS Arden & Greater East Midlands Commissioning Support Unit (ArdenGEM) who hold this standard. Candidates who have declared a disability are highlighted to recruiting managers to ensure that they are considered under the two ticks interview guarantee scheme.

Data within NHS jobs is anonymised to ensure fairness across the nine protected characteristics. By utilising NHS Jobs, MK CCG’s recruiting managers’ view anonymised personal data in relation to applicants thereby significantly reducing the risk of unconscious bias. ArdenGEM’s Human Resources Recruitment Team (AG-HR) and MK CCG’s Organisational Workforce and Development Lead are only able to access this information. Short listing and interviewing is carried out fairly and transparently with the candidates skill match to the person specification being the primary basis for all recruitment decisions. Interview panels generally consist of three panellists and are supported by AG-HR where appropriate. Recruitment & Selection guidance is issued to all recruiting managers by AG-HR at the start of each recruitment process and is supported by a range of workforce policies which can be accessed by staff and managers. Advice is also available from MK CCG’s Workforce Lead. The Recruitment and Selection Policy complies with Equality legislation.

Equality and Diversity monitoring information is collated within the NHS Jobs application form. Analysis is conducted across successful applicants to determine the workforce profile of the Organisation and reported in the monthly workforce reports. Reports analysing the
profile of applicants across roles can be requested from ArdenGEM. Any instances of possible unfairness or discrimination in the recruitment and selection process would be handled within the mainstream grievance or disciplinary processes as appropriate.

MK CCG is assured that the recruitment and selection process is sufficiently robust to support fair and transparent recruitment both internally and externally to the organisation. Current reports demonstrate diversity across the Organisation in line with the protected characteristics under the Equality Act including but not limited to, a variety of ages, disability, race and religion. This is supported by the staff survey in which 97% of staff felt the Organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age.

| Outcome 3.2 | The NHS is committed to equal pay for work at equal value and expects employers to use equal pay audits to help fulfil their legal obligations | MKCCG 17/18 Internal Grading session with Healthwatch and staff 25.07.18 Final Grade | Excelling |
| Protected Characteristic Groups that fared well or that fared less well | Comments |
| 25.07.18 *All protected characteristics would fare well | 25.07.18 * No comment |

**Outcome 3.2 Evidence**

AG-HR facilitates job evaluation and grading reviews in line with national job evaluation systems and processes. The national process is specifically designed to ensure that work of equal value receives equal pay. All staff under Agenda for Change are remunerated within the agreed national pay ranges for their roles and grade. There are clearly defined processes for establishing a salary for new and existing staff members.

Very Senior Managers and GPs are not subject to Agenda for Change and so their pay and conditions are not subject to the job evaluation process. For these staff, pay levels are determined by reference to market conditions, guidance issued nationally via NHS England and through agreement at MK CCG’s Remuneration Committee. Where there are similar roles within the Organisation, the Remuneration Committee ensures equal work attracts equal pay.

In November 2017, a senior member of ArdenGEM’s HR Team conducted an independent ‘Gender Equal Pay Review’ and a report was submitted to MK CCG’s Remuneration Committee. The review considered a range of factors including the number of male and female staff, the number of full and part-time roles, length of service of each individual within each role and types of roles including gender split at Board level. The review also considered individuals on Contract for Services to ensure that the outcomes presented a full and true review of pay within the Organisation. The report found that there was equality of roles and pay within MK CCG and there was no further action to be taken. MK CCG is assured that pay is equal across the genders, there are no discrepancies and all staff are
being paid appropriately across the protected characteristics. Available evidence supports that MK CCG is compliant with the requirement to provide equal pay for work at equal value.

<table>
<thead>
<tr>
<th>Outcome 3.3</th>
<th>Training and development opportunities are taken up and positively evaluated by all staff</th>
<th>Achieving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protected Characteristic Groups that fared well or that fared less well</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>25.07.18</td>
<td>*All protected characteristics would fare well</td>
<td>25.07.18</td>
</tr>
</tbody>
</table>

### Outcome 3.3 Evidence

All staff regardless of their protected characteristics are provided with access to training and development through a variety of methods. This includes opportunities via organisations such as East Midlands Leadership Academy (EMLA), free online Microsoft package training on the staff intranet, formal training courses, shadowing, conferences, internal and external workshops and forums. This is supplemented by a range of other management support to staff to undertake their work including regular team meetings and 1:1 support.

MK CCG has an Appraisal Policy and associated documentation for carrying out appraisals. The outcome of the appraisal process informs staff training and development plans. Our staff complete an annual appraisal which supports the development of a Personal Development Plan and highlights annual statutory mandatory training. In 2017/18, the staff survey showed that 89% of staff were appraised in the previous 12 months which was an improvement on 2016/17 and was higher than the 84% national average. Whilst feedback was positive in that staff acknowledged that appraisals helped to agree clear objectives for their work, the Organisation recognises the format of the appraisal documentation requires improvement to help support better identification of training and development.

MK CCG holds quarterly staff forum meetings (all staff are encouraged to attend including those on maternity/paternity leave) which present the opportunity for staff training and development. These forums are held on alternate days to ensure those workers who are part-time can attend some of the events throughout the year. Key messages and slides are circulated to all staff after the event. All staff are invited to feedback to enable an evaluation of the session.

Equality & Diversity training is delivered online to all MK CCG staff ensuring compliance with the Equality Act 2010. 96% of MK CCG staff had completed online Equality and Diversity training as at 31/03/2018 demonstrating a significant 15% increase in compliance on the previous year.

In addition to training opportunities, the Organisation seeks to develop and promote staff internally to vacant positions. In 2017/18, eight members of staff secured an internal transfer/promotion which is a good result for a small CCG.

MK CCG 17/18 EDS2 Evidence
Goal 3
A Representative and Supported Workforce

Outcome 3.4 Evidence

MK CCG takes Bullying & Harassment very seriously and will not tolerate it within the Organisation. MK CCG’s Harassment and Bullying at Work Policy gives clear examples of the types of behaviours which constitute bullying, harassment and victimisation. The Policy provides details of the process to be followed where staff have concerns of being subjected to such behaviour. The Policy also links into the disciplinary process so that behaviour found to be inappropriate is dealt with. MK CCG’s staff have access to a variety of e-learning modules including Equality and Diversity training modules which staff must complete at least every three years. Currently MK CCG has a 96% compliance with this module, an increase from 81% in 2016/17.

Since MK CCG’s inception, we have promoted the zero tolerance message to all staff at Staff Forums on an annual basis and encourage staff to report incidents. The staff survey shows a decline in harassment, bullying or abuse in the last 12 months from 16% in 2016/17 to 5% in 2017/18 (20% comparable national average). Whilst this is an extremely positive result, MK CCG believes there is still room for further improvement and will continue to focus on a zero tolerance policy with a supporting action plan. All forms of harassment, bullying and abuse will be covered including that by staff, by patients, relatives and the public. There have been no formal reports made by staff of harassment, bullying or abuse in 2017/18.

Outcome 3.4

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

Achieving
Outcome 3.5 Evidence

MK CCG is aware that in the current environment staff may require flexibility in their work/life balance and this is supported by a Flexible Working Policy which details the process for requesting flexible working options for all staff. MK CCG engages with Trade Union representatives via ArdenGEM HR to review and feedback on our workforce policies. Flexible working options are considered appropriate in relation to reasonable adjustments for disabled staff and advice is provided by Occupational Health on this matter where needed. The Organisation does not compile flexible working request data for staff with protected characteristics as any concerns about how such a request has been handled would be managed through our mainstream processes applicable to all staff.

In 2017/18, MK CCG’s Executive Team supported and authorised a decision to move to a more formal agile working policy including homeworking. The aim is to relieve pressures on CCG facilities, bring better work/life balance for staff and potentially (in line with evidence) enhance productivity. The initiative will be launched in 2018/19. MK CCG’s current and future mechanisms for flexible working will allow a better work/life balance for staff whilst still meeting the needs of the service and 77% of staff agreed with this stance in the staff survey.

Outcome 3.6 Evidence

Since MK CCG’s inception in April 2013, the Organisation has received positive feedback from our employees within the National Staff Survey. In the 2018/18 survey, staff reported they were:
- satisfied with the level of support received from managers/colleagues
- satisfied with the level of responsibility given to them
- and the opportunities available to utilise their skills.

MK CCG was placed within the top 15 CCGs Best Places to Work during 2015 - 2017. These best practices have continued and been enhanced in 2017/18. The staff survey...
identified a score of 3.94 out of a possible 5 as a place of work which staff would recommend. This is above the national average of 3.80.

“After joining the organisation late last October I have thoroughly enjoyed working for the organisation and the support I have received. It is noticeably different from other NHS organisations I have worked for, works hard to keep staff informed and supported.”

Staff member, staff survey 2017/18

However, the Organisation recognises that the increased pressures within the NHS have brought workload pressures for staff. MK CCG is continuously working with staff and managers to address this issue.

“The organisation as a whole is fine but [I] have struggled with capacity issues which were not recognised by my line manager”

Staff member, staff survey 2017/18

All line managers have access to HR services to enable them to support their staff in a culturally competent and non-discriminatory manner. Staff provided a score of 4.14 out of 5 when asked how they would rate support from their immediate managers (national average 4.03).

Senior Managers within MK CCG promote a culture of teamwork and consultation. Quarterly staff forums, weekly briefings by the Chief Officer and/or an alternative Director, team briefings, newsletters and regular communications help to enforce this culture. Staff are encouraged to voice their opinions and ideas and are also consulted on new ways of working. Staff are also aware of the ‘open door’ culture in which any staff member can approach Senior Managers/Executives to express their concerns or issues.

MK CCG promotes health & wellbeing within the organisation and this is substantiated in the Staff survey. We achieved positive results (higher than national averages) across all main five elements of the wellbeing area, most notably in that 78% of staff felt that MK CCG took a positive interest and took action on employees’ health. All staff have access to an Occupational Health Team where onward referrals to physiotherapy and counselling can take place where appropriate. Occupational Health provide services via phone and can arrange for face to face consultations to be held at various locations to remove barriers to attendance. Employee Assistance is also available.

The Occupational Health service also provides proactive health and wellbeing events including stress awareness and general health checks. These are available to all staff and are held at MK CCG’s Headquarters in order to encourage attendance. Outcome feedback is obtained from all directly delivered health and wellbeing events to establish the ease of access for staff, the usefulness of the event and if an otherwise unknown health problem was highlighted. There is also a facility via MK CCG’s health & safety contract for workstation assessments to be carried out.

MK CCG also participates in an international virtual walking challenge aimed at supporting and improving all aspects of an employee’s physical/mental health and wellbeing. This event is really welcomed by staff who enjoy participating, being motivated, sense of fun and competitiveness across the Organisation. Staff have requested more events like this and/or greater variety which we are exploring.
97% of staff report they are happy with their career progression, development and the support MK CCG provides which provides further evidence that all staff including those with protected characteristics have positive experiences of their membership of the work force.

Finally, MK CCG staff take great pride in working together towards a worthy cause. Each year, health related charities are selected by staff who then develop initiatives and hold events to raise funds for the charity. These initiatives help to bring about a culture of teamwork and collaboration as well as a means of socialising between colleagues which contributes towards wellbeing. These events are widely supported by all staff and in 2017/18 almost £500 was raised for charity.

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**Goal 4 Inclusive Leadership**

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

**MKCCG 17/18 Internal Grading session with Healthwatch and staff 25.07.18 Final Grade**

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<tr>
<th>Protected Characteristic Groups that fared well or that fared less well</th>
<th>Comments</th>
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<tr>
<td>25.07.18 all protected characteristics would fare well</td>
<td>25.07.18 hard to reach groups included</td>
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**Outcome 4.1 Evidence**

MK CCG’s Senior Leadership Team are committed to Equality, Diversity and Inclusion within the Organisation. Senior Leaders are engaged with and contribute to the Equality Delivery System Grading (2) review. The final outcomes are reported to the Public Involvement and Advancing Equality Reference Group and MK CCG’s Quality Committee. The Equality Strategy Objectives are informed by the EDS2 and reviewed as a consequence of the findings.

MK CCG is committed within its Constitution to:

- Ensuring that the Equality Duty is discharged on behalf of the Governing Body by MK CCG’s Quality Committee in accordance with their Terms of Reference
- Using the Equality Delivery System 2 to grade performance
• Developing an Equality, Diversity and Human Rights strategy describing how the Organisation will deliver duties both specific and general in line with the Equality Act 2010
• Requiring progress reports to demonstrate the delivery of the Equality Duty to be monitored through MK CCG’s reporting mechanisms
• Publish at least annually, sufficient information to demonstrate compliance with this general duty across MK CCG’s functions

In addition, MK CCG’s Clinical Chair and Clinical Directors (GP Board Members) take the lead on Committees and Programme Boards to provide clinical leadership across the Organisation and include:

• Right Care Programme Board
• Maternity, Children & Young People Programme Board
• Mental Health & Learning Disabilities Programme Board
• Health & Wellbeing Integration Board
• Out of Hospital Care Programme Board

Senior Management within MK CCG support at facilitated events by taking leadership roles in engagement and consultation with community groups. These events include a broad range of individuals including those from protected characteristics, minority groups and the harder to reach from within the community. Examples include:

• Patient Participation Groups – discussion around focussed topics
• Presentations at MK Healthwatch Annual General Meeting
• Event focused on Children’s Mental Health organised by local MPs
• Annual General meeting

MK CCG’s nominated Governing Body Executive has oversight of Equality and Diversity including the 2016-20 Equality Strategy ratified by MK CCG’s Board in June 2016. MK CCG has a comprehensive Equality and Diversity section on MK CCG’s website which includes the Equality objectives in line with the Public Sector Equality Duty (PSED) http://www.miltonkeynesccg.nhs.uk/equality-inclusion-and-human-rights/  All our Board Members and Senior Leaders/Managers complete annual Equality and Diversity training.

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<tr>
<td>25.07.18 all protected characteristics would fare well</td>
<td>25.07.18 No discrimination and harder to reach groups covered</td>
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Outcome 4.2 Evidence

MK CCG was audited in 2017/18 on its Governance effectiveness which included a review of how the Organisation managed its paperwork for Committees and meetings. No actions were raised around the identification of equality related impacts and risks.

Equality & Quality Impact Assessments (EQIAs) are carried out on all MK CCG policies and decisions. Individual staff are supported to complete the template by members of the Quality Team to ensure consistency of approach. The process is fully embedded and an essential component of all MK CCG’s proposals to ensure that quality and equality are considered equally and at the early stage of any changes. MK CCG have also implemented a post implementation review of any new services/changes to establish whether the anticipated quality impacts have been realised and if there are any mitigating actions required.

High risk EQIA’s are escalated to the Quality Committee and a full risk assessment is undertaken including the identification and delivery of mitigating actions. MK CCG’s EQIA mechanism has been audited to ensure the process and documentation remains fit for purpose.

MK CCG has a robust risk mechanism whereby identified risks are recorded and graded on the Organisation’s risk register which is overseen by MK CCG’s Committees. High level and strategic risks are escalated for Board Review.

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<tbody>
<tr>
<td>Outcome 4.3</td>
<td>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</td>
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<td>25.07.18</td>
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<tr>
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<td>* No comment</td>
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Outcome 4.3 Evidence

All line managers have access to HR services to enable them to support their staff in a culturally competent and non-discriminatory manner. Staff provided a score of 4.14 out of 5 when asked how they would rate support from their immediate managers (national average 4.03).

Whilst the 17/18 staff survey reported that 5% (reduced from 7% in 2016) of staff experienced discrimination at work in the last 12 months, to date no formal reports have been within the Organisation. Whilst the score for discrimination is below the national average (8% for CCGs) MK CCG takes a zero tolerance approach to discrimination and were such behaviours to be identified the appropriate actions would be taken under the
relevant HR policies. MK CCG’s leadership team enforce this message throughout the Organisation.

MK CCG has a process in place whereby all staff are required to complete statutory and mandatory training, which includes Equality and Diversity training (currently 96% compliant). Leaders within MK CCG demonstrate culturally competent behaviours focused on support and inclusivity to all staff. Senior Leaders expect their example to be replicated across the Organisation at all levels. The scores within the 2017/18 Staff survey were all above the national average for CCGs and are as follows:

- 3.94 – recommendation as a place to work
- 3.98 – staff motivation at work
- 4.07 – staff satisfaction with the level of responsibility and involvement
- 3.94 – recognition and value of staff by managers & the organisation
- 71% of staff reporting good communication between senior management & staff (48%, 2016)
- 4.14 – support from immediate line managers

*All above scores are out of 5 unless reported as a percentage

The scores demonstrate the strong supportive and inclusive culture which currently exists within MK CCG.