

North East Strategic Health Authority

North West Strategic Health Authority

Yorkshire and the Humber Strategic Health Authority

BOARD MEETING



North of England

Date: 19 January 2012

Report Author: SHA Equality Leads

Title of paper:

Northern SHA Cluster Arrangements for Equality & Diversity

Actions Requested:

The Board is asked to:

- Note the statutory duties (Public Sector Equality Duties) placed on each of the constituent SHAs by the Equality Act 2010 (The 'Must Be Dones')
- Agree that compliance is best achieved through effective culture change and the embedding of best practice into core business
- Confirm that the Equality Delivery System (based on the best practice developed in the North West) provides the best way to develop and embed the required change
- Note the intention of the Equalities Leads to collaborate in order to provide resilience and share expertise as appropriate.
- Note the future work areas, achievements and areas of good practice highlighted for each of the SHAs
- Agree the individual action plans designed to address shortcomings identified by the EHRC Audit, where appropriate, to assure embedding of best practice in the new landscape
- Note that delivering a strategic approach across the Northern Cluster may have some resource implications. As in previous years, these will be identified through the budget setting process for 2012/13

Governance Requirements

SHA Objectives supported by this paper:

Ensure organisational and system resilience and business continuity, including in relation to all statutory obligations

Risk Management:

The relevant risk is that organisational statutory responsibilities are not fulfilled

Board Assurances:

This report provides the Board with a summary of how each of the three statutory bodies within the North of England SHA Cluster are working to fulfil their Public Sector Equality duties

Risk Assessment:

The Compliance Audit carried out by the EHRC in early 2010 identified areas where further work was needed to ensure compliance, in relation to NHS North East and Yorkshire and the Humber.

The actions identified in the respective planned work programmes for 2012 onwards seek to address these issues, reduce risks, and secure the legacy by ensuring that effective and appropriate continuity is embedded in the institutions of the new landscape.

Communication (including public and patient involvement):

The SHAs are basing their work programmes on the feedback received from discussions with stakeholders both within and outside the NHS and evidence from performance management with NW's Equality Performance Improvement Toolkit (EPIT).

Resource Implications (including productivity and value for money):

Delivering the proposed work programmes will require resources over and above the annual staff costs currently being funded by the SHAs. Such resources will be required to:

- Organise and facilitate appropriate engagement activities
- Commission research as required
- Support the development of capacity and capability across the Cluster

Bids for the necessary funds will be made via the 2012/13 budget setting process

Legal Implications:

This paper is concerned with the statutory equality duties that apply to public bodies.

Equality and Diversity:

The paper sets out the actions each SHA will be undertaking in the year ahead in an effort to ensure that Equality and Diversity is embedded into the architecture of the future NHS.

NHS Constitution:

The SHAs' work on Equality and Diversity is designed to respond to the core NHS value 'Everyone Counts'. This paper sets out the work the SHAs will be undertaking in the year ahead to support this core value.

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Northern Cluster arrangements for Equality and Diversity

Executive summary

Strategic context

Equality competence is fundamental to the achievement of NHS goals for quality, patient experience, clinical safety and health outcomes. An understanding of the diverse needs of the population is a prerequisite to an evidence-led approach to commissioning and service delivery. This is reflected in the NHS Operating Framework, the NHS Constitution, and is unpacked into specific performance objectives through the Equality Delivery System.

There is also a legal context. The Public Sector Equality Duty requires each SHA separately (as the statutory bodies) to:

- Publish information (by 31st January 2012) to show their compliance with the Equality Duty; at least annually; and
- Set and publish equality objectives (by 31st March 2012), at least every four years

In addition the Equality and Human Rights Commission (EHRC) audit of compliance across twenty eight organisations in England in January 2010 identified areas for improvement in both the North East and Yorkshire and the Humber SHAs.

Experience gained from the strategic approach adopted in the North West over the last four years demonstrates that when NHS organisations are embedding an equality conscious culture in their core business activities, compliance is automatically achieved.

Summary of Paper

This paper details the current position in the three constituent SHAs in relation to the Public Sector Equality Duty and the Equality Act. It also identifies planned actions and legacy arrangements for Equality and Diversity functions.

Actions for the Board

The Board is asked to:

- Note the statutory duties (Public Sector Equality Duties) placed on each of the constituent SHAs by the Equality Act 2010 (The 'Must Be Dones')
- Agree that compliance is best achieved through effective culture change and the embedding of best practice into core business
- Confirm that the Equality Delivery System (based on the best practice developed in the North West) provides the best way to develop and embed the required change
- Note the intention of the Equalities Leads to collaborate in order to provide resilience and share expertise as appropriate.
- Note the future work areas, achievements and areas of good practice highlighted for each of the SHAs
- Agree the individual action plans designed to address shortcomings identified by the EHRC Audit, where appropriate, to assure embedding of best practice in the new landscape
- Note that delivering a strategic approach across the Northern Cluster may have some resource implications. As in previous years, these will be identified through the budget setting process for 2012/13

Recommendations

- That the Board supports the aims of the three SHA leads to deliver a legacy of achievements including but not limited to legal compliance and notes that modest additional resources will be identified through the annual budget setting process to support this work in order to:
 - Organise and facilitate appropriate engagement activities
 - Commission research / development as required
 - Support the development of capacity and capability across the Cluster

Introduction

The Northern Cluster brings together the North East, North West and Yorkshire and Humber SHAs. The Equality and Diversity leads from each of the constituent SHAs met to share current practice and discuss where joint working might be promoted to make best use of the resources available.

This briefing identifies the public sector equality duty requirements and any areas of non compliance, in addition to setting out the current landscape in each region. All areas have good practice to share, which are detailed in the attached summary of achievements; however, differences in approach and levels of investment historically offer opportunities to consider a range of approaches through transition.

Background

Historically there are different backgrounds to equality and diversity arrangements, with the North West area investing over the last four years in an evidenced-led developmental strategy including specific evidence of progressing outcomes across the system and a plan in place for assuring migration of this developed culture to the new landscape.

In the North East and Yorkshire and the Humber the EHRC audit has identified that there is still work to do to achieve the standards required, despite both being able to offer an array of good practice examples to share.

The current staffing levels deployed on Equality and Diversity in the three SHAs is provided in Appendix 1.

Context

It is acknowledged that compliance with legal duties is central to the work in each individual area. However, the vision of the Northern Cluster is that equality and diversity remains central to evidence-based planning for commissioning and to deliver quality though improved patient experience and clinical outcomes via targeted action.

Such an approach thereby creates value for patients and citizens. The intended legacy is to embrace, and embed as core NHS business, a developed culture of understanding regarding who we employ and serve, of eliminating disparities in experience and outcomes, championing rights and dignities in line with the NHS Constitution.

In order to capitalise on the work to date and to ensure an effective legacy, the aim of the three individual SHAs is to work collectively where this would add value by sharing best practice, expertise, initiatives and developments across the Northern Cluster. In particular this will draw on the progress made as a result of the enhanced investment made in the North West. Examples of these are provided in Appendix 3 and include: the development of the EPIT, the basis for the EDS and the national E&D Leadership competency Framework.

The Public Sector Equality Duty requires each SHA separately (as the statutory bodies) to:

- Publish information (by 31st January 2012) to show their compliance with the Equality Duty; at least annually
- Set and publish equality objectives (by 31st March 2012), at least every four years

The information published must show that the plans made by the SHAs pay due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a characteristic and those who do not share it

This all applies both to SHAs as employers and also in relation to how they discharge their outward facing functions (e.g. providing system leadership, performance managing commissioners and providers, improving representation of protected groups in the wider workforce and achieving improvements in the patient experience).

In addition, the Equality and Human Rights Commission (EHRC) audit of compliance across England in January 2010 identified areas for improvement in twenty four of the twenty eight organisations assessed and this included organisations in both the North East and Yorkshire and the Humber Strategic Health Authority areas.

Next steps

The next steps identified are within the context of the planning towards the dissolution of the SHAs. This means that rather than there being a requirement to set out any long term strategy, the equality duties should now be read in terms of assuring delivery of the statutory goals across the new system.

SHAs have always needed to drive up the equality of outcomes for staff and service users primarily by influencing commissioners and providers. The Northern Cluster goal for the coming period of transition is to ensure that this work is transferred to the performance managers in the future NHS system.

The sharing of good practice and expertise across the three Northern SHAs has commenced, as well as work to identify any specific challenges. This will continue in addition to identifying opportunities to work together to ensure best use of available resources. See Appendix 2 for details of the proposed workplan for each SHA.

Furthermore, whilst compliance with the Equality Duty will be the first priority, the E&D leads seek also to leave a legacy to support commissioning and delivery in the future. In this way new and evolving organisations will benefit from the advances

made in promoting and embedding equality, diversity and human rights hence, enabling them to deliver the best possible services and working conditions. See Appendix 3 for examples of the achievements each SHA has already made to support this goal.

Appendix 1

Staffing Resources Currently Deployed on Equality and Diversity in the Three SHAs

SHA	Staffing Resource
North West	1.0 x Associate Director (Band 9) 0.7 x Assistant Director, Comms & Engagement (Band 8a) 1.0 x Personal Assistant (Band 4) 0.6 x Programme Manager Consultant (Band 8c/d equivalent)
North East	0.2 x Director (VSM) 0.2 x Business Lead (Band 8a) 0.2 x Admin support (Band 4)
Yorkshire and the Humber	0.6 x Equality Lead (Band 8c) Admin Support 'As and When' Required

Appendix 2

Planned Work Programmes – January 2012 to March 2013

North West

The workplan for the North West reflects the region's strong culture of E&D leadership and the legacy of operating EPIT for over two years. Management of the transition in responsibilities has already been underway for more than a year and the forward plans reflect this.

Strategic plans for the transition and legacy

- Oversight of the plans by PCT clusters to embed E&D into the plans of CCGs and HWBBs at a local level, to assure the establishment of local Healthwatch to contribute towards EDS governance, and ensuring that CCGs continue the performance monitoring of E&D outcomes among providers that has been established by the PCTs and clusters using EPIT/EDS. This has been underway since the autumn of 2010.
- Knowledge transfer to the NE and Y&H, via an EDS grading workshop and by sharing tools and know-how developed in the NW. The NW has many resources which NE and Y&H could benefit from to achieve the required levelling up.
- Successful migration of the entire NW system from EPIT to EDS. This is being led by the PCT clusters themselves. The NW E&D team maintains grip by scrutinising progress through regular meetings with the cluster E&D leads. The migration is already well advanced.
- Continued development of the competence of the region's E&D leads. This is achieved through quarterly developmental meetings with all E&D leads, through continuation of the CPD programme already implemented, and through a monthly newsletter. We plan that a total of 38 E&D leads will have undergone leadership development training and should have qualified for ILM 4 certificates by the end of 2011/12. 19 have already achieved this.

Plans targeting identified weaknesses to advance equality of outcomes / experience

- Regional roll out of a successful pilot, placing information for LGB patients into GPs' surgeries. This is being led by the PCT clusters in conjunction with a third sector partner, with assurance by NHS NW.
- Development and rollout of 'Pride in Practice' – a quality standard for GP practices to develop their capability to service LGB patients and stakeholders. This is intended to be a self-sustaining standard, which can be rolled out via the relationships first established by the above surgery information project. Clusters are being guided to own and manage both initiatives. Pride in Practice will be one example of initiatives to introduce more GPs to thinking about evidence-based approaches to the wellbeing of specific protected groups
- Development of an initiative to address gaps in the take-up of breast cancer screening by South Asian women. This is a programme with significant potential to improve early detection of cancers, with consequent

improvements in treatment, patient outcomes and cost savings on hospital care of advanced tumours.

North East

Transition and legacy arrangements

- The North East area has a well established E&D leadership network which brings together E&D leads and HR colleagues to work in collaboration. Outputs delivered by the group have been seen as exemplary by the Department of Health.
- Transition arrangements are advanced with co-ordination already transferred from the SHA.

Work areas

- Regional co-ordination of E&D work transferred from the SHA to the North East Leadership Academy, a partnership organisation hosted by a foundation trust.
- Plans in progress to transfer co-ordination of staff networks for protected groups to the North East Leadership Academy with the added benefit of linking these groups to leadership development activity and to work to ensure the talent pipeline
- Ongoing coordinated approach to the implementation of EDS across NHS North East organisations, building on work to meet the Equality Act 2010 and the single equality strategy to ensure compliance with the equality act.
- Ongoing work on engagement ongoing across all NHS North East organisations both PCTs and provider organisations and grading of all organisations
- North east wide, two month engagement exercise to report in December 2011. Patient and staff views sought on priorities for E&D. Findings to be used to shape EDS priority objectives.
- Invitation to participate in a Northern Cluster EDS grading workshop to ensure best practice is shared.
- Continued development of the leadership capacity of E&D leads. Skills and experience shared through monthly meetings. ILM 4 leadership training for E&D leads scheduled for February 2011. E&D leads now have access to additional leadership development activities through the North East Leadership Academy.
- Publication of leadership inclusion report by the North East Leadership Academy in September 2011
- Identification of organisations and coordination of work plans to address any noncompliance
- Implementation of EDS objectives
- Monitoring of implementation of NELA Inclusion Report recommendations

Yorkshire and the Humber:

The workplan for Yorkshire and the Humber for the transition period is framed around two inter-related strands as follows:

1. Ensuring effective implementation of the NHS Equality Delivery System (EDS) and supporting use of the system to maximise the benefits it can provide
2. Progressing previously identified equality objectives designed to:
 - Address the deficiencies identified by the EHRC compliance audit
 - Continue the work on issues that we believe will have continued relevance during and following transition

The following provides brief background and an outline of the key elements of the SHA's plan

Ensuring EDS Deployment

The SHA immediately saw the benefits to be had across the region in terms of assuring compliance, benchmarking and hence improving outcomes, from having a common equalities system for the NHS. It was on this basis that the SHA committed to supporting the development and implementation of the NHS EDS when invited to do so by the NHS Equality and Diversity Council (EDC).

Now that the EDS has been launched the SHA is taking a lead role in encouraging all NHS organisations to adopt and implement the system. The SHA's plans for the future, summarised below, are based on the ideas and feedback obtained from a number of regional engagement events held with NHS and external stakeholders in 2010/11, as follows:

- Continuing to work with PCT Cluster Equalities Leads to finalise Cluster Engagement and Implementation plans
- Regular monitoring of progress to assure effective implementation
- Organising and facilitating regional events on common issues to support progress (e.g. Good practice Grading Workshop in conjunction with NHS NW and NHS NE)
- Reviewing published gradings and objectives to provide a regional baseline

Organising and facilitating benchmarking and good practice events to develop and share learning.

Progressing Previously Identified Equality Objectives

Based on the work undertaken by the SHA in responding to the EHRC audit, and in the development of its Single Equality Scheme, the SHA identified a number of 'high level priorities' to be worked on during transition.

The subsequent EHRC report and the feedback we received during various regional engagement events has confirmed the continued relevance of these objectives. Below we outline our plans around these objectives for the year ahead:

1. Improving Data Quality and Developing a Regional Evidence Base

The need to continue work in this area was confirmed by comments made in the EHRC report on the SHA. They said:

“In particular...we will be looking for you to improve your evidence base [in relation to patients, health inequalities, etc], across all protected characteristics. This will enable you to ensure you can have due regard in all your decisions, including the commissioning of services.”

Attempts to create such an evidence base have been frustrated by the fact that not all current patient information systems provide the facility to record details in relation to all the protected characteristics. The SHA has therefore instigated an ‘audit’ of patient information systems across the region to identify gaps. The results of this audit will be used to inform our efforts to influence future system development to address the gaps found. We will also be seeking to engage with the NHS Information Centre to understand how they intend to discharge their ‘statutory role as a single body authorised to conduct national [NHS] data collections’ in relation to equality issues.

2. Influencing JSNA Development so that they increasingly incorporate health issues across the whole range of protected characteristics

We believe that if we can ensure that future JSNAs start to reflect health issues across all the protected groups, they will provide a key reference point for all public bodies to support work on developing strategies to address health issues across the relevant community.

With this in mind, over the transition period we will be encouraging and supporting our PCT Clusters to work with emerging Health & Wellbeing Boards to influence the JSNA development process so that JSNAs reflect the needs of all protected groups.

3. Public Health Policies and Programmes

Relating to the work on JSNAs, the SHA is also keen to ensure that Public Health policy and plans give consideration not just to issues around age, gender and socio-economic but include the needs of all the protected groups, where appropriate.

The SHA will therefore be working to maintain links with Public Health colleagues as their functions transition within the new architecture.

4. Leadership Development

Over the last five years our Leadership and OD team have been working with the Nation Leadership Council to design programmes which seek to develop inclusive leadership within the NHS. Moving forward they will continue this work which will be picked up by the National Leadership Academy in the future.

Locally, we have commissioned and rolled out the Innov8 programme. Innov8 has a single goal, to create a more effective, diverse leadership that is well equipped to realise and respond to the opportunities and challenges of today's NHS. It is designed to create relationships that allow diversity to deliver improved organisational health, wealth and performance for all but for the moment has a particular focus on ethnicity. This work will continue through the transition period.

Appendix 3

Summary of Achievements

The above work areas are based on the progress already in the three SHAs. It is central to our work plans that we should aim to work collaboratively where possible to share these achievements to ensure that they are maintained as a legacy.

North West:

- Created a coherent evidence-based approach underpinning a five year E&D strategy (2008-13). The EPIT system (see below) evidences significant achievement of the goals).
- Developed and implemented the first objective, outcome focussed performance management framework for assuring the achievement of the strategy's five goals.
 - The Equality Performance Improvement Toolkit (EPIT) became the basis for the national Equality Delivery System launched by the EDC.
 - Evidence-based scrutiny of the NW system saw a significant measured improvement across 13 EPIT 'deliverables' by the 24 PCTs and 39 provider trusts, between the first round of EPIT measurement in January 2010 and the second in July 2011.
 - Baseline results were established by the first round in January 2010
 - Results were predictably poor. Organisations consistently overrated their achievement of outcomes for equality groups.
 - Only 7 of 24 PCTs scored 'achieving' in any of the 13 measured 'deliverables'. Of 312 possible scores (13x24) there were only 27 verified 'achieving' scores overall (8.6%).
 - Scores among the 39 provider trusts were even worse and the exercise proved that PCTs were not managing their contracts effectively in this regard
 - Organisations were developed and managed to devise stretch plans and improve their outcomes during 2010-11.
 - EPIT was repeated in June 2011. After strict verification involving equality stakeholder partners, the performance had improved to 50 'achieving' scores by the 23 PCTs. This was 16.7% achievement ... a doubling of outcomes.
 - Results also demonstrated that PCTs were also achieving significantly improved grip on their provider performance in this regard
- Initiated and led the development of the national E&D leadership competency framework, with joint funding from DH and working group contributions from other SHA partners. This was published in the spring 2011 and is featured as one of the prerequisites in the Equality Delivery System
- As a spin off from the development of the competency framework, developed a CPD programme for E&D leads, incorporating an ILM 4 qualification.
 - 28 NW E&D leads have taken the course and been assessed for the qualification (with a 100% pass rate)
 - The National Leadership Council has funded a further 100 places nationwide. NW is collaborating with NE and Y&H to select 30 staff for the North's allocation of these places

- Designed, implemented and maintained a national Equality and Diversity evidence library (HELP) – addressing the evidence of a significant systemic weakness in the access to quality evidence for decision making and equality impact assessment. HELP has over 1400 expertly catalogued information assets, links to 300+ web sites for further information and is widely used with (for example) over 500 people following updates on Twitter
- Designed and implemented a sustainable approach to long term engagement with expert voluntary sector expertise for consultation across all the protected groups covered by equalities legislation. The Health Equality Stakeholder Engagement (HESE) approach is regarded as an example of best practice and the fully documented methodology is being taken up by other parts of the system as a means to enable the effective engagement required by the Equality Delivery System.
- Developed and published educational resources highlighting the historical contribution of Black and Minority Ethnic staff to the NHS and the historical relationship between Lesbian, Gay, Bisexual and Trans people and medicine / healthcare. These are in continual demand around the region and beyond. Users pay the costs of delivery and setup, making these developments self-sustaining
- Developed a successful senior management internship programme for seconded BME staff, enabling the successful candidates to obtain experience acting up in senior management roles and to demonstrate their capabilities to the SHA management
 - The need was indicated by our research and wider published evidence that progression of BME talent beyond A4C band 6 has been limited in the NHS
 - The programme funded 3 carefully selected candidates to be seconded into the SHA and act up into senior roles, working on real projects for the Directorates, with continual mentoring and evaluation
 - The manner of implementation of the project has been of national interest and the evaluation will inform efforts to overcome systemic barriers to advancement in the future
- Developed and published national public sector guidance on how to conduct successful monitoring of sexual orientation among staff and within services. Exploitation of this is being carried forward by the Lesbian and Gay Foundation, one of the NW's stakeholder partners
- Developed and launched an educational resource highlighting the historical position and contribution of LGBT staff to medicine and the contributions made by LGBT staff in the modern NHS. In common with the BME resource mentioned above, this is a self-sustaining resource, with organisations paying our contractor to deliver, set up and maintain the exhibition.

North East:

- Regionally, all organisations signed up to the Race Equality Performance Framework. All Trusts submitted performance evidence on this on a yearly basis from 2005, until 2009 when we performance accessed across the region on the shared actions agreed within Single Equality Schemes.
- Collaborative approaches to Disability Equality Schemes, Gender Equality Schemes and Single Equality Schemes and Equality Strategies.
- NHS Help Card rolled out as part of a regional pilot in 2010 to improve patient access and patient experience. Assists those needing extra assistance when visiting NHS hospitals, GP surgeries, dentists or opticians. Alerts staff to any problems such as hearing impairment, mobility or language needs shown in the most common community languages in the North East.
- Staff networks developed for all protected characteristics.
- Major regional conferences staged in 2008/2009 focusing on key issues for equality strands and dignity and respect
- International LGBT Health Summit hosted in the North East in 2009 leading to a conference report that sign-posted key issues that commissioners needed to address.
- Regular presence at Northern Pride since 2008 and sponsored the event in 2010 with a Health Promotion Marquee.
- Fact-files produced for all equality strands.
- E-learning package developed for all staff and rolled out across the North East.
- The Religion and Belief Staff Network produce a diversity calendar which is distributed to all organisations annually since 2009.

North East PCT achievements in the last 12 months:

- Equality Analysis toolkit produced following the Equality Act 2010 which provided guidance and a template for completing an equality analysis
- Equality strategy produced following the Equality Act 2010 and revised duties ensuring all PCOs were compliant with the equality act
- PCOs in the North East have all agreed to implement the EDS, work on engagement is ongoing and grading of individual PCO in underway
- Separate ED&HR Annual Report been produced for each PCO and distributed to stakeholders detailing priorities moving forward and achievements to date
- Mandatory E&D training completed by all staff and separate strategic level training session for Board members detailing their responsibilities and duties
- Specific training offered to staff on protected characteristics
- Regular staff briefings communicated to ensure staff and patients are kept up to date with the most current E&D legislation, news and events
- Working with commissioning to develop a service level agreement ensuring our translation and interpretation services we commission are to a high standard offering patients the best possible service

Yorkshire and the Humber:

- Established an E&D leads network which involves virtual sharing of information and good practice on a regular basis and quarterly meetings resourced by SHA.
- Commissioned, designed and facilitated a variety of events (E.g. Establishing EqIA processes; Equality Act 2010 Briefing; Developing the NHS Data Guide; etc) to support the development of E&D capability and capacity within the region.
- Commissioned and facilitated a regional conference on the issue of improving data collection from BME patients. A report on the event (*"Delivering Effective NHS Services to Multiethnic Populations: Collection of Ethnic Monitoring Data within Primary Care"*) was produced and circulated widely
- Secured Executive and Non-Executive E&D Leads in each Y&H NHS organisation
- Embedded equalities considerations into the Y&H Service Change Assurance Process, providing constructive feedback on all submissions received.
- Scrutinised and provided commentary as appropriate on all PCT Commissioning Intentions submitted in 2008/09 & 2009/10 achieving a marked improvement in the consideration given to equalities issues
- Worked hard to promote the EDS and achieved a high degree of take-up with only one provider deciding not to adopt the system at this stage.
- Worked in partnership with the University of Bradford and NHS North West to organise and deliver a national academic conference on equalities in 2011. The focus of the conferences was on to ensure that diversity interventions within organisations can deliver sustainable change. Over 100 delegates attended and provided very positive feedback on the usefulness of the content in terms of supporting their practice.
- Commissioned the design and delivery of a development programme for BME staff in A&C Bands 5 and 6 which evaluated very positively.
- Commissioned development of 'Living my Life'; an awareness raising resource on transgender issues for use with GPs and NHS clinicians
- Funded the development of the Champions for Achieving Better Health in Sheffield (CABS) programme which used a group of Asian taxi drivers to promote screening and healthy lifestyles amongst the wider community. An evaluation of the programme identified a variety of positive outcomes which more than justified the investment.
- Funded Leeds Partnership Foundation Trust to run a programme aimed at improving mental health awareness in local Pakistani and Chinese communities. The aim was to encourage the communities to seek help before crisis. The project evaluated well in terms of the outcomes achieved.
- Sponsored and supported the roll-out across the region of 'In the Pink'; a practical guide for GPs and other Health Practitioners on providing excellent care for lesbian, gay and bisexual people.