



***Lancashire North  
Clinical Commissioning Group***

## **Equality and Inclusion Annual Report 2016/17**

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## Foreword

We are pleased to present our Equality and Inclusion Annual Report for NHS Lancashire North Clinical Commissioning Group. This document sets out how the CCG is meeting our commitment to taking Equality, Diversity and Human Rights into account in everything we do; whether that's commissioning services, employing people, developing policies, communicating with, or, engaging local people in our work.

The CCG is keen to involve local people in the continuing development and monitoring of this strategy to ensure that we commission (buy) the right health care services, provide well trained staff to deliver them and ensure our providers meet their equality and human rights duties.

The Equality and Inclusion Annual Report sets out how the Clinical Commissioning Group has performed in meeting its legal duties set out in the Equality Act 2010 and the Human Rights Act 1998.



Dr Alex GAW Clinical Chair,  
Lancashire North Clinical Commissioning Group



Sue McGraw Lay Member  
Patient and Public Engagement  
Lancashire North Clinical Commissioning Group

## Introduction

This is the Clinical Commissioning Group's (CCG) annual Equality & Inclusion Report which sets out how the CCG has been demonstrating 'due regard' to the public sector equality duty's three aims. It will provide evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually.

Showing 'due regard' means that the CCG has given advanced consideration to issues of equality and discrimination before making any policy decision that may be affected by them. This is viewed by the CCG as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010.

The Clinical Commissioning Group has adopted the U-assure Equality Impact and Risk Assessment tool which provides a framework for undertaking equality analysis, privacy impact assessments and human rights screening. This enables the CCG to show 'due regard' to the three aims of the general equality duty by ensuring that all requirements around equality, human rights and privacy are given advanced consideration before the CCGs Governing Body or Senior Managers make any policy decisions that may be affected by them. The CCG Chair and Governing Body take the embedding of Equality and Human Rights seriously; any paper going to the Governing Body for consideration must include an equality analysis and human rights risk assessment.

## A Local Context



Lancashire North Clinical Commissioning Group (CCG) is made up of 12 GP Practices and CCG covers an area of approximately 780 square km of coast and countryside. We are responsible for commissioning health services for a local population of around 160,000 people.

Within NHS Lancashire North CCG, the proportion of the population living in the most disadvantaged areas (18%) is slightly less than the national average. However parts of Morecambe, Heysham and Central Lancaster are classified as being amongst the fifth most disadvantaged areas in England and over

29,000 residents within NHS Lancashire North CCG live in these areas. For more information around Lancashire North population, demographics and health/inequalities click [here](#)

### Boundary Change – Morecambe Bay CCG 2017

NHS Lancashire North Clinical Commissioning Group and NHS Cumbria Clinical Commissioning Group have confirmed that they plan a change to their organisational boundaries. As a result of this boundary change there will be a new NHS Morecambe Bay CCG. The new CCG will cover the localities of North Lancashire together with South Lakes and Furness in South Cumbria. The boundary change will mean that Morecambe Bay CCG will commission health services for a population of around 265,000 people.



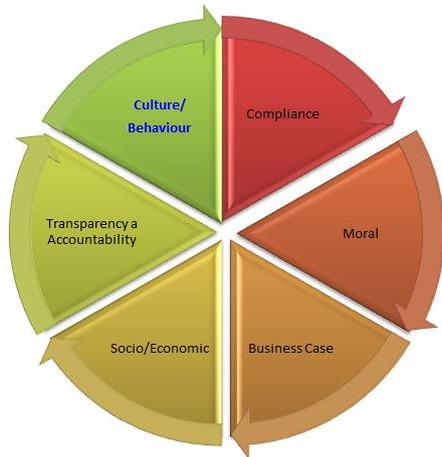
By bringing our commissioning teams together, both CCGs believe we will make better use of resources, remove the duplication in some of our existing arrangements and promote a more consistent health service approach for the population of Morecambe Bay.

We have been talking to patients, residents, staff and our partner organisations about these proposals and their responses suggest that a boundary change makes sense to those working together to provide a health and care services.

Lancashire North CCG have produced an information document “Working Together to Get the Best Health Care Services for Morecambe” [click here to view](#)

## Equality Legislation Overview

The [Equality Act 2010](#) came into force on 1 October 2010. The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up an Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all



The Equality Acts 2010 [Public Sector Equality Duty](#) (PSED) is set out in section 149 of the Act. In summary, those subject to the general equality duty must have due regard (consideration) to the 3 Aims of the General equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

Due regard requires the CCG to give consideration to the nine protected characteristics when carrying out day to day functions and activities as defined in law through the [Brown Principles](#).

The Equality Act 2010 includes [Specific Duties](#) Regulations 2011 which require the CCG to publish annually on how it is meeting the (PSED) and every 4 years, to produce Equality Objectives.

The Equality Act (2010) focuses on 9 protected groups or characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation



Within the CCG we consider a wider range of characteristics and other vulnerable groups, such as carers and health inequalities associated with social deprivation.

## Specific Duties

As mentioned in the link above a specific equality duty requirement is that every four years the CCG publishes one or more specific and measurable equality objectives which will help to progress the three aims of the Equality Duty.

This year 2017 the CCG will be required to produce its equality objectives and having consulted with delegates at our 2016 Equality Delivery System 2 (EDS2) grading event and invited comments from stakeholders who completed our EDS2 online questionnaire , the CCG has agreed to adopt the 4 goals of the NHS mandated EDS2. Lancashire North CCGs Equality Objectives for 2017 -2020 will be:

### 2017 – 2020 Equality Objectives

<b>Objective 1</b>	<b>Better Health Outcomes</b>
<b>Objective 2</b>	<b>Improved patient access and experience</b>
<b>Objective 3</b>	<b>A representative and supported workforce</b>
<b>Objective 4</b>	<b>Inclusive Leadership</b>

## Meeting Statutory Human Right Requirements

The Human Rights Act 1998 sets out a range of rights which have implications for the way the CCG buys services and manages their workforce. In practice this means that we must:

- Act compatibly with the rights contained in the Human Rights Act in everything we do
- Recognise that anyone who is a 'victim' under the Human Rights Act can bring a claim against the CCG (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible existing laws that the CCG as a public body deals with, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998.

The CCG has, through the Equality and Diversity training and Equality Impact and Risk Assessment completion, ensured that we undertake Human Rights screening on all our core commissioning activity. All Human Rights Screening outcomes are embedded into the Equality Impact and Risk Assessment process.

## Governance and Equality Leadership

The CCG is committed to commissioning accessible and inclusive services; to ensure that during the commissioning process; communication and engagement and developing sustainable relationships –with staff, patients, carers, the public and partners in health, social care and the voluntary and community sector are given consideration in order for

us effectively commission (buy) and monitor local services that meet the diverse needs of local people and communities.

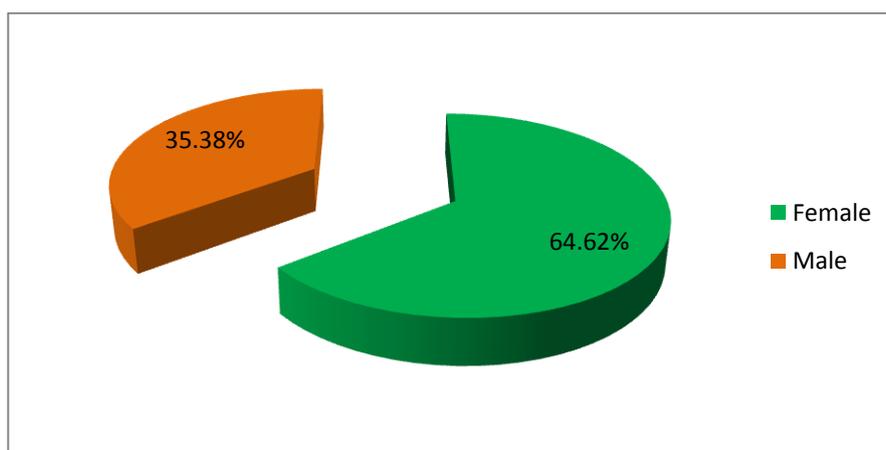
This is overseen by the Equality and Engagement Group chaired by CCG Governing Body Lay Member lead for patient and public engagement. Over the last year we have ensured that we have engaged and listened to patients and our communities to reflect those needs in our commissioning activities through a variety of different forums.

All equality mandatory documents and reports (papers) are presented at one of two annual formal [Governing Body](#) Meetings where this report is scrutinised before being approved for publication.

## Workforce Profile

The CSU is committed to holding up to date information about the CCG workforce, in line with Data Protection legislation, and to ensure strategic decisions affecting the workforce are based on accurate reporting and data. The CCG aims to fully understand the diversity of the workforce so that the CCG can monitor any discrimination, and work with staff and staff representatives to identify and eliminate barriers and discrimination. The CCG has a small workforce and as such is not required under the Specific Equality Duty to publish its workforce data, however the CCG promotes transparency in all of its work and has provided a summary of the breakdown of the CCG staff by the Protected Characteristic of Sex ensuring that where numbers were small (less than 10) these have not been reported separately to ensure individual staff cannot be identified from the data in line with the Data Protection Act 1998.

## Gender Split by CCG Workforce August 2016



## Workforce Race Equality Standard (WRES)

In 2015 the WRES became a mandatory requirement. CCGs are required to give due regard to the standard, while all NHS Trusts and larger providers have to demonstrate full

compliance. As part of our assurance framework, Lancashire North CCG monitors provider performance against these standards.

The CCG's Workforce Race Equality Standard first annual report was published on the CCG website in 2015. To view our 2016 report, please visit our [Workforce Race Equality Standard](#) webpage.

## Equality Monitoring

Why equality and health inequalities data matters

There are important drivers in the health and care system that require the collection and effective use of good equality and health inequalities data. The drivers include, but are not limited to, the following:

- the NHS Constitution;
- the Equality Act 2010 and the Public Sector Equality Duty;
- the health inequalities duties under the NHS Act 2006 as amended by the Health and Social Care Act 2012;
- the Equality Delivery System for the NHS
- the Workforce Race Equality Standard;
- the effective commissioning and provision of NHS and care services that are capable of delivering high quality care for all individuals and communities;
- Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies;
- the standards required by the Care Quality Commission under the Health and Social Care Act regulations

Equality data and other evidence will help NHS organisations to monitor patients, service users and staff against the protected characteristics, this is essential in responding well to the Public Sector Equality Duty (PSED) of the Equality Act 2010.

Monitoring staff and service users by protected characteristics enables the CCG to assess how their commissioning and recruitment policies and processes are working and to identify areas where these appear to be impacting disproportionately on certain groups of the population. Not only is it necessary in meeting legislative requirements, namely giving 'due regard' to the three aims of the PSED, but also improves on evidence based decision making, including decisions on recruitment and promotion. Effective equality monitoring also helps to minimise possible legal, financial and reputational harm.

In summary, the purpose of collecting this information is to look for differences between groups, identify trends over periods of time, to investigate the reasons for these differences and to put suitable actions in place where evidence suggests disparities in equality and health inequalities.

NHS England produced an informative paper around [Monitoring Equality and](#)

[Health Inequalities](#) and why it matters.

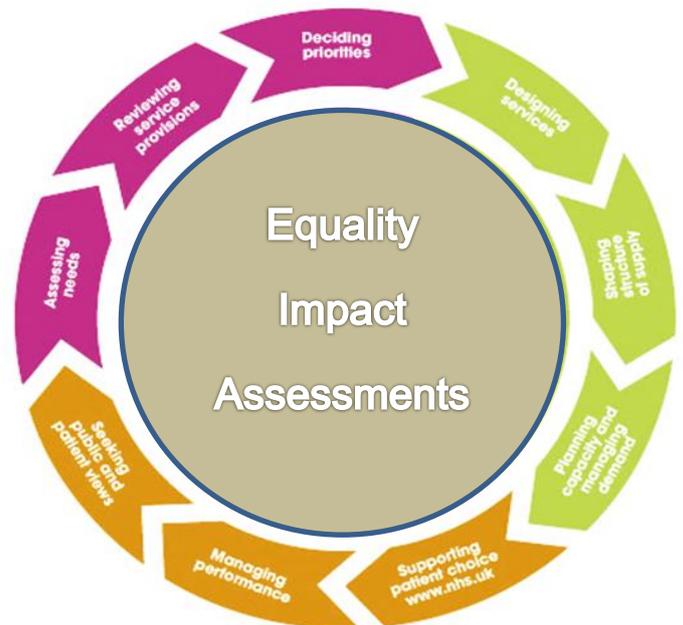
You can also visit the [NHS England Equality and Health Inequalities Hub](#)

## Commissioning Services

### Priority Areas for the CCG

We have identified priority areas where we have focused our commissioning activities to bring about real change in meeting this ambition and in improving services for local people these are:

- To improve the health of our population and reduce inequalities in health
- To reduce premature deaths from a range of long term conditions — with a specific focus on cancer and cardiovascular disease
- To develop care services closer to home
- To commission safe, sustainable and high quality hospital care
- To commission safe, sustainable and high quality mental health care
- To improve the capacity and capability of our primary care services to respond to the changing health needs of our population



### **Equality Impact and Risk Assessments (EIRA)**

The Equality Impact and Risk Assessment Tool is now processed through an IT based system called U-assure. This tool combines three toolkits into one consisting of equality impact, risk impact and human rights screening. This enables the CCG to show 'due

regard' to the three aims of the Equality Acts General Equality Duty by ensuring that all requirements around equality and risk, human rights and privacy are given advanced consideration prior to any policy or commissioning decisions.

### **Service Design**

This consists of a detailed checklist which acts to indicate the likely impact that any proposal could have on protected groups also known as people with "Protected Characteristics". It should be completed by someone who has knowledge of both the issue and the employees who will be carrying out the work. If the proposed service, function or policy is likely to have a significant impact on one or more of the nine protected characteristics, the Stage 1 (scoping) process can be circumvented for the more evidence based Stage 2 assessment. This would often require community engagement activities with relevant patient/groups and stakeholders.

### **Community Engagement**

An analysis on the data that is undertaken. Where there are data gaps or the information is not sufficient to support robust evidence based decision making the Communication and Engagement Team will carry out engagement activities. The EIRA will identify any significant data gaps relevant to the Equality Acts nine protected groups as well as any other vulnerable groups e.g. carers , travellers, refugees or individual/families living in social deprivation (including White British) where there are significant health inequalities.

### **Procurement Process**

Where it is relevant Equality is included preferably at initial stages of this process through the Pre-Qualifying Questionnaire process this ensures that any potential service provider (whether private voluntary or public sector) are aware of the CCGs requirements and commitment in relation to equality and inclusion and that they can provide the CCG with assurances.

### **Equality Monitoring and Analysis**

Equality monitoring involves gathering and analysing equality-related information. Effective equality performance analysis is an essential part of equality impact and risk assessment process. It is used to collect, and analyse data about a particular protected characteristic or vulnerable or at risk group.

It also forms a basis for setting objectives or developing a business case and targets by providing a baseline on which to measure change. It is essential in identifying which groups are using our services and how satisfied they are with them; it highlights possible inequalities and investigates their underlying causes; thus improving service delivery and satisfaction by removing any unfairness or disadvantage.

The type of information could include:

- Information about the protected characteristics of staff or service users
- Evidence used to inform policy development and decision-making such as local or national research on equality issues including statistical information on specific groups
- Qualitative information on factors which are difficult to measure including complaints, service user feedback and input from focus groups or interviews.

Collecting and analysing equality information can help to:

Know who the service users are and their experience of services the CCGs commission. This can help you to evaluate, plan and deliver the service effectively and ensure people are being treated fairly

The CCG continue to ensure that the Equality Impact and Risk Assessment tool is integral to their decision making process. In 2016 the CCG undertook a broad range of equality impact and risk assessments from policies and procedures specific to Lancashire North CCG, e.g. where the CCG holds the contract, to collaborative Pennine and Pan Lancashire Policies.

Equality Impact and Risk Assessments for 2016 have included:

#### **Lancashire North CCG**

- Boundary Change
- MacMillan- Living with, and beyond, cancer project

#### **Pan Lancashire**

- Medicines Management Self Care and Gluten Free
- Stroke Review Services
- Right Care Plan
- Mental Health and Emotional wellbeing Services for Children and Young People
- Chronic Fatigue
- Choice and Equity Policy

Note: some of the services/projects will require further assessment reviews at specific sections of the commissioning cycle e.g. after a local or regional engagement programme.

## EDS2 Grading Activity Sessions 2016

The grading event provides an opportunity for key stakeholders to assess and grade the CCG on its equality performance over the year.

EDS2 Outcomes graded in 2016

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

### **Goal 2: Improved patient access and experience**

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

### **Goal 3: A representative and supported workforce**

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

### **Goal 4: Inclusive Leadership**

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

This year the [Listening Group](#) were invited to appraise the CCG on its equality work in relation to Goals 1 and 2. The group have been actively involved in assessing several of the CCG's commissioning projects providing feedback to senior managers and governing body members. To support the group in assessing the CCG's equality performance, they attended two half day equality and inclusion training sessions designed to widen their knowledge and experience around equality and inclusion.

## Evidence Presented at the Grading sessions

### **Better Care Together**

Better care, together is a review of local health services which is being carried out by 11 local NHS organisations, led by:

- University Hospitals of Morecambe Bay NHS Foundation Trust
- NHS Cumbria Clinical Commissioning Group (CCCG)
- Lancashire North Clinical Commissioning Group (LNCCG)
- North West Ambulance Service (NWAS)
- Cumbria Partnership NHS Foundation Trust (CPFT)
- Blackpool Teaching Hospital NHS Foundation Trust (BTH)
- Lancashire Care NHS Foundation Trust (LCFT)
- Lancashire County Council
- Cumbria County Council
- North Lancashire Medical Services
- South Cumbria Primary Care Collaborative

The summary below is an opportunity to showcase some of the excellent work aligned to the Equality Acts 9 Protected Characteristics, the Public Sector Equality Duty 3 Aims and the NHS Equality Delivery System's Goals and Outcomes

## Better Care Together Activities 2016

**Age** - Local schools launched their 'Let's get moving' campaign encouraging school children to run, walk or move a mile each day

**Disability** - A mental health focused serenity café has been set up in Carnforth

**Age** An initial self-care engagement event took place in Garstang for local stakeholder's e.g. voluntary organisations to look at improving care for the residents of Garstang with a particular focus on the elderly

**Pregnancy and Maternity** The Bay-wide Maternity Services Liaison Committee (MSLC) has been established to give a focus for service users of the maternity service, and ensure they have a voice with those organising the service and care of pregnant women before, during and after birth. The MSLC feedback is very valuable to the women's and children's health workstream.

**Pregnancy and Maternity** attended the Kendal Maternity Matters event which gave service users the opportunity to speak to those organising the maternity service, hear about improvements and ask questions of health professionals working in the area. Feedback has been given to the women's and children's health workstream.

**Age** The Beggars Theatre recently teamed up with Better Care Together to put on a comedy production called 'SICK' to school children from across the Bay. The play helps school children learn about how to use NHS services appropriately. Around 800 local school children from across the bay attended the show and we received positive feedback from children and teaching staff.

**Equality Delivery System Better Goal 2 Outcome 2.2** Care Together attended a community 'Health Mela' which took place at Carnforth High School. As well as building partnerships between local institutions, this event was an excellent opportunity to engage further with the Carnforth community, showcase the Carnforth self-care projects and publicise other wellbeing opportunities to the local population.

**Age Disability** Better Care Together partners; Blackpool NHS Foundation Trust, NHS Lancashire North Clinical Commissioning Group and Lancashire County Council hosted a public stand in Morrison's supermarket promoting the 'Steady On!' falls prevention service. The aim of 'STEADY On!' is to keep people independent, safe and steady whilst also preventing hospital admissions due to preventable falls.

**EDS 2 Goal 1 Outcome 1.1** A successful pilot using video consultations within Rheumatology outpatient clinics took place with four patients who were based at Furness General Hospital. Consultant Rheumatologist Marwan Bukhari carried out appointments while sitting 40 miles away in Lancaster.

**EDS 2 Goal 1 Outcome 1.1 Age, Disability, Gender, Sexual Orientation** – The CCG attended the Westmorland Show where we showcased recent successes in improving healthcare in Morecambe Bay and engage visitors in looking after their health.

There were a variety of health professionals on hand to answer questions from visitors including teams from: maternity, children's care, mental health, physical health, hospital alcohol liaison, sexual health, community health, specialist dentistry and eye care, recruitment & careers, respiratory, cancer care services, hospital pharmacy, North West Ambulance Service, Kendal Donor Town, MIND, physiotherapy for children, community involvement, the UHMB hospitals charity, and the Child and Adolescent Mental Health Services. Feedback from visitors was extremely positive.

**Religion and Belief** Representatives of different faith groups across Morecambe Bay, including Church of England, Catholic, Islam, Hindu and Humanist, attended a joint Better Care Together event in Lancaster. The aim of the event was to engage faith leaders in the health of their community and find out what can be done in faith communities to promote better health and wellbeing.

**Age** Health professionals and patient representatives came together for the launch of the new children's pathways which involved a variety of speakers who work within children's services. Each pathway is a guide containing advice and support for families which explains what to do in the case their child is ill, enabling them to make informed choices about their care. The pathways have been developed with clinician, patient and public engagement.

Other evidence included:

- Quarterly equality reports - disseminated to the listening group over the year.
- Embedding equality into the commissioning process
- Equality Impact Assessments
- Case Studies

#### **EDS2 Goal 4 Inclusive Leadership Outcome 4.1**



North Lancashire GP Dr Andy Knox was chosen as a finalist for a prestigious HSJ Clinical Leader of the Year Award 2016.

Dr Andy Knox is an executive lead GP for Lancashire North Clinical Commissioning Group, his Leadership skills are exceptional he is compassionate and always puts the patient at the forefront of his work and that of the team. He is passionate about promoting behaviour change amongst staff to a more patient centred approach.

Dr Knox said "my particular area of interest is 'Health and Wellbeing' and I feel passionate about the community I live and work in, but also I genuinely have a keen interest in everyone's health and wellbeing and culture change within the NHS.

## Grading Results for 2016

Goal 1: Better health outcomes	Grade 2016
1.1: Service are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
Goal 2: Improved patient access and experience	
2.1: People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
Goal 3: A representative and supported workforce	
3.3: Training and development opportunities are taken up and positively evaluated by all staff (Progress against EDS Outcome 3.3 P23)	Developing
Goal 4: Inclusive Leadership	
4.2: People are informed and supported to be as involved as they wish to be in decisions about their care (See Progress against EDS Outcome P23)	Under-Developed

### Feedback from the Listening Group

#### 1.1 Listening Group Feedback Summary Statement

*“Developing nearly there towards Achieving” We are aware that many groups are being included. We have no definite evidence (i.e. stats) to help make an informed decision, or anecdotal evidence from the groups themselves.*

#### 2.1 Listening Group Feedback Summary Statement

*Based on the presentation given today and also the Listening Group’s collective experience, we have agreed that EDS2 Goal 2 Outcome 2.1 has reached status “Achieving”. Credit to all members of staff for their concerted efforts over the last 12 months*

#### Q what aspect of the grading could we improve?

*Worked well for me allowed time for explanation and discussion Webpages /information used could be in plain/better language.*

*Some evidence used appeared to be of a less than plain English Standard e.g. that taken from the “Better Care Together” Website. Some terminology was difficult to understand*

*The second session was an improvement over the first session more time and information given for discussion.*

Q What more do you think the CCG's could do in terms of Equality and Human Rights after hearing the evidence?

*Ensure GPs in particular are aware and inform patients of services available, treatment criteria and appeal system if treatment denied.*

*Information and policies etc. are "Accessible" I feel more needs to be done to ensure this actually gets to people.*

Any further comments?

*The CCG appears to consider all service users equally irrespective of the potential characteristics and no-one is treated unfavourably (from the information provided by us) There are some very good initiatives going on but it is important to monitor them closely and keep us updated. And collate evidence that the initiatives are making a measurable difference to outcomes. Thanks to all staff - keep up the good work*

Taking into account the feedback the group felt that overall the format was good the way that the evidence was presented was good and were happy with the venue. Most of the group when asked how the grading process made them feel Listened to – Involved – Engaged and the Feeling Valued. Some concerns around management speaks – language and jargon was raised

## Progress against EDS Outcome 3.3 and 4.2

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

The CCG have designed and developed a staff survey which has a focus on equality and inclusion. This includes supporting documentation as to why equality monitoring matters. This will require a sufficient time frame which can allow for and encourage staff to complete the survey.

It is felt that the survey will need to be presented within a timeframe that allows the equality and engagement team sufficient scope to support and encourage completion. This will be completed in 2017

The CCG have therefore assessed the outcome and agreed a grade of **developing** against this outcome

**4.2:** Papers that come before the board and other major Committees identify equality-related impacts including risks, and say these risks are managed.

The CCG have self-assessed and agreed a grade of **undeveloped** against this outcome as it is still considering how best to implement this process

## Communication and Engagement

Communication and Engagement is integral to the CCG as it provides a process to seek views, knowledge and experience from key stakeholders

### Engagement activities supporting the equality agenda

During 2016 the Communications and Engagement Team have worked on a wide range of activities which have been discussed and shared with members of the [Listening Group](#) (LG) at their formal meetings. The group have had the opportunity to ask the lead communications manager questions and discuss any actions they would like to undertake to support any of this engagement going forward.

A number of the members have also attended several events to support the promotion of the LNCCG MYNHS membership scheme and the Listening Group (LG)'s purpose to members of the public and how they interact with the CCG. Activity examples include:

- Event - Westmorland Show – Annual Agricultural Show. Several of the LG members attended and interacted with members of the public with a wide age range including School Children and older people.
- Event - Lancashire North CCG AGM – A variety of stall that made up the market place included:
  - This was the CCGs third year and recognised that the AGM had not previously catered for the younger generation. We therefore had an opportunity to build in a competition (logo for the run a mile initiate) for local schools with the winners being presented awards at the event. This proved to be a positive event which engaged teachers, pupils and parents
- Policy Harmonisation across Lancashire (Assisted Fertility and Cosmetic Policies) - the group have been following the progress of this engagement exercise that is currently underway across the 8 CCGs. A representative attended one/two of the sessions and feedback to the Listening Group. This prompted a lengthy discussion from all present resulting in agreement to provide a briefing paper that outlines some of the positives and negatives of the project to feed into the main policy harmonisation group.

Note: This information and experience the Listening Group have accumulated in 2016 helped in providing a balanced and neutral view when grading the CCG on its equality performance

## Proposed EDS Outcomes for 2017

We asked the Listening Group to identify possible EDS2 outcomes out of Goals 1 and 2 they felt the CCG should focus on in 2017. The most popular choices are listed below:

EDS2 Goals	EDS2 Outcome
Goal 1 Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
Objective 2 Improved patient access and experience	2.2 People report positive experiences of the NHS

The CCG have taken into account the recommendations along with corporate aims and objectives for 2017. The CCG have agreed to continue to focus on the 3 of the 4 outcomes original chosen in 2016. The CCG have accepted the Listening Groups recommendation to focus on outcome 2.2.

## Lancashire North CCG EDS2 Outcomes for 2017

- Goal 1: Better health outcomes  
1.1: Service are commissioned, procured, designed and delivered to meet the health needs of local communities
- Goal 2: Improved patient access and experience  
2.2: People report positive experiences of the NHS
- Goal 3: A representative and supported workforce  
3.3: Training and development opportunities are taken up and positively evaluated by all staff
- Goal 4: Inclusive Leadership  
4.2: People are informed and supported to be as involved as they wish to be in decisions about their care

# NHS National Mandated Equality Requirements for 2016

## Accessible information Standard



Incorporated into the NHS Standard Contract this NHS mandated equality Standard is a supporting tool developed to evidence compliance with the Public Sector Equality Duty and is covered further in the report if you would like to know more about this Standard click the following link [Accessible information Standard](#)

## Equality Deliver System 2 (EDS2)



Incorporated into the NHS Standard Contract this is NHS mandated equality tool used to evidence compliance with the Public Sector Equality Duty and is covered further in the report if you would like to know more about this business tool click the following link [Equality Delivery System 2](#)

## Workforce Race Equality Standard (WRES)



Incorporated into the NHS Standard Contract the WRES requires the CCG to consider the extent of any disparity or gap between the diversity of the workforce, senior management and leaders. That gap is then considered in the light of growing evidence about the impact of staff and Board diversity on the effectiveness of healthcare provision and the patient experience. For more information click the following link [Workforce Race Equality Standard](#)

## Modern Day Slavery 2015 Act (MSA)

Introduced in October 2015, the Modern Slavery Act (MSA) is a landmark move toward tackling illegal exploitation within the UK. This article focuses on the impact of the MSA on the NHS Supply Chain. The MSA requires certain organisations to disclose what activity they are undertaking to eliminate slavery and trafficking from their supply chains and their own business for each financial year of the organisation.

## **Future National Equality Requirements**

### **Sexual Orientation Monitoring Information Standard (2017)**

This Information Standard provides the mechanism for recording the sexual orientation of all patients/service users aged 16 years and over across the whole of health and social care in England. The standard may act as an enabler for the Equality Act 2010, supporting good practice and reducing the mitigation risk for organisations required to comply with the Act.

### **Workforce Disability Equality Standard (2018)**

The Workforce Disability Equality Standard (WDES) is expected be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18.

Consultation on the proposed Workforce Disability Equality Standard has begun, alongside an extensive programme of communications and engagement to raise the profile of this initiative and to outline what support will be provided to organisations to deliver the change with disabled staff.

For more information click the following link [Workforce Disability Equality Standard \(2018\)](#)

## **Provider Monitoring**

The CCG continue to work with and support its key providers to ensure that they are meeting their statutory duties and mandatory requirements

In meeting our statutory obligations, the CCG as a NHS commissioning body, are required to seek assurances from providers that they are meeting their mandatory requirements namely:

- Public Sector Equality Duty
- Equality Delivery System 2
- Workforce Race Equality Standard
- Accessible Information Standard

The table below provides a snap shot of the current position of each of the CCGs' main providers following a review of their websites click (where available) the links to access the reports.

University Hospitals NHS Morecambe Bay Trust UHMBT	Accessible Information Standard	<a href="#">Equality yr. Strategy 2016 - 2021 Equality Objectives 2015 - 2019</a>	<a href="#">2016 PSED Annual Report</a>	<a href="#">2016 EDS2 Summary Report</a>	<a href="#">2016 (WRES) Report &amp; Action Plan</a>
Blackpool Teaching Hospitals NHS Foundation Trust	Accessible Information Standard	<a href="#">Equality Diversity and Inclusion Policy 2016-2019</a>	<a href="#">2016 PSED Annual Report</a>	<a href="#">2016 EDS2 Summary Report</a>	<a href="#">2016 (WRES) Report &amp; Action Plan</a>
Lancashire Care NHS Foundation Trust	<a href="#">Accessible Information Standard</a>	<a href="#">Equality 4 yr. Strategy</a>	<a href="#">2016 PSED Annual Report</a>	*2016 EDS2 Summary Report	<a href="#">2016 (WRES) Report &amp; Action Plan</a>
North West Ambulance Service NHS Trust	Accessible Information Standard	<a href="#">Equality Strategy/ Objectives 2016-2017</a>	2016 PSED Annual Report	2016 EDS2 Summary Report	<a href="#">2016 (WRES) Report &amp; Action Plan</a> (See menu bar right hand side of webpage)

The links below will take you to our NHS provider equality webpages:

University Hospitals of Morecambe Bay NHS Foundation Trust webpage link:

<https://www.uhmb.nhs.uk/about-us/inclusion-and-diversity/>

Blackpool Teaching Hospitals NHS Foundation Trust webpage link:

<http://www.bfwh.nhs.uk/about-our-trust/equality-and-diversity/>

Lancashire Care NHS Foundation Trust webpage link:

<https://www.lancashirecare.nhs.uk/ED>

North West Ambulance Service NHS Trust

<http://www.nwas.nhs.uk/talking-to-us/equality-and-inclusion-in-the-work-place/#.WMgVM1WLTIU>

## Key Areas of Focus for 2017

In 2017 a key focus will be on the review of our Equality and Inclusion Strategy. The CCG will continue to embed equality and inclusion into commissioning and its day to day activities achieved through :

- A comprehensive approach to equality impact assessments
- Data collection and monitoring mechanisms ensure they capture data by protected characteristics and vulnerable groups and this data informs service development design or decommissioning.
- NHS and key provider monitoring in respect of how equality and inclusion is collated and reported to the CCG and how the CCG can support its providers
- Improve on staff reporting and identification of positive experiences of their membership of the workforce
- Collaborative and partnership working that incorporates and understands the significance of a Voluntary Community Sector presence.

Other areas of work for 2017 include:

- Review the EDS2 grading process
- EDS2 Goal 1 Outcome 1.1
- EDS2 Goal 2 Outcome 2.2
- EDS2 Goal 3 Outcome 3.3
- EDS2 Goal 4 Outcome 4.2
- Understanding the workforce in relation to the boundary change
- Preparation for the Workforce Disability Equality Standard 2018

## Summary

The CCG is committed to reducing health inequalities, promoting equality and valuing diversity including Human Rights as an integral part of everything we do.

This Annual Equality Report outlines the work undertaken by the CCG during 2016/17 in respect of this important agenda. Through continued implementation of our objectives linked to the EDS2 goals and outcomes, the CCG plans to ensure the needs of the public, patients, carers and CCG staff are met.

We will continue to monitor our progress against our key areas of focus outlined on page 11 and report regularly and openly to the Governing Body on the development of this work

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