



Morecambe Bay
Clinical Commissioning Group

Morecambe Bay Clinical Commissioning
Group Equality and Inclusion Strategy 2017 -
2020

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2. Foreword

We are pleased to launch our refreshed Equality and Inclusion Strategy which sets out our commitment to taking equality, diversity and human rights into account in everything we do whether that's buying services, employing people, developing policies, communicating or engaging with local people as part of our decision making.

This strategy and its equality objectives will help the Clinical Commissioning Group to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness that will enable health services in Morecambe Bay to meet the needs of all.

Our Governing Body commits to monitoring our progress and reporting regularly and openly on the developments in this strategy. We acknowledge and accept our roles and will play our full part in making a meaningful difference.

The CCG will also involve local people in the continuing development and monitoring of this strategy to ensure that we commission the right health care services, reduce health inequalities and provide well trained staff to deliver and ensure our providers meet the equality duties set out in the Equality Act 2010 and promote people's rights.



Dr Alex GAW
CCG Chair



Andrew Bennett
Chief Officer

3. About Morecambe Bay CCG and the population it serves.



In April 2017 two previous CCGs combined their resources for commissioning health services across the whole of Morecambe Bay.

Morecambe Bay CCG now commission health services for a population of around 265,000 people. Morecambe Bay has a range of diverse communities with differing health needs, there are health inequalities associated with areas of deprivation and protected groups, but also other vulnerable and at-risk groups. For example, in some areas

- We have a higher number of people over 65 living in our area; 23% compared to England Average of 16.9%
- Hospital admissions for children for developmental and other health needs are higher than the English Average

- We have higher numbers of admissions due to urinary and respiratory tract infections
- We have a higher number of emergency admissions overall than the England average.
- We have a higher number of deaths from circulatory disease than the England average
- We have a significantly higher number of hospital stays for self-harm and alcohol related self -harm than the England
- We have a lower proportion of younger people living in our area (25.4% aged under 25 compared to England average of 30.6%).
- We have a higher number of deaths from stroke compared to the England average.
- We have slightly higher rates of binge drinking (21.8% compared to England average of 20%)

4. Vision, Values, Aims and Objectives

Vision

Our vision is to secure safe, high quality health services in partnership with professionals and patients and to give local people the best opportunity to live longer and healthier lives.

Our values

The values that lie at the heart of our work are to:

- Be open and transparent and accountable to our patients, their carers and our local community
- Be professional and honest
- Work in partnership with others to achieve our goals
- Listen and learn and to be willing to change based on what we hear
- Respect and care for our staff; those we work with and to our local community
- Protect and invest wisely the public funds that are allocated to us

Our aims

- Through our governance arrangements we will:
- Manage competing demands by ensuring that our priorities are based on the needs of our population and the highest possible quality standards and health gain that we can commission, for our population, within our available resources
- Get best value by:
 - preventing ill health

- improving our efficiency and effectiveness and embracing service transformation where this helps us to achieve this
- reducing unwarranted variation in the care that our population receives
- put patients at the heart of everything that we do and, where appropriate and within our resources, provide care close to where people live
- influence the inequalities that exist within our population

Strategic Objectives

Our overarching aim is underpinned by six specific objectives

The CCG has identified six major strategic priorities. Priorities one and two focus on the major issues facing the health of our population. The remaining four priorities confirm that the CCG intends to work with our partners to ensure that local health services are safe, sustainable and of high quality.

The strategic priorities which are summarised below are aligned to the NHS [Equality Delivery System \(EDS\) Goals/outcomes](#) or (see Appendix 1). The EDS is the CCGs key equality performance and monitoring tool.

1. To improve the health of our population and reduce inequalities in health	EDS Goal-Outcomes Goal 1 (all 5 outcomes) Goal 2 (all 4 Outcomes)
2. To reduce premature deaths from a range of long term conditions — with a specific focus on cancer and cardiovascular disease	EDS Goal-Outcomes Goal 1 (1.1, 1.2)
3. To develop care services closer to home	EDS Goal- Outcomes Goal 1 (1.1, 1.2, 1.3 1.4) Goal 2 (all 4 outcomes)
4. To commission safe, sustainable and high quality hospital care	EDS Goal-Outcomes Goal 1 (1.1, 1.4)
5. To commission safe, sustainable and high quality mental health care	EDS Goal-Outcomes Goal 1 (1.1, 1.2, 1.4) Goal 2 (2.1)
6. To improve the capacity and capability of our primary care services to respond to the changing health needs of our population	EDS Goal –Outcomes Goal 1 (1.1, 1.2, 1.5) Goal 2 (2.1, 2.2, 2.3)

5. Planning and Transformation



In an announcement on 31st March 2017, Simon Stevens, the Chief Executive of the NHS in England provided an update on the progress of the NHS Five Year Forward View, and the national plan to transform the healthcare system.

For Lancashire and South Cumbria residents this means greater partnership working between NHS, local government, patient groups and community, voluntary and faith organisations through the Healthier Lancashire and South Cumbria programme. The partnership is working

to help people stay more healthy so they can avoid time in hospital, make it easier for people to see a GP and get help faster for people with mental ill health.

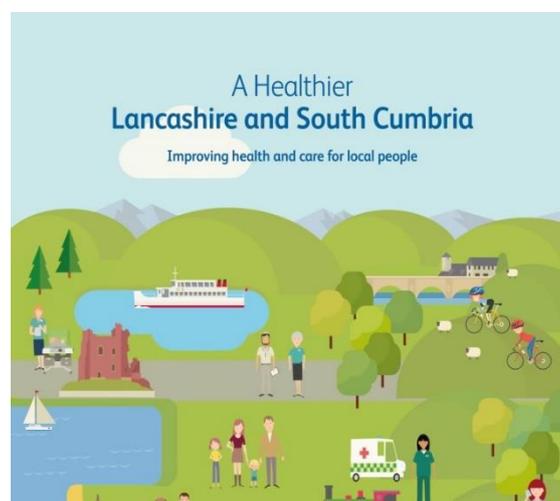
Lancashire and South Cumbria is one of 44 Sustainability Transformation Partnership (STP) 'footprints' that have been established across England to deliver the [NHS Five Year Forward View](#) vision of better health, better patient care and improved NHS efficiency.

Sustainability and Transformation Partnership (STP)

What is the Sustainability and Transformation Partnership?

In November 2016, Healthier Lancashire & South Cumbria published a draft document called a Sustainability and Transformation Plan

The Sustainability and Transformation Plan was required by NHS England to state some of the challenges we face and how we are working together. Its purpose was to encourage further thinking about potential solutions. As stated in the STP, it draws together local plans which are being developed by local organisations that do engage and listen to both patients, public and staff about the challenges they face.



The Sustainability and Transformation Plan (STP) reaffirmed the need for health and care organisations to work together to transform services and the way people use and access them.

Local delivery Plan

There are 5 Local Development Plans (LDPs) found across Lancashire:

CCG	Name	LDP Name	Website
Chorley, South Ribble & Greater Preston	Central Lancashire	Our Health Our Care	https://www.ourhealthourcarecl.nhs.uk/
Blackpool & Flyde & Wyre	Fylde Coast	your care our priority	http://www.yourcareourpriority.nhs.uk/
Morecambe Bay	Bay Health and Care Partners	Bay Health and Care Partners	http://www.bettercaretogether.co.uk/
Blackburn with Darwen and East Lancashire	Pennine Lancashire	Together A Healthier Future	http://togetherahealthierfuture.org.uk/
West Lancashire	West Lancs	With you. For you.	http://www.westlancashireccg.nhs.uk/



The Bay Health & Care Partners have been delivering local transformation with the Better Care Together programme

The equality and inclusion strategy 2017 to 2020 has been developed to support our CCGs local delivery plan designed to develop a new health system that delivers high quality, sustainable health care.

Visit the [“Better Care Together Website”](#) and you will find the Integrated Care Communities Map click on each community area for demographic and health information for each respective area.

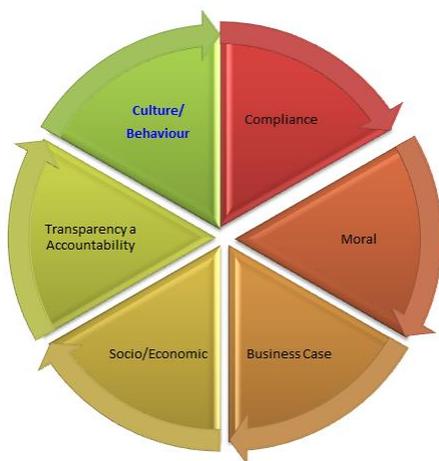
6. Legal Framework and Mandatory Requirements

Health inequalities are currently estimated to cost the NHS a total of at least £20 billion each year so it is imperative to harness the influence of each CCG to challenge where health inequalities can be reduced, and greater equality established.

The Equality Act 2010 is the primary legislation, in addition there is supporting legislation and a number of mandatory and best practice mechanisms designed to embed equality into the day to day practice, eliminate discrimination and to reduce inequalities and health inequalities.

As part of the CCGs strategic plan all equality work at national, regional and local levels, where it is relevant will be referenced against the NHS Equality Delivery Systems goals and outcomes.

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](#).

These key principles are echoed in associated legislation:

The [Health and Social Care Act 2012](#) introduced the first legal duties about health inequalities. It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and NHS England which require the bodies to have due regard to reducing health inequalities between the people of England

Each CCG must, in the exercise of its functions, have regard to the need to

- a) Reduce inequalities between patients with respect to their ability to access health services, and
- b) Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

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

The CCG also consider other vulnerable groups, such as carers and inequalities and health inequalities associated with social deprivation.

Specific Duties

- Every four years the CCG publishes one or more specific and measurable equality objectives which will help to progress the 3 aims of the Public Sector Equality Duty.
- An Annually produced report showing how the CCG is meeting are giving due regard to these 3 aims.

Morecambe Bay CCG 2017 – 2020 PSED Equality Objectives

Equality Objective 1: Better Health Outcomes

Equality Objective 1
Better Health
Outcomes

The CCG will achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Equality Objective 2: Improved patient Access and Experience

Equality Objective 2
Improved patient
Access and
Experience

The CCG will improve accessibility and information, and deliver the right services that are targets, useful, useable and used in order to improve patient experience

Equality Objective 3: A Representative and Supported Workforce

Equality Objective 3
A Representative and
Supported Workforce

The CCG will increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs

Equality Objective 4: Inclusive Leadership

Equality Objective 4
Inclusive Leadership

The CCG will ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.

Human Rights Act (1998)

Human rights are the basic rights and freedoms that every person in the world should be entitled to. They are based on core principles such as fairness, respect, equality, dignity, and autonomy (FREDA). Many of these rights help to protect everyone within the workplace as they have been incorporated into general employment law.

Modern Slavery Act (2015)

All public authorities are required to co-operate with the police commissioner under the Modern Day Slavery Act (2015). This means that police and health and care services, together with voluntary organisations are legally required to work together to support people who have experienced slavery. This includes working with identified advocates to ensure 'due regard' has been given to the child and the advocates functions; and provides the advocate with the relevant information to enable them to carry out their function effectively. Slavery is a violation of a person's human rights. It can take the form of trafficking, forced labour, and bonded labour, forced or servile marriage, descent-based slavery and domestic slavery.

The NHS Constitution

The Department of Health has published an updated NHS Constitution following a consultation that sought views on a number of proposed changes.

Important areas we have improved in the NHS Constitution include:

- patient involvement
- feedback
- duty of candour
- end of life care
- integrated care
- complaints
- patient information
- staff rights, responsibilities and commitments
- dignity, respect and compassion

7. Delivering the Strategy

Over the previous equality strategy period 2013 – 2016 we have assessed and reviewed the CCGs performance and feedback from stakeholders through for example annual report public events and the EDS grading events. This information has been considered regarding the delivery of this 2017 – 2020 strategy.

Governance and Equality Leadership

The CCG leadership 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 due regard to the equality acts public sector equality duty by adopting the Brown Principles in order to effectively commission (buy) and monitor local services meet the diverse needs of local people and communities.

Equality Engagement and Communication Strategy Group (EECSG)

During the recent boundary launch in April 2017 and resulting regional and national initiatives and requirements the CCG as taken the opportunity to review equality governance.

Equality Governance



Equality governance and responsibilities sits firmly with the Governing Body. It is managed by the Quality Improvement Committee. The EECSG will act as an equality, engagement communication monitoring and assurance group who will feed into Quality Improvement Committee.

The EECSG will be chaired by CCG Governing Body Lay Member lead for patient and public engagement. The group includes a representative of the CCG executive who will (add role specifics)

Membership will comprise of:

- Executive GP
- Governing Body Lay Member
- CCG Senior Manager Health and Wellbeing
- Commissioning Support Unit (CSU) Communication and Engagement
- (CSU) Equality and Inclusion
- Healthwatch Lancashire
- Healthwatch Cumbria

The EECSG meetings will be open via invite to representatives from

- Public and Patient Groups (PPGs)
- Staff Involvement Forum
- VCS Lancashire
- VCS Cumbria

The CCG structure will ensure that people, communities and interest groups within Morecambe Bay have a voice that is heard and fed into the decision making process.

Staff Recruitment and Retention

Staff recruitment and retention from an equalities perspective will be monitored and analysed through a range of mechanisms including the Equality Delivery System (Goal 3) Equality Impact and Risk Assessment of HR policies. The Workforce Race Equality Standard and the upcoming Workforce Disability Equality Standard (see Section 7) will also require the CCG to assess and action plan against any disproportionate or potential discrimination against a protected characteristic. The aim is to ensure that the workforce is a reflection of the communities it serves.

Staff Surveys

The CCG will ensure that staff privacy and data protection are safeguarded within staff surveys and questionnaires. Due to relatively low staff numbers this may limit disaggregated monitoring by protected characteristic.

The rationale for this being that if a member of staff completed the monitoring section, plus indicated their team within the CCG this could lead to the identification of individual staff members and therefore limit their openness in their responses.

To cover the monitoring elements the HR team will pick up individual CCG staff and look to increase the reporting on a wide range of areas through the review of a person print. This means that each member of staff will be issued with a copy of their electronic staff record data and be requested to provide updates – with a focus in terms of the supporting narrative which will look to capture equality monitoring information.

While this will not impact on the WRES submission for 1st August 2017 it will enable the CCG to demonstrate action to improve reporting in the following year's submission and should lead to an improved position with the 2018 data where the CCG will also be required to implement the Workforce Disability Equality Standard.

Supporting GP membership

We will continue to provide support to our GP members and practices around equality and diversity across Morecambe Bay

Internal Processes

We will continue to improve our internal processes to align equality to the organisations day to day functions providing overarching assurance that we are meeting our statutory requirements more effectively.

Creating a culture of innovation

We will develop an organisational culture with the right environment where everyone is encouraged to innovate and in turn contribute to a high performing organisation. The themes will include:

- Leadership and culture, which will be aligned to EDS goal 4
- Talent management and succession planning, which will be aligned to EDS goal 3
- Training and development, which will be aligned to EDS goal 3

Equality and Inclusion training

All staff, including Governing Body members are required to undertake mandatory equality and diversity training every three years. Using both online and face to face sessions, the CCG will provide the broad-based knowledge of equality and diversity needed by all staff working in the NHS today. The CCG also offer one to one support from the equality and diversity lead, which is available to all staff when required to address or meet equality and diversity issues e.g. completing equality impact assessments.

8. Equality Performance Tools, Standards & Mechanisms

Equality Impact and Risk Assessments

This tool is a proven mechanism to evidence that due regard is given to the CCG's day to day functions (e.g. the CCGs commissioning process).

The Equality Impact and Risk Assessment Tool which is now processed through an IT based system, 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 public sector equality duty by ensuring that all requirements around equality and risk, human rights and privacy are given advance consideration prior to any policy or commissioning decisions being made.

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 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](#)

Sexual Orientation Monitoring Information Standard

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.

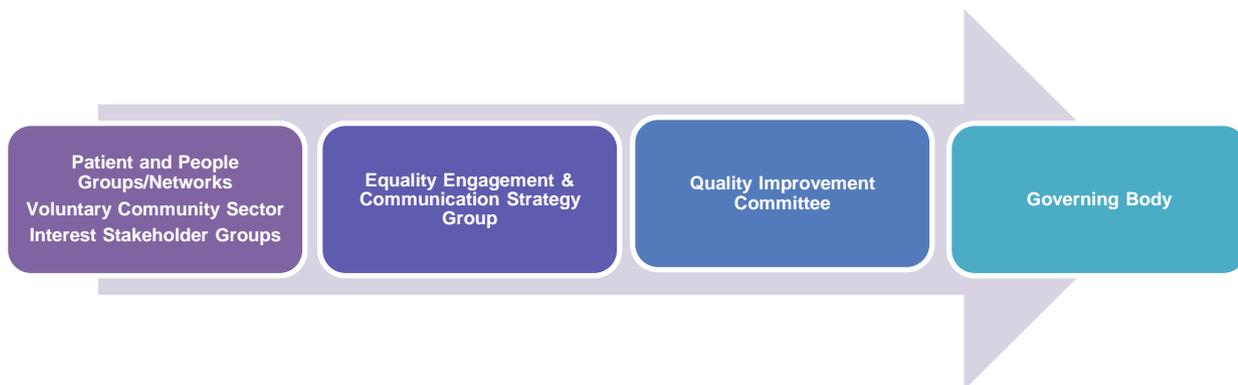
Research carried out by Disability Rights UK and NHS Employers 'Different Choices, Different Voices', which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

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.

9. Patient and Public Involvement

Morecambe Bay CCG will ensure that patient and public engagement is central to this equality strategy and its business functions

The CCG has a structure to support the people within our community to have their voice heard at key decision making levels within the CCG.



Communication and Engagement Strategy

The CCG recognises the need to have meaningful engagement with local people and are developing a robust system to enable this to happen. This is overseen by the Equality and Engagement group, chaired by the Governing Body Lay Member for Patient and Public Engagement.

This will include the use of the CCG’s membership scheme which whilst a virtual group is given the option to attend focus groups and community meetings to discuss service changes and feedback on CCG performance. To strengthen this mechanism for engagement, we are currently looking at the feasibility of linking the membership scheme with the existing practice patient reference groups. Practice reference groups will provide an invaluable opportunity to gain information from patients who represent all our practices and diverse population.

In addition, by continuing its work with the community supporting a social movement the CCG will be able to directly reach those who are seldom heard and who often have the greatest health and healthcare challenges, but who can struggle to have a voice.

The CCG will be carrying out an audit of support and interest groups in Lancashire and South Cumbria with a view to developing efficient and effective communications that will enable people to have their say through online or postal surveys, focus groups, meetings,

networks etc. This will provide valuable feedback on patient experiences with respect to GP services, hospital services and community care.

We will then use this information to shape and redesign services with support from interest groups and stakeholders. These groups will work with the CCG to include patients and the public in the:

- Ongoing planning of services
- Developing proposals for change
- Making decisions that may affect the operations of services

Where necessary, the CCG will seek the views of the wider population for consultation/patient voice purposes in partnership with the wider health economy.

10. Summary:

Morecambe Bay Clinical Commissioning Group will deliver this strategy understanding its equality duties and responsibilities as a lead and commissioner of health care services.

The CCG aims to advance equality and eliminate inequality and discrimination by utilising mechanisms like the Equality Delivery System as a commissioner and employer.

The CCG aims to promote and comply with its legal duties by showing due regard to the three aims of the Equality Duty and by ensuring fairness, equity and inclusivity based upon the NHS values as documented in the NHS Constitution ensuring we have a system where everyone counts.

The CCG will work in partnership with Local Government bodies and other NHS and non-NHS providers of Health and Social Care to tackle health inequalities, ensuring that all commissioning decisions are fair, transparent, equitable, proportionate and robust.

11. Appendix 1 EDS Goals and Outcomes

EDS is the NHS equality performance framework mandated by NHS England in April 2015 and applies to all NHS commissioner organisations, Trusts and their larger provider partners. All organisations utilise the EDS2 central elements of four goals, supported by 18 outcomes which are graded from undeveloped through to excelling.

Objectives Goals and Narratives	Outcome
2017 – 2020 Equality Objective 1 EDS Goal 1. Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2 Individual people’s health needs are assessed and met in appropriate and effective ways
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities
2017 – 2020 Equality Objective 2 EDS Goal 2. Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3 People report positive experiences of the NHS
	2.4 People’s complaints about services are handled respectfully and efficiently
2017 – 2020 Equality Objective 3 EDS Goal 3. A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3 Training and development opportunities are taken up and positively evaluated by all staff
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6 Staff report positive experiences of their membership of the workforce
2017 – 2020 Equality Objective 3 EDS Goal 4. Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

