



Morecambe Bay
Clinical Commissioning Group

Equality and Inclusion Annual Report 2017-18

The Equality and Inclusion Team,
NHS Midlands and Lancashire
Commissioning Support Unit.

Date: March 2018

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Foreword

We are pleased to present our first Equality and Inclusion Annual Report for NHS Morecambe Bay Clinical Commissioning Group. We are the organisation which plans and buys health and care services on behalf on the North Lancashire and South Cumbria community.

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 area of work 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,



Sue McGraw Lay Member
Patient and Public Engagement

Exec summary

The CCG's Strengths in Terms of Equality and Inclusion

- The CCG has a clear commitment to equality and inclusion which is described in the Equality and Inclusion Strategy 2017/2021
- MB has been working with all the other Lancashire CCGs and local councils and partners to develop **the local children and young people's emotional wellbeing and mental health transformation plan 2015 – 2020**. This work has five work streams focusing on resilience, access, vulnerability, accountability and workforce.
- Promotion of the staff equality survey
- Equality Impact and Risk Assessments for all the Pan Lancashire and South Cumbria Clinical Policies as part of policy harmonisation work within the Policy Development and Implementation Working Group
- Equality Impact and Risk Assessment (EIRA) training available to ensure that staff understand the EIRA process and are able to identify when to implement the EIRA process
- Staff acknowledge the level of flexibility available to them in carrying out their day to day work as shown in EDS goal 3.5

The CCG's Areas for Improvement for Equality and Inclusion

- Equality impact and risk assessment process needs to be embedded in all aspects of the CCG's work and included as a requirement in all the commissioning planning processes for 2018/19 including governance meetings.
- Provide robust evidence for the EDS Goal 1. The CCG are focusing on EDS Goal 1 – Better Health Outcomes for their EDS Grading Assessment in 2018
- Staff training, within the EDS process it was highlighted that some staff feel there is a discrepancy in who is offered or able to take up training opportunities.

Introduction

This is the Clinical Commissioning Groups (CCG) first 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 uses 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.

CCGs' vision, values and Aims

Our 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

CCGs' equality strategy, aims and objectives

The CCGs' equality and diversity strategy has been developed in recognition of our position as a commissioning organisation responsible for improving health outcomes of our local population.

The strategy outlines the challenges and opportunities we face and identifies how we can address the former and embrace the latter. It recognises our past and current efforts on equality and diversity issues and provides a tangible vision for the future. The CCG have set its equality objectives aligned to the Equality Delivery System goals.

Equality Objectives 2017-2021

Equality Objective 1: Better health outcomes
Equality Objective 2: Improved patient access and experience
Equality Objective 3: A representative and supported workforce
Equality Objective 4: Inclusive leadership

Our People

We have professional external Human Resources NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) who provide advice and support for all our staff. We use NHS jobs website to recruit new members of staff this is supported by the Recruitment Team at MLCSU.

Workforce Representation

As a CCG we have a small workforce of 72 members of staff including 9 embedded members of MLCSU staff. We are not able to breakdown the staff data age, race, religion or belief, gender reassignment, sexual orientation, pregnancy and maternity, marriage or civil partnership as this may identify an individual employee.

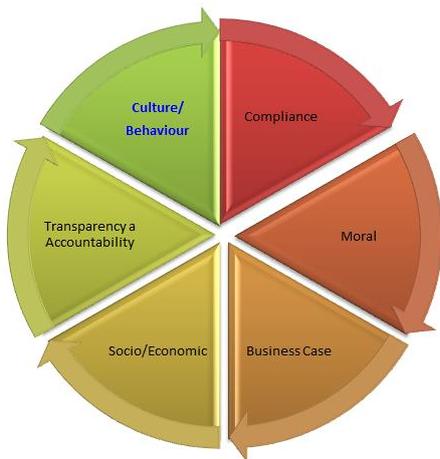
Disability - The CCG has a low number of staff who have declared that they have a disability. On an annual basis Morecambe Bay CCG send out a Display Screen Equipment (DSE) assessment form for each employee to complete, this is where any reasonable adjustments that maybe required can be identified.

Equality legislation Overview

This section outlines the various legal requirements and NHS Mandated Standards relating to Equality and Inclusion. For further information please view our Equality and Inclusion Strategy on our website:

The Equality Act 2010

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



- Enable patients to make choices with respect to aspects of health services provided to them

NHS Constitution 2015

The Constitution sets out rights for patients, public and staff. It outlines NHS commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. NHS Constitution targets are monitored via the CCG's Quality and Performance Team and assurance is provided to the Governing Body via the Quality and Performance Committee's.



NHS National Mandated Equality Requirements

Equality Deliver System 2 (EDS2)

The Equality Delivery System (EDS) supports CCG's and other NHS organisations:

- Improve the services they provide for their local communities
- Improve the experiences of people using health services
- Consider reducing health inequalities in their locality
- Provide better working environments, free of discrimination, for those who work in the NHS

if you would like to know more about this business tool click the following link [Equality Delivery System 2](#)



Sexual Orientation Monitoring Information Standard (2018)



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. For more information please click here [here](#)

Workforce Race Equality Standard (WRES)

Workforce Race Equality Standard

10 things you can do in your organisation...



#WRES

The NHS Workforce Race Equality Standard (WRES) is a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities. The Standard is used by organisations to consider the extent of any

disparity or gap between the diversity of the workforce, senior management and leaders. And help eliminate discrimination in the treatment of Black and Minority Ethnic (BME) employees.

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, Morecambe Bay CCG monitors provider performance against these standards.

For more information click the following link [Workforce Race Equality Standard](#)



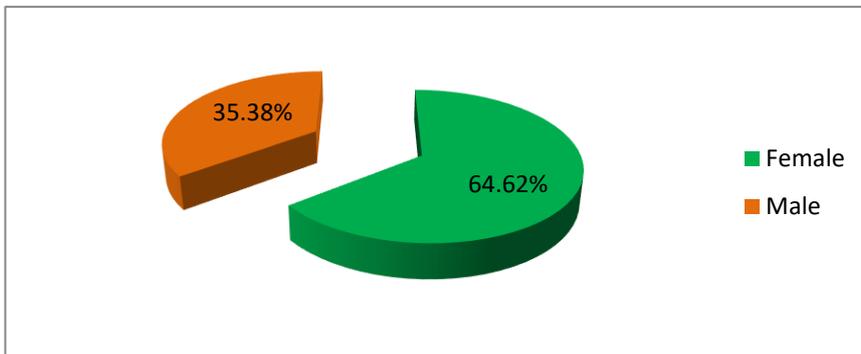
Workforce Disability Equality Standard 2018

The Workforce Disability Equality Standard (WDES) is a set of specific measure (metrics) that will enable NHS organisations to compare the experiences of disabled and

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 employs 56 staff and has 18 embedded CSU staff. 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, to ensure individual staff cannot be identified from the data in line with the Data Protection Act 1998.

In order to support our workforce, we have a range of staff support policies, including Flexible Working and Carers Leave. In addition, our approach to agile/flexible working supports our staff to achieve work life balance



Staff breakdown by Gender

The Governing Body

The Governing Body is held bi-monthly in public. Prior to the meeting members of the public are able to raise questions related to the agenda with our Chief Officer and Clinical Chair. The agendas and minutes are available on the CCG website and the venue is rotated around the Morecambe Bay area to ensure an opportunity for all parts of the Bay to engage.

Representatives from local Healthwatch organisations are invited members of the board and hold the CCG to account making sure that the opinions of all those in our community are taken into account.

Monitoring

Staff training is provided online and recorded through the Learning Management System (LMS). Equality and Diversity Training is mandatory and is completed every three years. Compliance is ???.

Additional Equality Training

An equality Impact and Risk Assessment Workshops was held to support staff completing assessments. 1:1 support sessions were also delivered to support staff carrying out work on specific projects. These are delivered by the Equality and Inclusion Business Partner – MLCSU

Communicating with our staff

The CCG communicate regularly with staff through:

- Weekly staff bulletins
- Social media (Facebook and Twitter)
- A Monthly Team Brief
- All teams have regular team meetings

Staff Equalities survey

- 33 staff completed the questionnaire.
 - Most staff were between 46 -55 age group, followed by 36 - 45 years.
 - 22 were female.
 - All staff who participated had the same gender as birth,
 - 30 were neither pregnant or on Maternity leave.
 - 30 were White British, 2 chose not to say.
 - 29 had no disability, 3 staff preferred not to say.
 - 30 of the staff were heterosexual,
 - 20 were Christian but 10 felt they had no religion or belief
 - 24 were married.
- From the questions asked most staff felt that women and men had equal opportunities in the CCG but 10/33 were not sure of preferred not to say
- 11 staff had had reasonable adjustments and 29/33 felt their manager took a positive interest in their health and wellbeing.
- 19 staff felt they had access to training outside the mandated modules we must complete, but 13 felt they had no access and so had little opportunity for progression.
- 31 staff had never experienced discrimination at work from Patients/service users, their relatives or other members of the public or from Manager / team leader or other colleagues.
- 26 staff had some knowledge of the Workforce Race Equality Standard. 19 of the 33 respondents were aware of how to complete an Equality Impact assessment but only 6 had completed one. Finally, 10 staff has some knowledge of the Accessible Information standard. 11 had some and 5 were familiar.

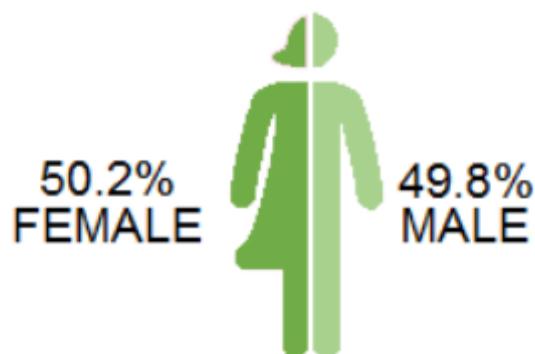
Our communities



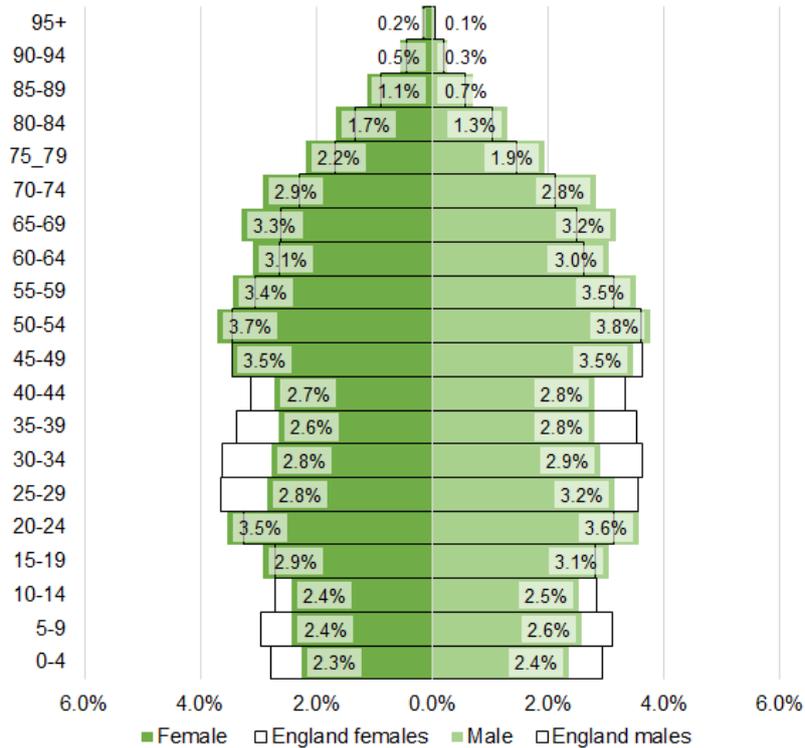
- Morecambe Bay CCG boundary encompasses the districts of Barrow-in-Farress, Lancaster and South Lakeland. It also includes parts of Copeland, Craven and Wyre districts.
- The CCG consists of 42 GP practices providing primary care to 360,784 patients.
- University Hospitals Morecambe Bay Foundation Trust is the main provider of secondary health care for the area operating four main sites: Furness General Hospital, Royal Lancaster Infirmary, Westmorland General Hospital and Queen Victoria Hospital.

- 42% of the registered population live within the district of Lancaster, 30% in South Lakeland and 19% in Barrow-in-Furness.
- 22% of registered patients are aged 65 or over, with 15% aged 15 or under.
- Estimates based on Census 2011, suggest that 5% of resident population of three main districts are from a BME (including White non-British) background.
- The district of Barrow-in-Furness is amongst the 20% most deprived districts in England
- 32% of the registered population live within LSOAs considered to be 40% most deprived neighbours nationally.
- The aged 65+ resident population of Lancashire North CCG is estimated to increase by 14% over the next 10

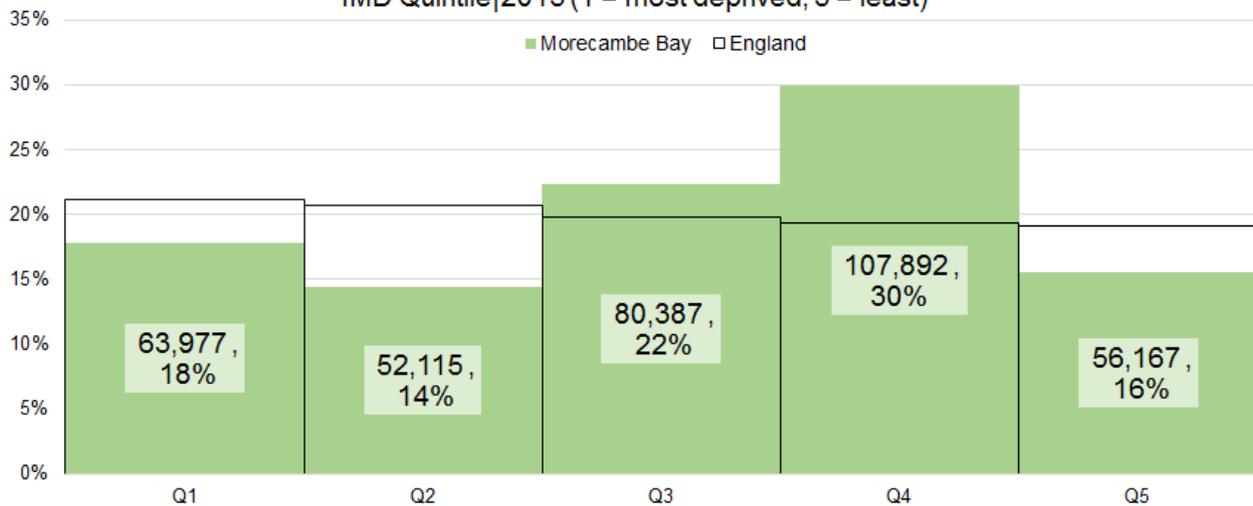
For more information around Morecambe Bay's population, demographics and health/inequalities click [here](#)



April 2017 population pyramid - Morecambe Bay CCG Vs England



Proportion of registered patients by national deprivation quintile
IMD Quintile|2015 (1 = most deprived, 5 = least)



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:

1. To improve the health of our population and reduce inequalities in health

Chosen because: our health needs analysis and our GP practices confirm that there are health inequalities in our area. We also believe that in order to address long term inequalities, we need to work closely with partners on improving the health and wellbeing of children and young people.

2. To reduce premature deaths from a range of long term conditions — with a specific focus on cancer and cardiovascular disease

Chosen because: our health needs analysis is showing us that this will help us to improve the overall health of the population both now and in the future. Cancer and cardiovascular disease account for 64% of deaths in our area before the age of 75.

3. To develop care services closer to home

Chosen because: our local residents are telling us that they want to be treated as close to home as possible. We also believe that in order ensure long term sustainability of the health economy, we need to develop primary and community care services to provide as much care out of hospital as possible.

4. To commission safe, sustainable and high quality hospital care

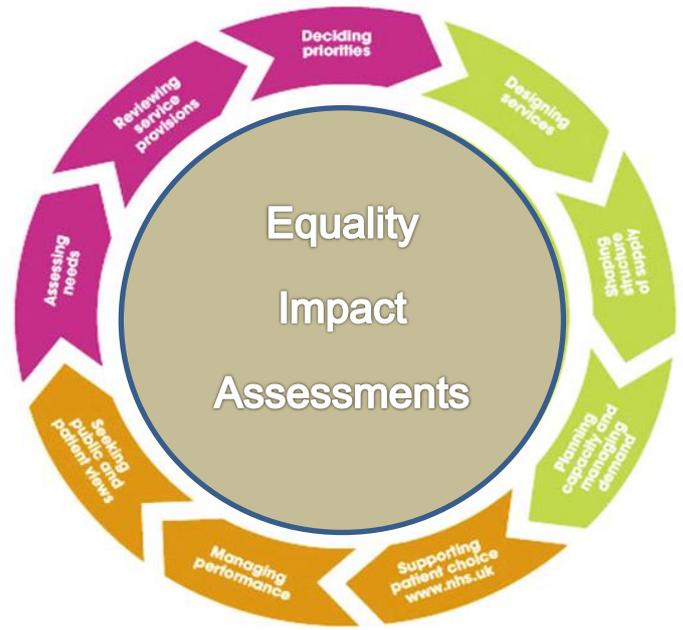
Chosen because: we are committed to working with University Hospitals of Morecambe Bay and Cumbria CCG to ensure the public can be confident in our local hospital services.

5. To commission safe, sustainable and high quality mental health care

Chosen because: we are inheriting major changes in the way mental health services are provided and we are implementing these with Lancashire Care Foundation Trust and the other CCGs in Lancashire. Again, local people have told us they are concerned about the quality and effectiveness of these vital local services.

6. To improve the capacity and capability of our primary care services to respond to the changing health needs of our population

Chosen because: primary care services will also need to plan carefully to meet the health needs of our residents and be able to respond to our priorities for hospital, mental health and community services. We know how much the public values the wide range of prevention, diagnostic and treatment services delivered through their general practices.



As part of the process of embedding equality into the CCGs day to day activities, a key area of work is in the Commissioning Cycle Process. A proven method of ensuring equality is given due regard through each section of the cycle is the Equality Impact and Risk Assessment Process.

Equality Impact and Risk Assessments (EIRA)

The CCG implements the Equality Impact and Risk Assessment (EIRA) toolkit from the Equality and Inclusion Team, NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). The online EIRA toolkit U-assure provides a framework for undertaking Equality Impact and Risk Assessments. This toolkit combines two assessments consisting of Equality and Human Rights. This enables the CCG to show 'due regard' to the Public-Sector Equality Duty. This ensures that advanced consideration is given prior to any policy or commissioning decisions made by the Governing Body or Senior Managers that may affect equality and human rights.

The process for assessing equality and human rights

- The quality and integrity of the process is overseen by the MLCSU Equality and Inclusion Team with a dedicated Equality and Inclusion Business Partner assigned to the CCG to support the process

- Potential Equality and Human Rights impacts are recorded on an online template on U-assure which considers patients or employees.
- The EIRA evidences how the CCG show 'due regard' to the Public Sector Equality Duty
- It ensures that all requirements around equality and human rights are given advanced consideration prior to any policy decision being made.
- CCG Commissioners continue to ensure that the EIRA is integral to the decision-making process
- EIRA is embedded into governance meetings - they are documented on front sheets to ensure high level of compliance
- Support is provided for the process through 1:1 support available to all staff
- All EIRA undergo Quality Assurance checks from the Equality and inclusion business partner
- the EIRA links closely with engagement work, this ensures that impacts can be clearly identified from different groups within the community
- EIRA accessible to the public

Equality Impact and Risk Assessments for 2017 have Include:

- Gluten Free Prescribing
- Boundary Change Project
- Revision of MBCCG safeguarding policy
- Biosimilars
- Community Centred approach to Health and wellbeing

Pan Lancashire and South Cumbria Policy Review work - Equality Impact and Risk Assessments

In 2016 the Lancashire and South Cumbria CCG's with Public Health Consultants decided to review a range of clinical policies that were termed as 'low clinical priority'. The review work has continued into 2017/2018.

All of the CCGs in Lancashire and South Cumbria are represented on the policy development group – which also includes clinical and commissioning leads and Public Health Consultants from the Local Authorities and Unitary Authorities.

Consideration of equality impacts are embedded within the development work. All proposed changes undergo an Equality and Impact Risk Assessment (EIRA's) which are

reported and discussed within the policy development group. Identified impacts are discussed in order to identify potential discrimination and mitigate / reduce risk.

The Equality and Inclusion team work closely with colleagues within Communications and Engagement. The engagement process with the public and stakeholders is particularly important as it helps identify potential impacts of policy criteria. The policy review work has received feedback from stakeholders such as Lancashire LGBT, Diabetes groups, Fertility Matters and Disability groups.

Pan Lancashire and South Cumbria Policies – EIRA’s that have been undertaken:

- Process of Managing Individual Funding Requests
- The Collaborative Individual Funding Requests Process for Lancashire Clinical Commissioning Groups
- General Policy for Individual Funding Request Decision Making
- Statement of Principles
- Policy for Considering Applications for Exceptionality to Commissioning Policies
- Assisted Conception and Surgical Fertility Services: Stage 2 EIRA and Human Rights Assessment completed
- Carpal Tunnel
- Endoscopic Knee
- Cosmetics: Stage 2 EIRA
- Alternative and Complementary Therapies
- Tonsillectomy
- Trigger Finger
- Insulin Pumps and Glucose Monitors
- Functional Electrical Stimulation
- Male Circumcision Policy
- Hip Arthroscopy
- Spinal Cord Stimulation
- Reversal of Sterilisation for Men and Woman
- Lumbar Spine Procedures
- Policy for Assisted Conception and Surgical Fertility Services – currently under way

Key changes influenced by equality work includes:

- Targeted engagement work including full monitoring requests from participants
- Changes to age criteria when indirect discrimination was initially identified
- Changes to policy wording regarding people undergoing gender reassignment

- Clarification on policy criteria relating to NICE
- Glossary added to policies to help people understand clinical wording
- Policy development group members increased awareness of equality agenda and Brown and Gunning principles
- Legal advice formally requested

Additional Service Redesign work:

A range of collaborative review work has been carried out by the MLCSU Service Redesign team on behalf of the CCG's in Lancashire and South Cumbria.

The following services under review have undertaken or in the process of undertaking an EIRA:

- Child and Adolescent Mental Health Services (CAMHS)
- Improving Access to Psychological Therapies (IAPT) for Long Term Conditions
- Audiology Review - Adults
- Stroke Services

EDS2 Grading Activity Sessions 2017-18

The Equality Delivery System (EDS) grading assessment was carried out by the CCG in March 2018 to CCG and CSU embedded staff. The purpose of the EDS grading is to help NHS organisations, in discussion with local stakeholders, review and improve their performance for people with characteristics protected by the Equality Act 2010. The EDS is a mandatory standard which is required to take place annual and forms part of NHS England's assurance process.

The CCG decided to focus on the all the goals and outcomes within EDS2. These are outlined below with the grading achieved.

The CCG has a total of 56 members of staff and 18 staff from Midlands and Lancashire Commissioning support unit. The process was completed in two stages.

Goal 1 and 2 was graded by the Equalities and Engagement Strategic Group and goal 3 and 4 was graded by staff who volunteered to take part in the grading from across the CCG. Evidence was presented to staff via power point slides, and an explanation of the process, the individual outcomes and the four categories below was given. Staff then had the opportunity to grade the organisation for Goal 1 to 4 as either **Underdeveloped**, **Developing**, **Achieving** or **Excelling**.

Objectives Goals and Narratives	Outcome	EDS Grade 2017-18
2017 – 2020 Equality Objective 1	1.1rvices are commissioned, procured, designed and delivered to meet the health	Developing

EDS Goal 1. Better health outcomes	needs of local communities	
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing
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	Developing
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
	2.3 People report positive experiences of the NHS	Developing
	2.4 People's complaints about services are handled respectfully and efficiently	Developing
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	Developing
	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	Developing
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	underdeveloped
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	achieving
	3.6 Staff report positive experiences of their membership of the workforce	Developing
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	Developing
	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	Developing
	4.3 Middle managers and other line managers	Developing

	support their staff to work in culturally competent ways within a work environment free from discrimination	
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For more information on the EDS please see the separate report available on the Morecambe Bay CCG website

Morecambe Bay CCG Engagement and experience highlights 2017-2018

Morecambe Bay CCG are committed to developing effective and sustainable relationships – with our patients, carers, the public and partners in health, social care and the voluntary and community sector as well as our staff.

The statutory duties of MBCCG include promoting the NHS Constitution, driving up quality, reducing inequalities and involving individual patients, carers and representatives. These four challenges are being addressed by the CCG and are enshrined within our governance arrangements to ensure that public involvement is directly aligned to the planning of services.

We continue to identify our different communities and their representatives through our approach to equality and inclusion, with the aim of ensuring that all our communities – and particularly those with protected characteristics – are able to engage with the CCG and health economy.

Deprivation

The 365,000 population of Morecambe Bay is diverse, with small pockets of deprivation, rural isolation and a mix of city and coastal towns spread over 1,000 square miles. Therefore, targeted work is required to support those who require it whilst not disadvantaging the majority. We have incorporated the analysis of health burden, prevalence, and outcome against spend into the development of our strategic priorities.

Online presence

During the year we have commissioned a new website that provides a clearer insight into who we are what we do and the variety of opportunities for engaging in the different work streams of the CCG and Bay Health and Care Partners. The website can be accessed here: <https://www.morecambebayccg.nhs.uk/>

The website also offers access to software that reduces barriers between the content and our audience. The software adds speech, reading, and translation along with facilitating access and participation for people with Dyslexia, Low Literacy, English as a Second Language, and those with mild visual impairments.

We have also developed our social media presence with a new Facebook page (<https://www.facebook.com/morecambebayccg/>) and twitter account (<https://twitter.com/MorecambeBayCCG>). This has provided a much wider reach to publicise opportunities but also communicate news, public health messages and enhance the winter campaign with timely information.

My NHS

Our public membership organisation, 'My NHS', remains and over the next twelve months we will be launching a recruitment drive to ensure that our populations in Furness and South Lakes are able to receive direct contact regarding opportunities to engage and take part in consultations about changes to services

A regular newsletter is used to ensure that individuals and organisations, which include those with protected characteristics, can be kept informed and provided with opportunities to engage in the review and commissioning of local services.

Patient Participation Groups

Our member practices also have Patient Participation Groups. These offer patients the opportunity to get involved with their local GP practice and support its work. Most groups also include members of practice staff. They meet at regular intervals to decide the ways and means of adding value to the services and facilities offered to patients. At the request of group members, we are in the process of supporting the PPGs within each locality to connect to one another to best serve local people.

Diabetes service launch

Morecambe Bay CCG commenced a piece work to review the diabetes pathway. This work is in its infancy but has started with an event to bring together both clinicians and people with lived experience of both Type 1 and Type 2 diabetes who made up a third of the attendees.

The work will continue to involve patients at every stage of the review including the setting up of a patient representative group which will have oversight at every stage of the process.

Lancaster Health Festival

We supported the organisation of a Lancaster Health Festival where members of the public were invited to join in conversations about their health and wellbeing, and to support people to think about, and make positive changes to their life.



Activities on offer included dying matters cafes, dementia cafes, light exercise sessions, and eating and conversation cafes.

The festival also involved a selection of speakers including:

- Trevor Philips OBE, who gave a public talk on culture, religion and race in healthcare
- Rev Libby Lane who spoke about young people and mental health
- Professor Elena Semino from the University of Lancaster who focused on language and words used relating to health
- Dave Higham from the Well who gave a talk on recovery from drug and alcohol addiction

Policies engagement

During the last 12 months the CCG has consulted with the public on possible changes to its policy on Assisted Conception. To ensure feedback was obtained from as many patients as possible, a survey was available for completion online, focus group sessions were run in different parts of the CCG area during the day and in the evening. Direct invitations were sent to local Maternity Voices Groups with an offer to attend any meetings they were running. An easy read version of the policy was also made available both on the website and in a printed version.

Health coaching

Morecambe Bay CCG organised a three-day health coaching course for 15 members of staff from the respiratory teams working in South Cumbria. Health coaching is helping people gain the knowledge, skills, tools and confidence to become active participants in their care so that they can reach their self-identified health goals. The teams have also been given access to the Patient Activation Measurement tool and associated training. This tool, used in conjunction with health coaching skills will help the teams to support patients to develop their knowledge, skills and confidence in managing their own health and health care.

Health as a social movement

The CCG, working with Bay Health and Care Partners, has been a vanguard site for the NHS England programme Health as a Social Movement. Our vision for the Health as a Social Movement programme has been to contribute to an improvement in population health and wellbeing in Morecambe and Barrow, a reduction in health inequalities and to create more co-produced and responsive services.

The work involves three different projects across the Morecambe Bay area which are led within their own communities by a combination of health professionals, local people, the voluntary sector and other public sector organisations. Community involvement is broad,

and community member is encouraged to come forwards with their ideas.

The Art of Hosting

Morecambe Bay CCG has organised a number of 'Art of Hosting' training courses throughout Morecambe Bay.



This training has brought together over 120 people from communities, public sector, the voluntary sector, and local groups to shape and enhance the self-organising capacity of those who want to make their community better.

The Art of Hosting is a group of methods, based on a set of assumptions and world views that enables conversations in groups of all sizes. It is supported by principles that help maximise collective intelligence, integrate and utilise diversity and transform conflict.

From this we have a community of practice that is supporting each other which has resulted in numerous community conversations around health and wellbeing, self-care, diabetes, stroke, child poverty etc.

Following on from this the community have developed a number of projects such as mental health cafés which provide peer support to those with low level mental health problems, peer support groups, walking groups etc.

For more information: <https://aohhealthandwellbeingmorecombe.weebly.com/art-of-hosting.html>

Animation Cafes

Morecambe Bay CCG have been supporting Animation Cafés in Barrow in Furness which give us the opportunity to engage with local people, health professionals, GP practice staff, and representatives from charities and third sector organisations. The regular events give attendees the opportunity to make connections with like-minded people, link community and health services together and to discuss what makes a positive difference to community health. Community representation is broad including members of the public who run local support groups and members of the local homeless community.

Furness Wellness Days

In Walney, we actively support a local GP who is working with the Wellbeing Centre next door to his GP practice and local volunteers to organise weekly wellness drop-in days in the center. There are a range of activities e.g. yoga, mindfulness and meditation classes, as well as a chance to chat over a cup of tea or learn how to sew. With support of the Borough Council we have been able to open a number of other drop in centres.

Chatty Van

As part of Bay Health and Care Partners, Morecambe Bay CCG supported Healthwatch Lancashire and Cumbria to tour North Lancashire and South Cumbria in the innovative Healthwatch 'Chatty Van.' This gave people an opportunity to take part in a survey and ask questions about the issues facing the NHS in Morecambe Bay, as well as discussing ideas to



meet these challenges. This was supported by an online and paper survey as well as comment cards for people who wanted to share views without taking part in the survey.

Integrated Care Communities

Morecambe Bay CCG continue to support Bay Health and Care Partners to engage patients and communities on the ongoing work particularly around the 12 Integrated Care Communities (ICCs).

The focus of the ICCs is to ensure that local people are engaged to improve their own health and wellbeing, and that when people are ill or need support, they receive the best possible joined up care.

This work involves helping people to manage long term health conditions, improve access to information about healthier lifestyles in different formats and providing more care out of hospital so people can stay as well and independent as possible. They also focus on helping people to stay well and working with local communities, empowering them to take a more active role in their health and wellbeing.

Training

Members of staff from Morecambe Bay CCG attended a Gypsy and Traveller Engagement Masterclass to obtain the skills to engage and work more effectively with Gypsies and Travellers, of which there is a large community in the Morecambe Bay area, to ensure that services are inclusive and accessible.

In support of World Autism Awareness Week, colleagues from Morecambe Bay CCG came together for an autism awareness workshop. Deborah Brownson, an Autism Consultant led the session with the support of an autism champion from Barrow in Furness, to raise awareness and understanding of autism. The learning will help the CCG to ensure we use the most appropriate methods to reach those who may have difficulty attending events and focus sessions and adjust the working environment for colleagues who may be affected.

Proposed EDS Outcomes for 2018-19

For 2018-19 it is proposed to look at Goal 1 – Better Health outcomes

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.

Provider evidence for 2017	WRES 16/17 published	EDS2	Equality policy available	Accessible information standard (AIS) Evidence of compliance
University Hospital of Morecambe Bay NHS foundation Trust	April 17	01 June 2017	Yes	YES
Blackpool Teaching Hospitals NHS Foundation Trust	Apr-17	01-Mar-17	Yes	YES
Lancashire Teaching Hospital NHS foundation Trust	01/03/2016	01/07/2017	Yes	YES
North West Ambulance Service NHS Trust	September 2017	March 2015	Yes	YES

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 2018

In 2018-9 the CCG will continue to embed equality and inclusion into commissioning and its day to day activities achieved through:

- A comprehensive proactive 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

Findings

The evidence set out in this report demonstrates that the Clinical Commissioning Group continues to make good progress towards paying due regard to the way healthcare services are commissioned and delivered.

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 in respect of this important agenda. Through successfully implementing our objectives linked to the EDS 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 the action plan and report regularly and openly on the development of this work.