



*East Lancashire
Clinical Commissioning Group*

Equality and Inclusion Annual Report 2015/16

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Foreword

We are pleased to present our third Equality and Inclusion Annual Report for East Lancashire Clinical Commissioning Group (CCG).

This report 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 will also involve local people in the development of our Equality and Inclusion Strategy which will be reviewed along with the CCG's Equality Objectives in 2016. The CCG will continue to involve local people to ensure that we buy the right health care services and reduce health inequalities.

The CCG has a designated Board Level Lead that is responsible for ensuring the Governing Body consider Equality, Diversity and Human Rights.



Dr Phil Huxley

CCG Chair



Dr Mike Ions

Accountable Officer



Angela Brown

Director of Corporate Business

Introduction

Our Equality and Inclusion Annual Report describes how we have met our legal requirements by ensuring we buy services that do not discriminate against anyone and gives everyone an opportunity to use our services in the best way for them. The CCG is making this information publically available so that the organisation complies with the Specific Duty of the Public Sector Equality Duty to publish equality information annually.

The report sets out:

- The CCG's commitment to equality and inclusion
- The legal duties for equality and inclusion
- The CCG's public grading assessment against the NHS's Equality Delivery System
- Communications and engagement activities of the CCG
- The CCG's Patient Partners
- Progress against the CCG's Equality Objectives set within its four year strategy and reviewed annually

The CCG became a statutory body in April 2013 when it took on the responsibility of commissioning high quality health services, and improving the health of the population of East Lancashire. The equalities information presented in this report represents the CCG's progress during its third year of operation.

Legal Duties

The Public Sector Equality Duty

The Public Sector Equality Duty (Section 149, Equality Act 2010) comprises a general equality duty which is supported by specific duties.

The general equality duty states that public authorities like East Lancashire CCG must, when exercising their functions, have a 'due regard' to the need to:

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

To comply with the general duty, a public authority needs to have ‘due regard’ to these aims in relation to the following nine equality protected characteristics:

Protected Equality Group	Definition
Age	Age is defined by being of a particular age (for example being 35 years old) or by being in a range of ages (for example being between 60 and 75 years old).
Disability	<p>A person is classed as having a disability if they have a physical or mental health condition and this condition has a ‘substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.’ These words have the following meanings:</p> <ul style="list-style-type: none"> • Substantial means more than minor or trivial. • Long term means that this condition has lasted or is likely to last for more than twelve months. There are progressive conditions that are considered to be a disability. <p>These include:</p> <ul style="list-style-type: none"> • People who have had a disability in the past that meets this disability. • There are additional provisions relating to people with progressive conditions. • People with HIV, cancer, multiple sclerosis are covered by the Act from diagnosis. • People with some visual or hearing conditions are automatically deemed to have a disability.
Gender Reassignment	Gender reassignment protects people who have changed their gender from what they were identified as at birth. The Equality Act covers people at any stage of this process.
Sexual Orientation	Sexual orientation means a person’s sexual preference towards people of the same sex, opposite sex or both.
Sex	Sex (gender) is included to protect the individual man or woman from being discriminated against.

Race	Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.
Religion or Belief	Religion has the meaning usually given to it but belief includes religious convictions and beliefs including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.
Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth.
Marriage and Civil Partnership	The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same sex partners. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

Specific Duties of the Public Sector Equality Duty

In addition to the general duty, the CCG must comply with the specific duties of the Public Sector Equality Duty. These require the CCG to:

- Publish equality information to demonstrate compliance with the general duty at least annually. This information must include how the decisions the CCG makes and the services it delivers affect people who have different equality protected characteristics. For public body organisations with more than 150 employees there is also a requirement to publish how activities as an employer affect people who have different equality protected characteristics. The CCG has a workforce of 97 and are therefore not required to publish this information.
- Set and publish one or more specific and measurable objectives which will help them to further the three aims of the Equality Duty.

Equality Delivery System (EDS) and the Workforce Race Equality Standard (WRES)

EDS and WRES have become mandated by NHS England from April 2015, for all NHS commissioning organisations and their larger providers. The CCG are also required to monitor the EDS and the WRES performance of their larger providers. In addition, the CCG display their own WRES report on the WRES section of the CCG website (showing data from the 1 April 2015).

The CCG's Workforce Race Equality Standard first annual report will be published on the East Lancashire CCG website by May 2016; all future WRES reporting will be included in the CCG's Equality and Inclusion Annual Report.

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 for the commissioner consideration.

Understanding Our Local Population

The CCG, which is clinically-led statutory NHS body, has the responsible for planning and commissioning services to the five boroughs of East Lancashire – Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale. We are committed to high quality services and reducing health inequalities, ensuring that the population we serve including protected characteristics and vulnerable groups have a voice and access to high quality health services.

We serve a population of approximately 371, 500 people, with urban areas such as Burnley, Rossendale, Nelson and Accrington, alongside market towns such as Clitheroe, villages and rural areas. We have 58 GP Member practices.

We have an ageing population, with the number of people over 75 years old increasing. Older people often have complex and long-term health problems, such as chronic illnesses and more than one condition, which we call co-morbidities. In East Lancashire, we also have a higher than England average number of children and young people, meaning we also need to take their needs into account when commissioning services. Most of the people living here are White British, and there are also a significant number of people of South Asian origin, making up 11 per cent of the registered population. This group has a much younger age structure than the White British group, particularly in Burnley. They also experience a relatively high risk of certain common diseases, such as cardiovascular disease and diabetes. There has also been an increase in the number of people from Eastern Europe living in East Lancashire who have particular needs with regard to language and how they access health services. Four of our five boroughs (Burnley, Hyndburn, Pendle and Rossendale) contain high levels of deprivation and childhood poverty. Life expectancy and the quality of people's lives and health are lower than those of people living elsewhere in the North West and nationally. Members of the South Asian population make up a disproportionate number of those living in the bottom 10 per cent of deprivation, with almost three quarters of them living in the most deprived areas of East Lancashire. Like the rest of the country, the health of local people is affected by risk factors such as smoking, alcohol and drug misuse, diet and exercise. We are committed to doing as much as we can to engage with patients, carers and people from 'protected groups' who traditionally have not had as loud a voice as we would like in the planning of 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.

- Access to urgent care.
- Developing primary care services.
- Developing services to avoid unplanned admission to hospital.
- Redesigning pathways of care in areas for services such as stroke, diabetes.

- Work to improve access to mental health services.
- Work to develop dementia care services.

Our Workforce Profile

The CCG aims to fully understand the diversity of the workforce so that the CCG can ensure non-discriminatory practice, work with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty and the Equality Act 2010 Employment Statutory Code of Practice.

The CCG has a small workforce and therefore is not required under the Specific Equality Duty to publish its workforce data.

Staff training

East Lancashire CCG has access to an online learning module through the Electronic Staff Record e-learning system for their equality and diversity mandatory training. This specific training is undertaken by all East Lancashire CCG staff at least every three years.

The Equality and Inclusion Team provided half day interactive learning sessions and the purpose of this learning was to look at the requirements of the Equality Act 2010, Public Sector Equality Duty 2011, the NHS Equality Delivery System and the NHS Workforce Race Equality Standard and to explore the relationship of these requirements with service redesign, commissioning, contracts and contract monitoring and re-invigorate dialogue between commissioners and providers.

The training was offered to CCG, Commissioning Support Unit Staff and Providers who are involved with service redesign, risk management, contracts contract monitoring quality and assurance issues and policy development and CCG staff from East Lancashire CCG attended the training.

The CCG's Strengths in Terms of Equality and Inclusion

- The CCG has shown exemplary leadership around equality and inclusion issues over the last year with ownership taken at the very highest levels and this approach permeates the

importance of the subject throughout the organisation. More recently the organisation has taken the innovative approach of recruiting a lay member who will have a focus on equality issues.

- The organisation has made clear links between equality & Inclusion and the key organisational themes of quality, assurance and risk, providing a strong governance route. This places equality and inclusion at the heart of corporate business.
- Employees throughout the organisation take a very reflective approach to equality and inclusion issues, building on their learning and embedding it into their day to day approaches to work.
- The CCG was shortlisted and won the NHS Leadership Academy Award for Governing Body of the Year
- The CCG has a clear commitment to equality and inclusion as stipulated in the Equality and Inclusion Strategy 2012 to 2016. This strategy will be reviewed along with the Equality Objectives during 2016 for publication in 2017.

The CCG's Area's for Improvement for Equality and Inclusion

- Redress some gaps around Impact assessments informing commissioning and service design activity as well as them providing a clear evidence path for taking "due regard".
- Equality impact and risk assessments process embedded in all aspects of the CCG's work and is included as a requirement in the commissioning planning processes for 2016/17.
- Communication and engagement mechanisms need to be sure that they are reaching all the sections of the community and feedback from all equality protected groups is informing projects such as accessing the right care at the right time.
- Contract monitoring of providers in respect of how are our providers being monitored in relation to equality and requesting that our providers provide equality monitoring data so that we know who is accessing our services.
- Where equality data is available, cross reference is needed of patient experience information notably in respect of access to health care.
- Use Staff Survey to improve staff reporting and identification of positive experiences of their membership of the workforce
- When reviewing our Equality and Inclusion Strategy in 2016 link our Equality Objectives to the Equality Delivery System Goals and Outcomes

Our Equality Objectives – Progress in 2015/16

Objective 1	Improving lives of local people and patients
Objective 2	To ensure the Executive Leads, Clinical Leads and the Board have the knowledge and competencies to effectively lead and make decision regarding Equality and Inclusion or from E&I Strategy: Inclusive leadership and represented and supported workforce

Equality Impact and Risk Assessments

The CCG has adopted the Equality Impact and Risk Assessment Tool formally known as the Pre-PEAR Assessment Tool which provides a framework for undertaking equality impact and risk assessments. This tool combines three toolkits into one consisting of equality impact, human rights screening and privacy impact. 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 prior to any policy decisions that the CCG’s Governing Body or Senior Managers make that may be affected by these issues.

The CCG continue to ensure that the Equality Impact and Risk Assessment tool is integral to their decision making process.

Equality Delivery System

East Lancashire CCG adopted the Equality Delivery System (EDS) as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector Duty.

This system is designed to support NHS commissioners and providers of services to deliver better health outcomes for patients and communities and create improved working environments for staff.

EDS comprises of four main goals with 18 outcomes. These outcomes focus on the issues of most concern to patients, carers, communities NHS staff and Governing Body/Boards. It is against these outcomes that performance is assessed, grading and actions by the organisation are determined. EDS Goal 1 and Goal 2 are assessed and graded by a public grading event which

patients, voluntary organisations and members of the local community are invited to attend. Goal 3 and Goal 4 are assessed and graded by members the CCG's staff.

The four goals are:

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

The grades for EDS are as follows:

Undeveloped – Red: People from all protected groups fare compared with people overall or evidence is not available

Developing – Amber: People from only some protected groups fare as well as people overall

Achieving – Green: People from most protected group fare as well as people overall

Excelling – Purple: People from all protected groups fare as well as people overall

The CCG undertook their annual EDS Grading Public Grading Assessment in October 2015, at their Headquarters in Nelson.

The stakeholders/graders attended the event from Lancashire BME Network, Understanding Autism, Carer's Link, Critical Friends Group, East Lancashire Deaf Society and Healthwatch Lancashire the invite to the event also went out to the East Lancashire CCG's membership scheme Patient Partners, which is now known as Connect and overall the event was widely representative of all of the protected groups.

The stakeholders graded/voted the CCG on the evidence presented at the public grading event by deciding which of the four grades (undeveloped, developing, achieving and excelling) they believe the CCG is attaining in "How well people from protected groups fare compared with people overall?". The Equality & Inclusion Business Partner from the Commissioning Support Unit supported the CCG in facilitating the event.

For 2015 the CCG focused on Goal 1: Better health outcomes and Goal 2 Improved patient access and experience and the EDS outcomes listed below:

Goal 1: Better health outcomes
1.1: Service 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
Goal 2: Improved patient access and experience
2.2: People are informed and supported to be as involved as they wish to be in decisions about their care
2.4: People’s complaints about services are handled respectfully and efficiently

CCG Staff presented the key work streams listed below as evidence for the CCG’S equality progress in 2015:

- Social Prescribing
- Primary Care Access Project
- Training on Lesbian, Gay, Bisexual and Trans (LGB&T) Issues with GP Practices in East Lancashire
- Hello My Name Is.....
- Communication and Engagement
- Quality and Performance

The EDS grading assessment was performed as a verbal event with CCG staff presenting evidence by PowerPoint presentations and taking questions from the graders rather than the graders assessing and reading large files of hard copies. The reason the event was designed this way for 2015 was due to the fact that the CCG received feedback last year that there was too much evidence to read through and it was difficult to digest all the information/evidence in a day event.

The EDS grading event was well attended with 15 graders and the event had only 4 cancellations on the day, which is a significant improvement on the attendance at the 2014 grading event, the support from the Communications and Engagement Team was invaluable in facilitating the promotion of the event. The Feedback on the format of the event in relation to the way the evidence was presented by CCG staff being present was a noticeable improvement from the graders who attended last year’s grading, but the grading reported that they would like to see more evidence in the form of patient stories and Equality Impact Assessments for future EDS grading events.

Those attending thought the CCG were doing well and could improve by demonstrating more clearly that the CCG “knows their patch” when it comes to equality groups and ensuring issues relating to patient diversity were brought more to the forefront.

For an overview of the EDS Grading results refer to Appendix 2.

Involving Local People and Engagement Highlights

The CCG aim to ensure that local people are involved in our developments, plans and decisions and we are committed to making sure we continue to consider local people’s needs in everything we do. To ensure that as many local people as possible have the opportunity to contribute to the debate about how well services are being provided and to offer suggestions for improvement the CCG have adopted a number of ways to gather these views through surveys, listening events, focus groups and regular participation in visioning, all these help us develop our service specifications and supports our planning for the future.

CCG’s are required to by law to:

- Involve the public in the planning and development of services
- Consult on commissioning (buying) plans
- Act with a view to secure the involvement of patients in decisions about their care
- Promote choice
- Ensure efficient, cost-effective services are available

The CCG commissions a communication and engagement service from NHS Midlands and Lancashire CSU. This includes a full-time Head of Communications and Engagement, focusing solely on East Lancashire communication and engagement activity. In addition to this, the Head of Communications and Engagement is supported by a part-time communication, and an engagement officer, as well as having access to a wider team of specialists in media management, marketing, engagement and design and digital expertise.

A scoping exercise has been undertaken to assess the range of commissioning intentions agreed by the CCG. These have been assessed to determine whether the intentions require full consultation, co-production, and on-going engagement or simply to promoted to stakeholders

for information. The commissioning intentions have yet to be prioritised by the CCG, and once this has been undertaken, this will inform the timetable for engagement. A range of engagement approaches will be deployed to support the CCG to fulfil its statutory duties regarding engagement and patient and public involvement. Following the prioritisation of the commissioning intentions, we will report on the engagement timetable along with progress reports.

Commissioning staff have significantly increased their engagement activity, with support from the communication and engagement team, using a variety of channels in order to fulfil the statutory requirements of the CCG, and also to demonstrate that the CCG is actively considering and incorporating the views of patients, carers and the public at the centre of commissioning and monitoring of services. It is anticipated that this will increase further over the next year.

Members will recall that the CCG has introduced co-production to many of its commissioning activities. This is where the CCG partners with patients and the public to evaluate, develop, change and implement services. Co-production puts the patient, with clinicians at the heart of our commissioning processes, and in particular, at the heart of engagement relating to our plans and intentions for 2016/17.

Stakeholder Engagement

A Stakeholder Engagement Programme is well established and has continued to ensure regular communication takes place between the CCG and key stakeholders.

Patient Partners Board

Stakeholder engagement ranging from regular briefings with MPs, local authorities and other influencers to patient and public engagement continues to increase and has included development of the new CCG involvement scheme under the 'Patient Partners' brand which will be patient-led and co-designed with patients. This launched in June 2015. Throughout the autumn the CCG advertised the involvement scheme in local media, including Asian Image to reach the BME community, as well as using social media and PR. Membership currently consists of 85 members. While this is a positive start, we are keen to expand the membership. As a consequence of this aim, the CSU engagement service will be undertaking a concerted effort to increase the membership over the next few months, using a mixture of digital and face to face

promotion. In addition, a Patient Partners e-bulletin has been developed and will be used to share information and encourage greater participation in CCG initiatives and activities.

It is intended that the Patient Partnership Board will help guide the CCG in its aim of increasing its coproduction activities, as well as ensuring high quality engagement occurs, and influences commissioning effectively.

At the same time, we have established the Patient Partnership Board; this group is beginning to establish itself by providing strategic oversight of engagement, and increasing the connectivity with PPGs, and locality PPG networks to create a strong bond between the CCG, patient representatives, and patients themselves.

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An audit of commissioning staff engagement awareness and activity will be undertaken in February to enable the CCG to obtain a detailed understanding of the state of engagement and highlighting any opportunities for improvement.

Connect

The East Lancashire CCG Governing Body receives an annual Patient and Public Engagement Report from the CSU which provides a “you said, we did” account of how services are being transformed through listening to what patients and the public tell us are their health priorities. We have a strong and effective relationship with Healthwatch Lancashire which built upon the positive co-working the CCG previously established with Lancashire LINk. Healthwatch provides expertise and public representation to key CCG groups, including the Governing Body.

Our commissioning team has a track record of engaging with patients and clinicians, and we seek to involve patients and the public in any commissioning developments. Most recently we have involved the public in a large review into how we can improve access to primary care. The CCG’s website provides an easily accessible wide range of information about the CCG and a ‘contact us’ feature, as well as providing links to local health services and community groups. We also have a Facebook page and Twitter account as part of our commitment to widen our communications and involvement.

Over the last six months we successfully wrote and submitted a range of award submissions for the CCG. These include the HSJ CCG of the Year award for which the CCG was shortlisted. In addition, we supported the judge’s visit to East Lancashire, and created a striking presentation for the final judging presentation. We were also shortlisted and won the NHS Leadership Academy Award for Governing Body of the Year. Members will recall the short film that we created of the Governing Body in action, which was used with a film of Dr Ions during the award evening. We also were successful in achieving the Research Partner of the Year award for the North West Coast Research Network, an award which was received for the CCG by Dr Umesh Chauhan. In addition, we supported with communication and engagement; the successful awards to GP practices for the RCGP Quality Practice Award, and for Pharmacies in East Lancashire who achieved the Healthy Living Pharmacy Award. We worked with Macmillan to promote through a joint press release and communication, the award given to Dr Neil Smith for his and his team’s innovative work in Cancer commissioning. In addition, we supported the staff celebration event in December with a presentation show reel, which incorporated many of the achievements of the CCG.

Supporting local military veterans

East Lancashire CCG has for two consecutive years funded two Military Veteran organisations. These are Salute and Veterans in Community (VIC).

Although most military veterans are able to make the transition to civilian life successfully, for some this can be a difficult time. Leaving the structure of military surroundings and engaging in the uncertainty of a new life can be difficult. Many military veterans may have experienced or witnessed traumatic events which can lead to nightmares, flashbacks or a current sense of danger even when they are out of the combat areas. For some people this can lead to low mood, avoiding places or using alcohol or drugs as a way of trying to cope.

They have been funded to deliver a variety of support activities for military veterans across East Lancashire. The funding has been provided to both organisations in the form of a grant however, as part of this agreement they have submitted regular monitoring reports to the CCG, which have formed the basis of a regular visit.

The work of both Salute and VIC is closely aligned to the CCG cases for change as the support that they are providing to the armed forces community, impacts upon both how this important community uses both scheduled, unscheduled and community care services. Veterans find it difficult speaking to clinicians as they do not have a particular understanding of war trauma, therefore both Salute and VIC provides the familiarity and understanding that so many veterans require. Mental illness is a condition exacerbated by military service and the CCG needs to listen and learn from the experiences of veterans. The Better Care fund will also provide opportunities of working differently.

Social prescribing is the use of non-medical interventions to achieve long term behaviour change and improved self-care, complementing the support a patient already gets from their healthcare professional. In most cases it better meets the needs of patients with long term conditions and reduces other reasons for frequent attendance in general practice. It is likely to reduce inappropriate reliance on prescription medicines for conditions caused largely by social difficulties and it can also improve job satisfaction in primary care.

East Lancashire CCG is committed towards the development of early action services within the transforming lives agenda and the work associated with Improving Access to Psychological Therapy (IAPT). Furthermore the CCG are active participants in the procurement of a specialist mental health service for military veterans. This is a collaborative initiative involving all North West CCGs. The successful service provider will be expected to deliver and facilitate access to a range of mental health services, within a specific geographical area such as Lancashire.

Reducing inequalities

The CCG has actively supported and participates in the work of the Lancashire Health and Wellbeing Board through its large scale interventions to address the wider determinants of health aimed at improving life expectancy and reducing health inequalities. This work has led to the creation of a joint health and wellbeing strategy, and plan. The Health and Wellbeing Board monitors the delivery of this. It includes health promotion and related activities to address the public health needs of the population, including the promotion of health checks, alcohol harm reduction and smoking cessation activities, as well as other interventions to support healthy lifestyles and primary prevention. Our Chief Clinical Officer, and Accountable Officer, Dr Mike Ions represents the CCG on the Health and Wellbeing Board.

Performance Monitoring of Our Large Providers

The CCG through its contracts with providers ensures that those provider organisations are compliant with equality legislation.

All the NHS providers which the CCG contracts with under the annual equality performance review using the NHS Equality Delivery System (EDS). The table below provides a snapshot of the current position of each of East Lancashire CCG main providers following a review of their websites.

East Lancashire CCG is the Commissions Service from the following Providers	Equality Objectives	Published Equality Information in 2015/16	Undertaken EDS Grading in 2015/16	Published Work Force Race Equality Report 2015
East Lancashire Hospital Trust				
Lancashire Care Foundation Trust				
Calderstones Partnership NHS Foundation Trust				
North West Ambulance Service (NWAS)			NWAS are in the process of reviewing their current status on EDS2	

East Lancashire Hospital NHS Trust

The Trust's Equality Objectives for 2015/16 are as follows:

1. Collation and analysis of equality data across all protected groups. Patient equality monitoring data not yet analysed in respect of all nine protected characteristics: Sexual Orientation, transgender, disability, marriage and civil partnership are not recorded
2. Targeted engagement with all protected groups, including inclusive health groups.

The Trust's Equality Delivery System Grading Event took place in July 2015.

These are the grading results for each of the four EDS Goals:

Goal 1: Better health outcomes – Achieving

Goal 2: Improved patient access and experience – Achieving

Goal 3: A representative and supported workforce – 50/50 split between Developing and Achieving

Goal 4: Inclusive leadership – Developing

Calderstones Partnership NHS Foundation Trust

The Trust's annual Equality Delivery System grading assessment took place on 23rd March 2015. The outcome of the event was that the Trust was awarded 'Achieving' level (in the 2013/14 assessment the Trust had also been awarded 'Achieving' in 17 of the outcomes). Goals 1 & 2 which relate directly to service user health outcomes, access and experience were given 'Achieving' in all 9 outcomes (though in outcome 1.3 Developing and Achieving scored equally). Goals 3 & 4 which relates to staff experience and leadership within the organisation were awarded 'Achieving' in 8 of 9 outcomes, with outcome 3.4 around Bullying and Harassment of staff being awarded 'Developing'.

The Management and Prevention of Bullying and Harassment is something the Trust had identified prior to the event and Trust processes were changed in August 2014 around this, it is hoped that the work undertaken in this area will be reflected in the 2015/16 EDS self-assessment.

The grading was overall very positive for the Trust, following the event the Trust will reflect on the feedback and grading provided and will produce plans to improve on the assessment year on year and ensure that systems and processes are implemented in order to support this.

Lancashire Care NHS Foundation Trust

The Trust undertook their Equality Delivery System Grading Event (EDS) in November 2015, the final report for this activity will be published by the Trust in 2016.

Conclusion

The evidence set out in this report demonstrates that the CCG continues to make good progress towards paying due regard to the way healthcare services are commissioned and delivered. East Lancashire CCG is committed to making continuous improvements as a commissioner of services and employer for all our local population. The CCG will continue to monitor progress against the action plan and report regularly and openly on the development of this work.

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

Date: February 2016

Appendix 1: Equality Objectives Progress and Actions

Objective 1	Improving lives of local people and patients			
	Progress in 2015/16	Actions for 2016/17	Responsibility	RAG
	<ul style="list-style-type: none"> • Primary care access work • Hello my name is.... • EDS grading • Equality Impact and Risk Assessments • Involvement and Engagement update 	<ul style="list-style-type: none"> • EDS – action To collate more up to date local population and demographic data from Public Health • Accessible information Standard – identify a CCG lead • Redress some gaps around Impact assessments informing commissioning and service design activity as well as providing a clear evidence path for taking “due regard”. • Embed the equality impact and risk assessments process into all aspects of the CCG’s work including the commissioning planning processes for 2016/17 • An audit of commissioning staff engagement awareness and activity will be undertaken in February to enable the CCG to obtain a detailed understanding of the state of engagement and highlighting any opportunities for improvement. • Communication and engagement mechanisms need to be sure that they are reaching all the sections of the community and feedback from all equality protected groups is informing projects. • Consultation on Alternative Provider Medical Services practices in Burnley, Hyndburn, Pendle and Rossendale • Consultation on the new model for primary care in each locality, across East Lancashire • The NHS England mandated 360 degree survey of stakeholders • Contract monitoring of 		

		<p>providers in respect of how are our providers being monitored in relation to equality and requesting that our providers provide equality monitoring data so that we know who is accessing our services.</p> <ul style="list-style-type: none"> • Where equality data is available, cross reference is needed of patient experience information notably in respect of access to health care. • Improve on staff reporting and identification of positive experiences of their membership of the workforce • When reviewing our Equality and Inclusion Strategy in 2016 link our Equality Objectives to the Equality Delivery System Goals and Outcomes 		
Objective 2	To ensure the Executive Leads, Clinical Leads and the Board have the knowledge and competencies to effectively lead and make decision regarding Equality and Inclusion or from E&I Strategy: Inclusive leadership and represented and supported workforce			
	Progress in 2015/16	Actions for 2016/17	Responsibility	RAG
	<ul style="list-style-type: none"> • The CCG has shown exemplary leadership around equality and inclusion issues over the last year with ownership taken at the very highest levels and this approach permeates the importance of the subject throughout the organisation. More recently the organisation has taken the innovative approach of recruiting a lay member who will have a focus on equality issues. • The organisation has 	WRES		

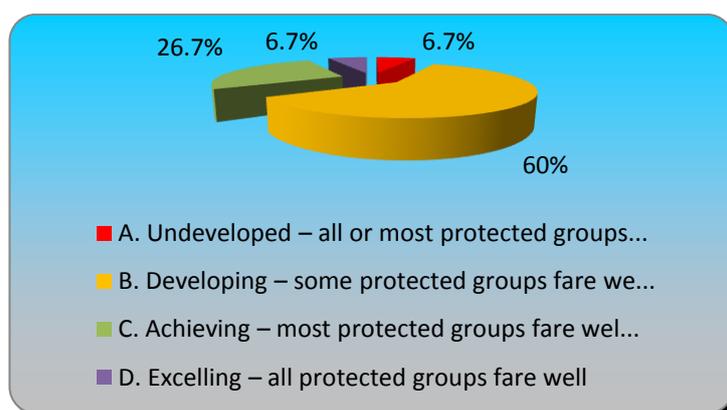
	<p>made clear links between equality & Inclusion and the key organisational themes of quality, assurance and risk, providing a strong governance route. This places equality and inclusion at the heart of corporate business.</p> <ul style="list-style-type: none"> • Employees throughout the organisation take a very reflective approach to equality and inclusion issues, building on their learning and embedding it into their day to day approaches to work 			
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Appendix 2: EDS Grading Outcomes of the Public Grading Assessment in 2015

Goal 1 Better health outcomes

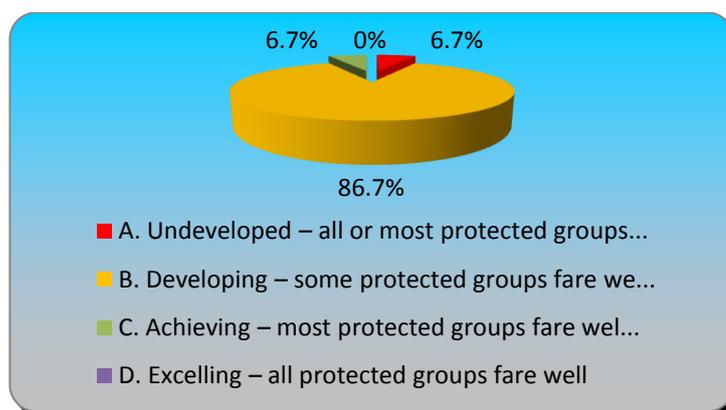
Goal 1: Better health outcomes

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



The majority of graders (60%) awarded **Developing** for this outcome. The graders felt that the CCG have a clear motivation to improve on this outcome. However, there was a great deal of data not supplied or known about the demographics of East Lancashire in relation to the protected groups. The graders feel that to improve on this outcome the CCG need to reach out to all of the protected groups within the community and consider all aspects for each of the protected groups.

Outcome 1.2: Individual people's health needs are assessed and met in appropriate and effective ways

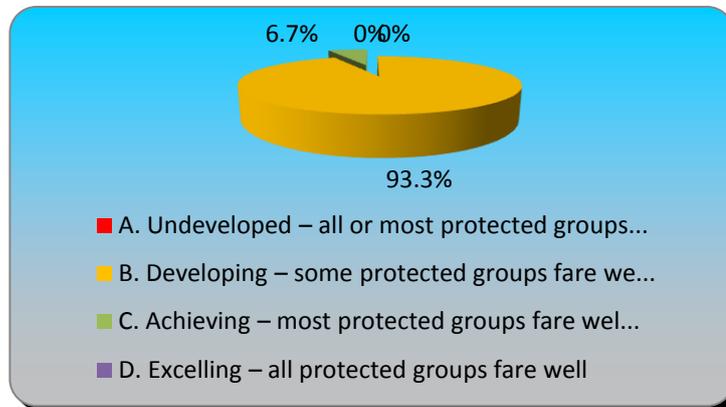


Outcome 1.2 was graded as Developing with the majority of 86.7% but the graders felt the CCG could move to achieving if evidence was shown that the CCG has more of an awareness of the specific health inequalities and how these health inequalities affect the different protected

characteristics. Also if the CCG had evidence of patient stories of how outcome 1.2 is being met, this would be a good way of showing how patient health needs are being assessed and met.

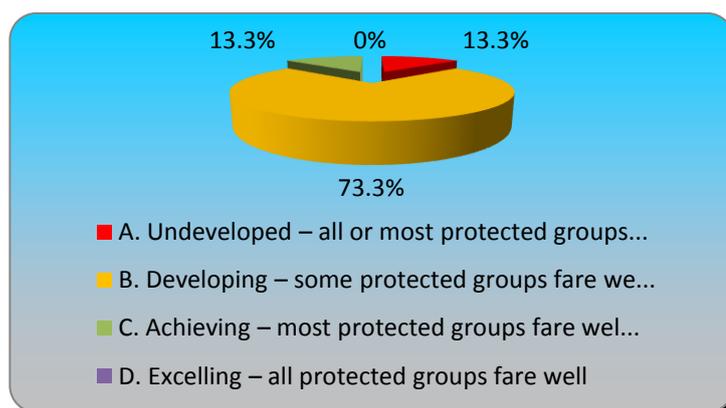
Goal 2: Improved patient access and experience

Outcome 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care



The majority of graders felt that the CCG were developing on this outcome, they felt that overall the CCG generally appeared to be doing well on this outcome; however there was not enough evidence to suggest that the health needs, inequalities and overcoming barriers for each protected characteristic had been considered and the CCG would gain a grade of achieving if there was a breakdown of evidence to show how all the protected groups are supported to be as involved as they wish to be in decisions about their care.

Outcome 2.4: People’s complaints about services are handled respectfully and efficiently



The majority of graders awarded Developing for this outcome. Feedback from the graders included comments: Evidence of You Said, We Did, along with patient stories would have provided good evidence and would have helped towards an outcome of achieving. Also a breakdown of compliments and complaints by protected groups would provide good evidence for the EDS grading.

Appendix 3: An overview East Lancashire CCG EDS Grading results from 2012 to 2015

Objective	Narrative	Outcome	2012	2013	2014	2015
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Developing +	Achieving +	Developing
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Developing	Developing +	Developing
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing	Developing -	Achieving +	Not graded in 2015
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Developing	Achieving +	Not graded in 2015
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	New for 2014	Not graded in 2014	Not graded in 2015
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient 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	Developing -	Achieving -	Not graded in 2015
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Achieving	Not graded in 2014	Developing
		2.3 People report positive experiences of the NHS	Developing	Developing +	Achieving -	Not graded in 2015
		2.4 People's complaints about services are handled respectfully and efficiently	Developing	Developing +	Developing +	Developing
3. A representative and supported workforce	The NHS should 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	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing	Achieving	Excelling -	Not graded in 2015
		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	Excelling	Excelling -	Not graded in 2015
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	Developing	Achieving	Excelling -	Not graded in 2015
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Achieving	Achieving +	Not graded in 2015
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Achieving	Excelling	Not graded in 2015
		3.6 Staff report positive experiences of their membership of the workforce	Developing	Achieving -	Achieving +	Not graded in 2015
4. Inclusive leadership	NHS organisations should 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	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	Developing +	Excelling -	Not graded in 2015
		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	New for 2014	Staff grade A+ Public grade D+	Not graded in 2015
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing +	Achieving	Not graded in 2015