



East Lancashire
Clinical Commissioning Group

Equality and Inclusion Annual Report 2016/17

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Foreword

We are pleased to present our fourth 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 is being reviewed along with the CCG's Equality Objectives. 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 who is responsible for ensuring the Governing Body consider Equality, Diversity and Human Rights. In addition the CCG has a nominated Governing Body Lay Member whose portfolio includes Equality and Inclusion.



Naz Zaman
Governing Body Lay Member
Equality and Diversity



Mark Youlton
Accountable Officer



Angela Brown
Director of Corporate
Business

Knowing Our Local Population



The CCG, which is a clinically-led statutory NHS body, is responsible for planning and commissioning services to the five boroughs of East Lancashire – Burnley, Hyndburn, Pendle, Ribbles 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.

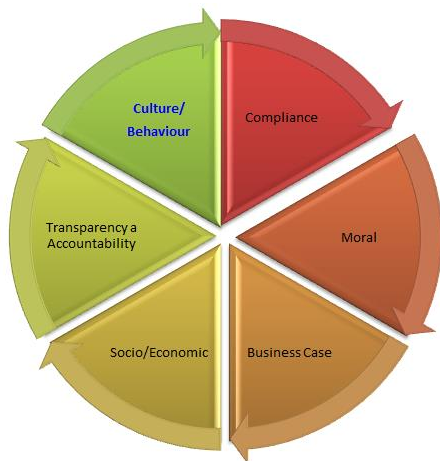
Most of the people living here are White British, and there are also a significant number of people of South Asian origin, making up 11 per cent of the registered population. This group has a much younger age structure than the White British group, particularly in Burnley. They also experience a relatively 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.

Equality legislation Overview

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



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

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

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

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

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

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



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

Specific Duties

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

2017 – 2020 Joint Equality Objectives East Lancashire and Blackburn with Darwen CCGs'

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

Following recent discussions between East Lancashire CCG and Blackburn with Darwen CCG there has been agreement to work collaboratively across both organisations where this is possible. One area which has been identified is around Equality and Inclusion and specifically the development of a combined Equality and Inclusion Strategy. This will be the first Pennine Lancashire equality strategy and will reflect both the CCGs diverse communities. Both CCGs have agreed to adopt the EDS2 goals as their equality objectives for the next four years.

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

Meeting Statutory Human Right Requirements

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

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

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

NHS National Mandated Equality Requirements for 2016

Accessible information Standard (AIS)



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

The CCG are required to give consideration to this standard in 2016 the CCG developed an AIS check list and actions designed for purpose of implementing the principles and demonstrating "due regard" to the standard. The CCGs key focus this year was to:

- Publish onto the CCG website, a statement outlining how we intend to demonstrate due regard towards the Standard.
- Develop an information pack for GP Practices. This would provide information for GP practices which would be disseminated through the Practice Managers Forum. The information pack included 2 pilot projects identifying ways to flag patient access and communications needs onto patient data systems.
- To seek assurances from its key NHS and large providers that they are adhering to the AIS

You can view the AIS Statement by clicking the following link:

[Accessible Information Standard Statement](#)

Also see:

[Fair Processing Notice -Your Information and how we use it](#)

Equality Deliver System 2 (EDS2)



Incorporated into the NHS Standard Contract this is NHS mandated equality tool used to evidence compliance with the Public Sector Equality Duty and is covered further in the report if you would like to know more about this business tool click the following link [Equality Delivery System 2](#) Each year a range of stakeholders are invited to attend the EDS grading event where the CCG will present the equality and inclusion work and activities it has been involve in over the year in relation to pre-

selected EDS outcomes and the public sector equality duty. The table below shows the 2016 EDS outcomes and the grades assigned by the stakeholders. The feedback from the event influences the selection of EDS2 outcomes for the following year.

EDS Grading Results for 2016 outcomes	
Goal 1: Better health outcomes	2016 Grades
1.1: Service are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
1.2: Individual people's health needs are assessed and met in appropriate and effective ways	Developing
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	Developing
2.4: People's complaints about services are handled respectfully and efficiently	Achieving

You can view the full report by clicking the following link [EDS2 2016 Grading Event Report](#)

Workforce Race Equality Standard (WRES)



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

In 2016 there was welcomed progress in the level of staff identifying their ethnicity; however analysis on some of the WRES indicators was not possible this was mainly due to:

- Disaggregated data not currently available to populate several WRES Indicators
- No baseline data to assess and measure performance

Measurable Outcome – The proportion of total staff who self-reported their ethnicity increased from 61.11% in 2015 to 63.52% in 2016

Action to be taken from 2016 Report on the WRES Indicators

1. Continue to improve data capture
2. Look at how we can best disaggregate data to capture ethnicity within internal staff surveys

To improve the data capture of staff demographics by ethnicity and other protected characteristics and to ensure compliance with our equality responsibilities and to provide data/evidence for the Workforce Race Equality Standard , Public Sector Equality Duty and the EDS2 Goal 3 the CCG have decided the following measures:

- a. Deliver a local staff survey which includes equality based monitoring and questions to better understand the workforce demographics and experiences but also to ensure the workforce is representative of the communities we serve.

You can view the full report by clicking the following link [Workforce Race Equality Standard 2016 Report](#)

In addition, 2017 we will be developing actions, extra promotion and awareness activities in working towards achieving Equality Delivery System (EDS) Goal 3 and meeting other employee equality related requirements.

Modern Day Slavery 2015 Act (MSA)

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

[Future National Equality Standards](#)

Sexual Orientation Monitoring Information Standard (2017)

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

Workforce Disability Equality Standard (2018)

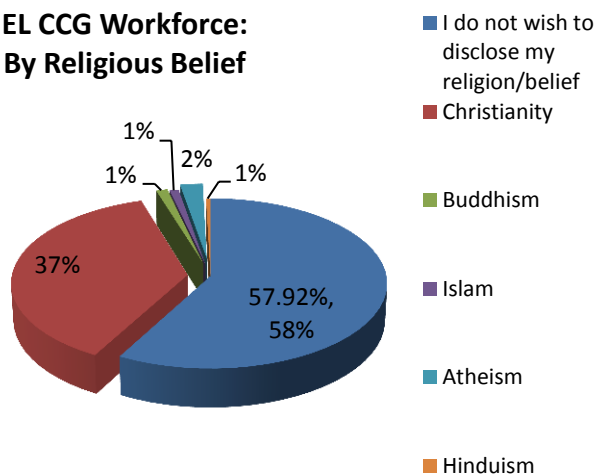
The Workforce Disability Equality Standard (WDES) is expected to be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. NHS England has agreed to do so.

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

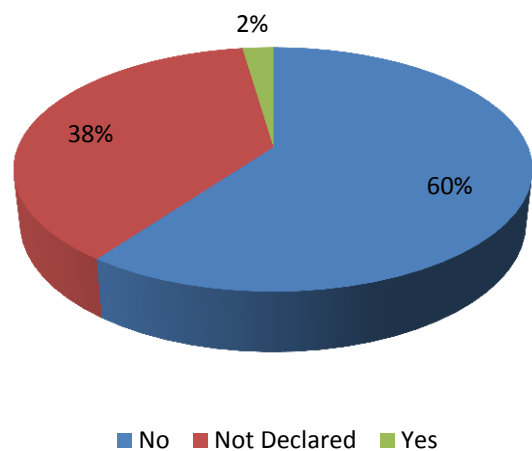
Consultation on the proposed Workforce Disability Equality Standard has begun, alongside an extensive programme of communications and engagement to raise the profile of this initiative and to outline what support will be provided to organisations to deliver the change with disabled staff.

Our Workforce Profile 2016

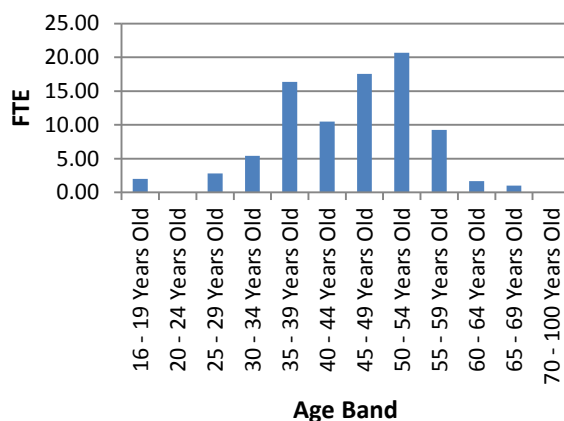
**EL CCG Workforce:
By Religious Belief**



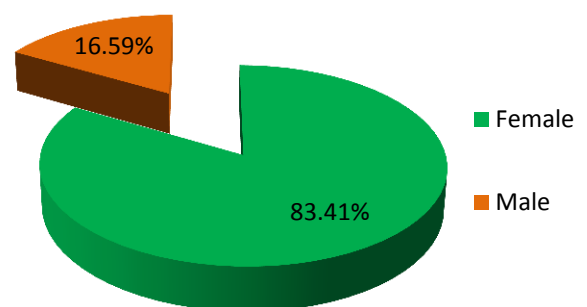
EL CCG Workforce : By Disability Status



EL CCG Workforce: By Age Band



**EL CCG Workforce:
By Gender**



The CCG will continue its work to fully understand the diversity of the workforce so that it 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.

Equality Monitoring

Why equality and health inequalities data matters

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

- the NHS Constitution;
- the Equality Act 2010 and the Public Sector Equality Duty;

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

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

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

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

NHS England produced an informative paper around [Monitoring Equality and Health Inequalities](#) and why it matters.

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

Commissioning Services

Priority Areas for the CCG

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

- 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.



A Key equality tool that is embedded into the commissioning process is the Equality Impact and Risk Assessment (EIRA). EIRAs are a proven method of ensuring equality is given due regard through each section of the cycle.

Equality Impact and Risk Assessments (EIRA)

The Equality Impact and Risk Assessment Tool is now processed through an IT based system called U-assure. This tool combines three toolkits which includes equality impact, risk impact and human rights screening. This enables the CCG to show 'due regard' to the three aims of the Equality Acts General Equality Duty by ensuring that all requirements around equality and risk, human rights and privacy are given advanced consideration prior to any policy or commissioning decisions.

Service Design

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

Community Engagement

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

Procurement Process

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

Equality Monitoring and Analysis

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

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

The type of information could include:

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

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

Business Case

The evidence to support the argument that diversity should be part of the core business of NHS organisations continues to grow. Both within the NHS and in other sectors, the business benefits of diversity are seen to enhance an organisation's reputation, improve recruitment and retention, increase productivity and mitigate risks in terms of legal compliance.

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

Equality Impact and Risk Assessments for 2016 have included:

East Lancashire CCG

- Care Home Placement Support Services
- Chronic Fatigue Syndrome
- Complaints and Concerns Policy
- Paediatric Community Respiratory Nursing
- Risk Management Policy
- Suspension and Removal Policy
- Changes to Services at Fairmore GP Practices
- New Models of Care
- Changes to Health Access Centre GP Practice
- Choice and Equity Policy

Pennine Lancashire

- DEXA Scanning Service
- Community Dermatology Services

Pan Lancashire

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

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

Developing Provider Monitoring and Relationships

Key to the CCG achieving our equality objectives is our relationships and the support we provide to NHS and other key providers. In meeting our statutory obligations, the CCG as an NHS commissioning body, are required to seek assurances from providers that they are meeting their mandatory requirements namely:

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

In our supporting role the CCG will work collaboratively with providers to establish shared understandings and expectations, to be innovative while performing efficiently and effectively within an environment of economic restraint.

Performance Monitoring of Key Providers

The CCGs are required to seek assurances from their key providers that, as a minimum requirement, they are compliant with National and NHS equality requirements.

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.

East Lancashire Hospital NHS Trust (ELHT)	Accessible Information Standard*	Equality Strategy 2015-2019	2016 PSED Annual Report*	2016 EDS2 Summary Report	2016 (WRES) Report & Action Plan*
Lancashire Care Foundation Trust	Accessible Information Standard	Equality 4 yr. Strategy	2016 PSED Annual Report	[^] 2016 EDS2 Summary Report	2016 (WRES) Report & Action Plan
Mersey Care NHS Foundation Trust	Accessible Information Standard	Equality 2 yr. Strategy/ Objectives 2014- 2016 / 2017-2018	2016 PSED Annual Report	2016 EDS2 Summary Report	2016 (WRES) Report & Action Plan
BMI Healthcare	Accessible Information Standard	Equality yr. Strategy	2016 PSED Annual Report	2016 EDS2 Summary Report	2016 (WRES) Report & Action Plan
North West Ambulance	Accessible Information Standard	Equality 2 yr. Strategy/ Objectives 2016-2017	2016 PSED Annual Report	2016 EDS2 Summary Report	2016 (WRES) Report & Action Plan

[^] Summary grading event received, the full report to be published on provider website but will be there by Q4

* ELHT website under reconstruction hard copies have been sent to the CCG

We will improve our provider monitoring for the purpose of:

- Assuring all provider performance and accountability around equality and diversity.
- Being open and transparent in all of our discussions with our providers, in particular where they are not achieving, and be open about non-achievement early enough to adopt a collaborative approach to a solution.
- Having a visible programme of work for improving the equality, safety and productivity of its business
- Engaging in partnerships with other providers to secure equitable and inclusive service solutions and employment practices which meet the needs of East Lancashire whilst ensuring sustainability.
- To help the CCG to assess whether services are giving excellent outcomes (including qualitative information about our commissioned and delivered services).
- Develop robust BI, contract and performance monitoring systems with regards to collating and distributing equality data

North West NHS Equality & Diversity Leads Forum

The role of our partnership with the North West NHS Equality & Diversity Leads Forum is to ensure our principles of equality and human rights are embedded and supported with equality leads across the North West Region whether Clinical Commissioning Groups (CCGs) or NHS Providers. Issues around commissioning, procuring, delivering and equality monitoring of services are agenda items, along with the sharing of good practice and feeding this information into organisations such as NHS England and regulatory bodies such as Care Quality Commission (CQC).

2017/18 Key Areas of Focus

Pennine Lancashire 2017 – 2020 Equality Strategy

The Joint Equality Strategy will outline a combined strategic intention to implement and promote new equality objectives in order to further embed equality into each respective CCG. There is also an opportunity to align the Equality Delivery System Goals and Outcomes to the CCGs corporate aims and objectives. For example the table below demonstrates how EDS2 Goals and outcomes are linked to East Lancashire CCGs key priority areas.

Priority Areas for east Lancashire CCG	EDS2 Goal	EDS2 Outcomes
Access to urgent care.	Goal 1	(1.1)
	Goal 2	(2.1)
Developing primary care services.	Goal 1	(1.1)(1.2)(1.3)(1.4)(1.5)
	Goal 2	(2.1)(2.2)(2.3)(2.4)
	Goal 3	(3.1)(3.2)(3.3)(3.4)(3.5)(3.6)
	Goal 4	(4.1)(4.2)(4.3)
Developing services to avoid unplanned admission to hospital. Redesigning pathways of care in areas for services such as stroke, diabetes.	Goal 1	(1.1)(1.2)
	Goal 2	(2.1)(2.2)
	Goal 1	(1.1)(1.3)(1.4)
Work to improve access to mental health services.	Goal 1	(1.1)(1.2)(1.3)(1.4)
	Goal 2	(2.1)(2.2)(2.3)(2.4)
Work to develop dementia care services.	Goal 1	(1.1)(1.2)(1.3)(1.4)
	Goal 2	(2.1)(2.2)(2.3)(2.4)

EDS2 2017

Having assessed the feedback from participants who have attended our previous grading events, and to ensure future events are well attended and to ensure our on-line questionnaire completion rate is maximised, the CCG have identified the following actions:

- [The Patient Partners Group](#) – This group who consists of the chairpersons from each respective GP patient group across East Lancashire who have a wealth of patient experience knowledge and will be invited to future equality grading events. The Group has a current membership of approx. 20 and will contribute to a more meaningful and robust process.
- Identify voluntary/community groups who support protected groups, including those which have not attended our grading events, and establish productive relationships along with identifying individuals who would contribute to the grading process and increase the diversity of attendees.
- The EDS online questionnaire will this year be presented through our recently produced “Connected” Stakeholder Newsletter were key supports groups will be

invited and encouraged to participate. The questionnaire will be reviewed by the Communications and Engagement team to maximise completion rates.

- As suggested at the 2016 event the Quality and Performance Teams will present at the 2017/18 grading event where they will be required to provide equality monitoring data and analysis so graders can observe measurable outcomes.

Sexual Orientation Monitoring Information Standard & Workforce Disability Equality Standard

- Ensure the above standards are implemented effectively including by our key providers

Better understanding our workforce

Ensuring the local staff survey identifies and documents specific needs and experiences of staff with protected characteristics. This data should then be analysed to enable reasonable steps to be taken and to make reasonable adjustments to eliminate any disparities or potential disadvantage. This will ensure that the CCG as a representative and supported workforce EDS2 (Goal 3)

Preparing for the Workforce Disability Equality Standard

The NHS Equality and Diversity Council (EDC) have taken another pivotal step to advance equality within the NHS. The Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18.

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

Conclusion

The evidence set out in this report demonstrates that the CCG continued the 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 its equality goals and objectives and to report regularly and openly on the development of this work.

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

Date: March 2017