



**East Lancashire
Clinical Commissioning Group**

Led by clinicians, accountable to local people

Equality & Inclusion Annual Report 2014/15





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Foreword

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

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 people in our community are the experts of their own conditions, their personal characteristics or the needs of the people they care for. Empowering patients and the public to become our partners within the new landscape as we move forward will ensure a world class service for all.

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

The Clinical Commissioning Group has a designated Board Level Lead that is responsible for ensuring the Governing Body consider Equality, Diversity and Human Rights. The Board Level Lead is supported by an external source providing high level experience, knowledge and skills on a shared basis with other local Clinical Commissioning Groups.



Dr Mike Ions

Accountable Officer



Dr Phil Huxley

CCG Chair



Angela Brown

Director of Corporate Business and
CCG Executive Lead for Equality and Inclusion





Introduction and Aims of the Report

This is the Clinical Commissioning Groups (CCG) second Equality and Inclusion Annual Report.

The report will set out how the CCG has been demonstrating due regard to the Public Sector Equality Duty's three aims and will provide evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually.

This means that the CCG has given detailed consideration to issues of equality discrimination before making any policy decision which is an essential requirement and 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 and the Human Rights Act 1998.

Our Population

East Lancashire CCG comprises of the five boroughs of Burnley, Hyndburn, Pendle, the Ribble Valley (excluding Longridge), and Rossendale.

The population the CCG serves is estimated at 371,443 people from diverse backgrounds. The population is an ageing population in the sense that the number of people over 75 years has increased and is projected to continue to do so. At the same time, the numbers of children and young people in the population is higher than average, this means that the CCG will need to consider both ends of the age spectrum, when buying health services. The South Asian ethnic community makes up over 11% of the registered population and has a much younger age structure than the white British community.

Workforce Profile

The CCG is supported by Midlands and Lancashire Commissioning Support Unit's (CSU) Human Resources and Equality and Inclusion Team in ensuring that it has in place fair and equitable employment and recruitment practices.

The CCG and CSU are 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.

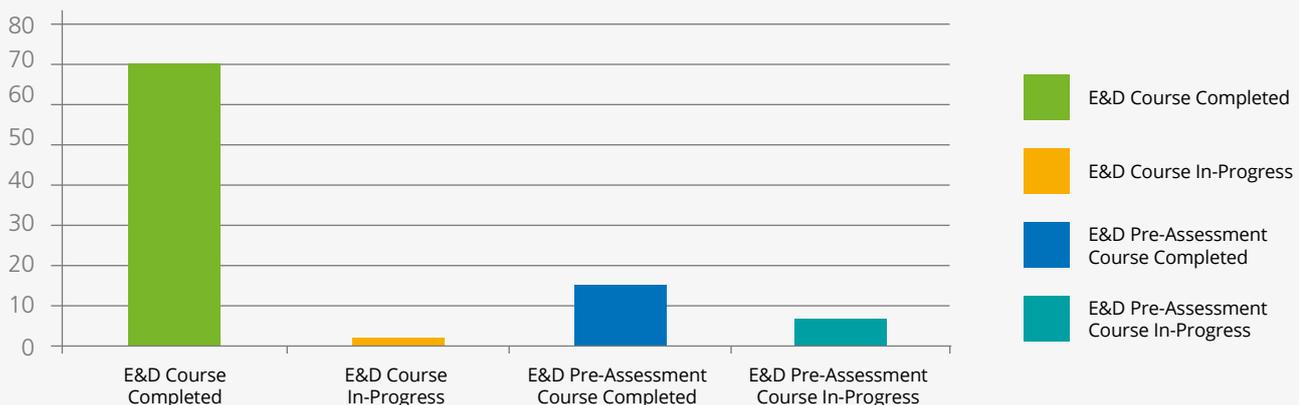
The CCG has a small workforce and as such is not required under the Specific Equality Duty to publish its workforce data, however the CCG promotes transparency in all of its work aims to carry out a full review and analysis of the workforce profile in 2015 and the findings of that review will be reported in the 2016 Annual Equality Report.

Equality and Inclusion Training

CCG staff have undertaken their E&D training utilising a range of formats, the majority of staff are undertaking the Skills for Health e-Learning programme and Figure 1 gives the numbers of staff who are in progress and have completed the training before the deadline of 31st March.

Figure 1

No. of Staff undertaken E&D Training December 2014



The Equality and Inclusion Online Training course which is provided through Skills for Health delivers an understanding of equality and diversity and helps staff apply that knowledge in their role within the Clinical Commissioning Group.

The online course has 8 modules covering the following:

- Pre-assessment
- Module 1: General awareness
- Module 2: Age
- Module 3: Disability
- Module 4: Gender and gender reassignment
- Module 5: Race & ethnicity
- Module 6: Religion & belief
- Module 7: Sexual orientation
- Module 8: Pregnancy and maternity

Staff are required to undertake this training as part of their mandatory training programme every two years and each module is followed by an assessment with a pass mark of 70%.

The CCGs Senior Managers received Pre-PEAR Toolkit Training in July 2014. The Pre-PEAR Toolkit has three stages and each one is covered in the training provided along with practical case studies. The training is provided by the Equality and Inclusion team of the Midlands and Lancashire Commissioning Support Unit and the training aims to enable staff from the Clinical Commissioning Group and embedded Commissioning support Unit Staff to develop an understanding of the Pre-PEAR process, enabling staff to identify the business, ethical and legal cases for undertaking equality analysis, privacy and quality impact assessments and human right impact of outcomes assessments. This is vital to ensure that the CCG is able to show due regard to the Public sector Equality Duty, Human Rights Legislation the NHS Constitution, NHS Outcomes Framework and other statutory requirements such as Information Governance.

| | |
|----------------|---|
| Stage 1 | Pre-PEAR Checklist and initial risk assessment |
| Stage 2 | Full Assessment Carried out if stage 1 scrutiny identifies need |
| Section 1 | Assessor details and information of what is being assessed |
| Section 2 | Equality Analysis; equality risk assessment and action planning |
| Section 3 | Human Rights Assessment |
| Section 4 | Quality Impact Assessment |
| Section 5 | Privacy Impact Assessment |
| Section 6 | Community Cohesion and Funding Implications |
| Section 7 | Monitoring and Review |
| Section 8 | 5 by 5 risk matrix |
| Stage 3 | Escalation Pro-forma to CCG Risk Lead |

Compliance with the Public Sector Equality Duty

The CCG has worked to show due regard to the aims of the Public Sector General Equality duty as set out in the Equality Act as detailed below:

| | |
|--------------|---|
| Aim 1 | Eliminate unlawful discrimination, harassment and victimisation |
| Aim 2 | Advance equality of opportunity between different groups |
| Aim 3 | Foster good relations between different groups |

Through the adoption of the NHS Equality Delivery System the CCG aims to demonstrate to the people we serve how we are meeting the three aims of the Equality Duty.

Protected Characteristics

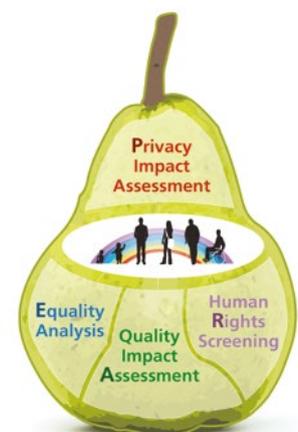
The general equality duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. People who are considering, undergoing or have undergone gender reassignment.

The Clinical Commissioning Group also needs to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the general equality duty applies to this characteristic but the other two aims do not. This applies only in relation to work, not to any other part of the Equality Act 2010.

Equality Analysis

The Clinical Commissioning Group has adopted the Pre-PEAR Toolkit which provides a framework for undertaking equality analysis, privacy impact assessments and human rights screening which 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. CCG commissioners have carried out a range of equality analysis and human rights screening when carrying out their duties to ensure the CCG is paying due regard to the three aims of the Public Sector Equality Duty and the Human Rights Act.

The Pre-PEAR Toolkit



Pre-PEAR or beware.

The following are examples of the assessments undertaken in 2014 to date:

| | |
|---|--|
| Pre-PEAR Assessment Title | CCG Author(s) |
| Dermatology Service Review | Scheduled Care Service Redesign Support Managers |
| Ophthalmology Service Review | Scheduled Care Service Redesign Support Managers |
| MSK Service Review | Scheduled Care Service Redesign Support Managers |
| Acute GP Visiting Scheme | Unscheduled Care Commissioning Support Manager |
| Learning Disability Enhanced Support Service Group | Service Redesign Support, CSU |
| Ophthalmology | Scheduled Care Service Redesign Support Manager |
| Acute Oncology | Service Redesign Support Manager |
| Primary Care Access Project | Primary Care Development Manager |
| Annual Resilience | Head of Unscheduled Care |

All of the Pre-PEAR assessments carried out by the CCG staff are scrutinised by the Equality and Inclusion Team to ensure there is evidence to show how the CCGs are meeting the three aims of the Public Sector Equality Duty and the Duty to Involve and signed off by the E&I Lead when completed.

Involving local people in decision making

East Lancashire Clinical Commissioning Group (CCG) is 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 to improve the lives of our local population.

CCG are required 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 and to
- Promote choice and ensure efficient, cost effective services

Highlights in Engagement in 2014

Rossendale Minor Injuries Unit Remains Open

The CCG surveyed patients who had used the Rossendale Minor Injuries Unit and found that 94% of the respondents were either satisfied or very satisfied with their care and treatment. The CCG listened to what people had to say – patients said they found this service valuable, that it was convenient, easy to access; had good parking and that they were treated professionally. The CCG therefore took the decision to further invest in the service.

Accrington Walk-In Centre Decision

The CCG delayed the final decision on the future of the GP Walk-In Centre at Accrington General Hospital to further examine the options for access to GP and primary care appointments in Accrington and across East Lancashire. The Governing Body felt it was particularly important to make sure that the whole picture is considered, including what local people say they need from GPs and from primary care services overall. The contract for the Centre has been extended until March 2016 to allow for additional engagement and consultation.

Making a Difference to Local Veterans

The CCG works in conjunction with Veterans in Communities (VIC) to help make a positive difference to the lives of veterans in the area. VIC supports veterans and their families to provide information, advice and guidance on a number of issues that affect ex-service personnel integrate back into everyday life.

Urgent Care

The CCG joined with neighbouring Blackburn with Darwen CCG to launch the Think! Campaign across the Pennine area, reminding people of

the best place to get access to care when they are ill. The campaign was developed with the input and views of patients.

You Said, We Did – Parkinson's

An issue raised by attendees of the CCG's public listening events was the need for a dedicated specialist Parkinson's Nurse to cover East Lancashire. The Governing Body listened to the views of local people and decided to make a bid to Parkinson's UK for support in funding the post. The CCG has subsequently secured funding for an initial period of two years and will finance the post after that time should it be shown to be meeting the needs of local patients and carers. The nurse started work in September 2014.

Access to primary care

The CCG has carried out extensive engagement about GP and other community-based primary care services to establish what patients, carers and the public need from these services now and into the future. This has included events in areas of high black and minority ethnic population, such as the Chai Centre in Burnley, with the gypsy, Romany and traveller community and with the deaf community, as well as on-line and paper surveys and focus groups in each of the five locality areas. The work has been analysed and a coproduction group involving patients has been working on a set of principles for service delivery, which are to be presented to the Governing Body. Further consultation activity is then planned to get people's views on the principles in order to inform future models of service delivery.

Public Involvement and Consultation: A Summary

Over 2013/14 we have actively engaged with local patients, carers and the public.

In addition to the examples described above, some examples of this work include:

- engagement plans and activities around scheduled care (Care Closer to Home): musculoskeletal services, ophthalmic services and dermatology services
- Integrated Care Development engagement, including the creation of proposals for the Better Care Fund. This featured an event attended by more than 100 people including representatives of local Patient Participation Groups
- A dementia awareness event and support for the Dementia Friends initiative in Rossendale.

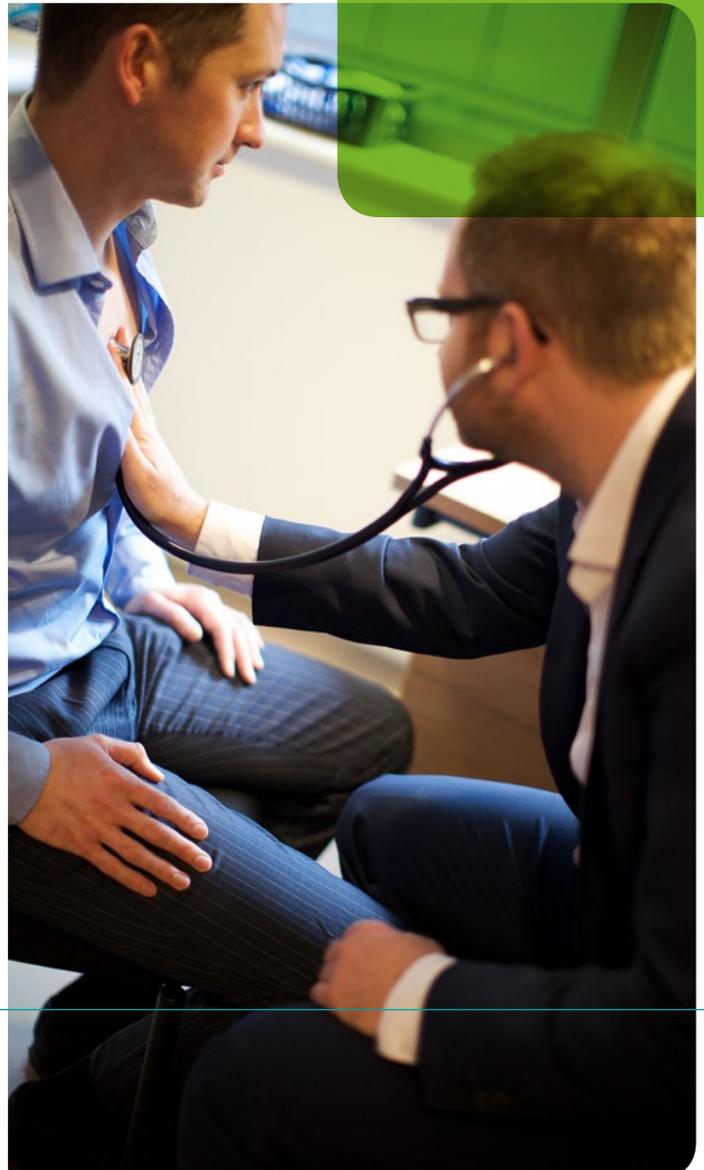
In addition, the CCG regularly hears patient stories at Governing Body meetings and uses this direct feedback to improve services through commissioning activities.

The soft intelligence system known as Connect means that our ears are constantly to the ground, listening and acting on the experiences of patients that are reported to our member GP Practices, or directly to the CCG. Our ambition is that by 2018 the local health services we commission for the people of East Lancashire will characteristically demonstrate that patients and communities are even more engaged in local health systems and are better able to play a role as co-producers of their health and well-being.

Outcomes of our Equality Objectives

East Lancashire Clinical Commissioning Group prepared and published its equality objectives in April 2012 whilst in shadow form.

These objectives further the aims of the general equality duty, and will be refreshed annually following the grading of the CCG against the four goals of the Equality Delivery System and revised every four years. See Appendix 1 for annual progress report.



The NHS Equality Delivery System (EDS2)

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

The four EDS goals are:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

The Clinical Commissioning Group as a statutory organisation as set out in Schedule 19 of the Equality Act 2010 is required to demonstrate how it is paying due regard to the Public Sector Equality Duty's (PSED) three aims. Throughout the year CCG staff ensure that they are embedding equality and inclusion into the work they undertake on behalf of the CCG, this work includes engaging and involving local people in decision making, undertaking effective equality analysis prior to decisions being made, buying the best healthcare to meet local people's needs and monitoring the performance of healthcare providers including their compliance with equalities legislation.

All of this work generates evidence of the CCGs compliance with the PSED and this evidence is then reviewed by local people against the four goals and 18 outcomes of the NHS Equality Delivery System (EDS2) (NHS England, 2013) which is not only a performance toolkit but provides additional evidence in the annual compliance report of how the CCG is meeting statutory equality and human rights

requirements such as showing due regard to the Public Sector Equality Duty.

EDS2 also provides this forum and the Clinical Commissioning Group Governing Body an assurance mechanism for compliance with the Equality Act 2010 and co-design equality objectives with users of services, to ensure improvements in the experiences of patients. The report also ensures that the CCG is transparent in reporting all the outcomes along with its draft action plan in line with CCG policy.

The grading in 2014 was facilitated by the Equality & Inclusion Team from the Commissioning Support Unit and the focus of the grading for goals one and two in 2014 were outcomes that received Developing in 2013, this allowed the Clinical Commissioning Group to demonstrate how it had taken on board feedback from the 2013 grading and had progressed over the twelve months.

The scrutiny of the CCGs EDS2 evidence was carried out in two parts;

- Part one to consider the evidence against goals 3 & 4 and took place on 18th August 2014.
- Part two required two panels to review the evidence against goals 1, 2 and 4 and took place on 15th September 2014 and;

Part one grading of goal 3 and 4 was carried out by 14 employees of the CCG and Part two grading of goals 1.2 and 4 was carried out with the involvement of 8 local people some of whom were involved in the grading in 2013



who represented the following protected groups; age, sex, disability (learning disability, mental health, Deaf/Hard of Hearing and physical disability), religion or belief and race plus ex-military service personnel and 5 staff representatives. Training was also provided by the Equality and Inclusion Team to support both the local people and staff in their role as EDS2 graders.

Whilst the group was small and did not cover all nine of the protected characteristic groups as set out in the Equality Act 2010, 80% of the graders had been present in 2013 and they were able to consider objectively the evidence presented. Each panel was presented with both a written narrative and printed evidence which set out how the CCG was meeting each of the 16 outcomes reviewed. The Head of Equality & Inclusion along with CCG staff also presented evidence either verbally or by video to the panels who were then given time to discuss the information before being given a chance to vote electronically for each outcome indicating if they felt the evidence merited.

Each member of the grading panel was asked to consider the following question before voting and deciding which of the four grades (undeveloped, developing, achieving and excelling) they wanted to choose:

how well do people from protected groups fare compared with people overall?

The four grades are chosen as follows:

1. Undeveloped if there is no evidence one way or another for any protected group of how people fare or Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

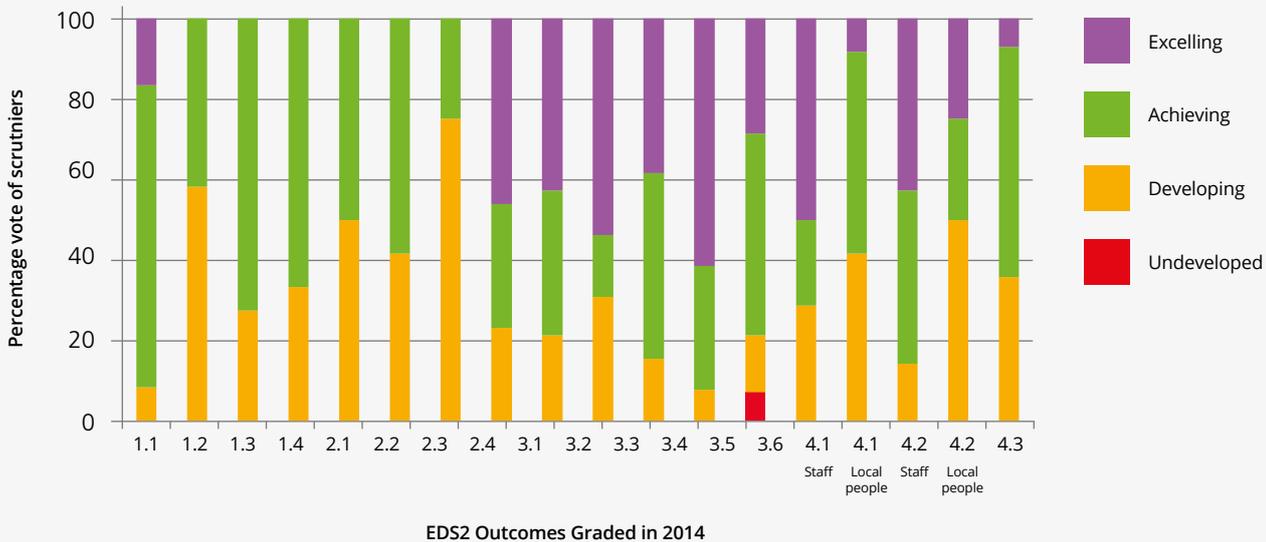
2. Developing if evidence shows that the majority of people in three to five protected groups fare well

3. Achieving if evidence shows that the majority of people in six to eight protected groups fare well

4. Excelling if evidence shows that the majority of people in all nine protected groups fare well

After each vote the panels could see what the result was instantly and where there were 50:50 splits then further discussion took place before finalising the grade for each outcome. These additional discussions lead to some of the grades being either positives or negatives to ensure agreement. A full breakdown of the grading results for each outcome can be found in appendix 1 and figure 2 below is an overview of the voting outcomes.

Overview of Voting Outcomes of both Staff and Local People Panels 2014



Next steps for 2015

This year the CCG focused on areas where it was developing and provided evidence in support of this in order to move towards achieving level. Overall, it was a positive assessment of the CCG moving towards achieving in 8 outcomes and excelling in 5 outcomes. This is very positive but there were some areas where both members of the panel as well staff felt that the CCG was still continuing to be at developing level primarily 1.2 and 2.4.

In order to address this issue an action plan will be developed in conjunction with the CCG to ensure a consistent assessment across all outcomes from members of the public as well as staff.

One of the ways we may address this issue is through development of a Local Equality Delivery Partnership Group (LEDPG), this option has been explored to not only support the annual EDS2 grading but as part of the wider engagement plan. The grading panel were asked whether they would support strengthening of their involvement and engagement through a LEDPG and all were in favour and felt that this would enable them to be involved throughout the year with the review of EDS2 evidence and the implementation of the action plan.

Benchmarking our EDS2 results with other Lancashire CCGs

Below is a table which sets out the position of East Lancashire CCG and 5 other CCGs in Lancashire in relation to their EDS2 grading outcomes in 2014.

| EDS outcomes | Blackburn with Darwen CCG | Blackpool CCG | East Lancashire CCG | Fylde and Wyre CCG | Lancashire North CCG | West Lancashire CCG | |
|--------------|---------------------------|---------------|---------------------|--------------------|----------------------|---------------------|--------------|
| 1.1 | Achieving | Achieving + | Achieving + | Achieving | Achieving | Achieving | |
| 1.2 | Achieving | Achieving | Developing + | Achieving + | Achieving + | Developing + | |
| 1.3 | Developing | Achieving | Achieving + | Achieving + | Achieving + | Developing + | |
| 1.4 | Developing | Achieving + | Achieving + | Achieving | Achieving | Achieving | |
| 2.1 | Achieving | Achieving + | Achieving - | A | D | Developing + | Developing + |
| 2.2 | Achieving | Achieving | Achieving | Developing | | Achieving | Achieving + |
| 2.3 | Achieving | Achieving | Achieving - | Developing | | Achieving + | Achieving |
| 2.4 | Developing | Achieving | Developing + | Achieving + | Achieving + | Developing + | |
| 3.1 | Achieving | Achieving + | Excelling - | Achieving | Achieving | Achieving | |
| 3.2 | Achieving | Achieving + | Excelling - | Achieving | Excelling | Achieving | |
| 3.3 | Achieving | Achieving + | Excelling - | Achieving | Achieving + | Achieving | |
| 3.4 | Achieving | Excelling - | Achieving + | Achieving | Achieving | Achieving | |
| 3.5 | Excelling | Excelling | Excelling | Excelling | Excelling | Achieving | |
| 3.6 | Achieving | Excelling - | Achieving + | Excelling | Achieving + | Achieving | |
| 4.1 | Achieving | Achieving + | Excelling - | Achieving | Achieving | Achieving | |
| 4.2 | Developing | Achieving + | A+ | D+ | Achieving | Achieving + | Achieving |
| 4.3 | Achieving | Excelling - | Achieving | Achieving | Achieving + | Achieving | |

East Lancashire CCG reviews its performance annually and is always keen to review how it is performing in relation to other CCGs so that lessons can be learned and best practice shared to ensure the improvement of services for local people and employees. The table below shows that the CCG is on par with other CCGs across the County.

Performance Monitoring of 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 undertake the annual equality performance review using the NHS Equality Delivery System (EDS). Each NHS provider's performance has been monitored by the Equality and Inclusion Team through the Lancashire Equality Delivery Partnership, through formal meetings with Equality Leads and through a reporting framework.

| CCG is Lead Commissioning for the following NHS Providers | Equality Objectives | Published Equality Information in 2014 | Undertaken EDS Grading in 2014/15 |
|---|---------------------|--|---|
| East Lancashire Hospital Trust | ✓ | ✓ | Due January 2015 (Staff) March 2015 (Public) |
| Calderstones Partnership Trust | ✓ | ✓ | ✓ |

The CCG also acts as an Associate Commissioner for some NHS Providers such as North West Ambulance, Lancashire Care Foundation Trust and Airedale NHS foundation Trust, this means that whilst East Lancashire is not the main Commissioning organisation it still monitors these providers compliance with Equality through the Equality and Inclusion Team at Midlands and Lancashire Commissioning Support Unit.



Equality and Inclusion Function – NHS Midlands and Lancashire CSU

The CCG continues to be supported by the CSU's Equality and Inclusion Team providing the CCG with a range of support to embed equality and inclusion into day to day functions:

- Project managing the annual EDS grading process for both the public and staff
- Attending meetings as required
- Providing embedded strategic and operational support to CCG staff through face to face contact with E&I team members
- Providing bespoke Pre-PEAR Equality Analysis training to CCG staff
- Monitoring NHS Providers working closely with their Equality Leads to promote best practice across providers.
- Providing Staff Briefings and Governing Body Briefings as required
- Responding to queries and supporting staff undertake equality analysis
- Supporting the CCG to meet requests from NHS England
- Reviewing 5 Year Strategic Plan
- Developing the CCGs Equal Opportunities Policy

East Lancashire Hospital Trust

The EDS staff grading event for the Trust will take place in January 2015 and the public grading for Goals 1 & 2 will take place in March 2015, the results of the grading will be reported in the Equality & Inclusion Quarterly Report in March 2015. The Trust continues to use the Equality Delivery System 2 as a tool for putting Equality and Human Rights at the core of what the Trust does.



Calderstones Partnership NHS Foundation Trust

The EDS event took place in March 2014, the purpose of this event was to give attendees an opportunity to focus on the Trust's performance on Equality and Diversity over the past 12 months and following the presentations of evidence and discussions around this there would be a service user self-assessment in the morning and staff assessment in the afternoon.

Calderstones Partnership NHS Foundation Trust EDS Grading event took place in scored as follows:

- Goal 1 - Achieving
- Goal 2 - Achieving
- Goal 3 - Achieving
- Goal 4 - Achieving

The Trust were awarded achieving on every outcome aside from 3-5 – this was linked to flexible working options not being consistent in all areas of the Trust and the Trust were awarded developing, however as you are graded based upon the majority outcome within each goal the Trust were still achieving on Goal 3.

Meeting statutory Human Rights 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, through the Pre-PEAR toolkit, will undertake Human Rights screening on its decision making including its commissioning and decommissioning and service redesign programmes, this is to ensure that the CCG promotes and protects the rights of people living in East Lancashire when planning its annual commissioning intentions. All Human Rights Screening outcomes will be embedded into the Equality Analysis and published on the CCGs website.

Findings

The evidence set out in this report demonstrates that the Clinical Commissioning Group continues to make good progress towards ensuring due regard and meeting its legal and statutory obligations to the way healthcare services are commissioned and delivered on behalf of the people of East Lancashire.

Conclusion

The CCG is committed to reducing health inequalities, promoting, equality and valuing diversity including Human Rights as integral part of everything the CCG does. This Annual Equality Report outlines the work undertaken by the CCG during 2014 in that respect. Through successfully implementing the objectives linked to the Equality Delivery System goals and outcomes, the CCG is ensuring the needs of the public, patients, carers and CCG staff are met. The CCG will continue to monitor progress against the Equality and Inclusion Action Plan and its Equality Objectives and report regularly and openly on the development of this work.

Report Author: Julie Wall, Head of Equality & Inclusion
Role: NHS Midlands and Lancashire Commissioning Support Unit
Date: December 2014

Appendix 1

Equality Objectives Progress Update

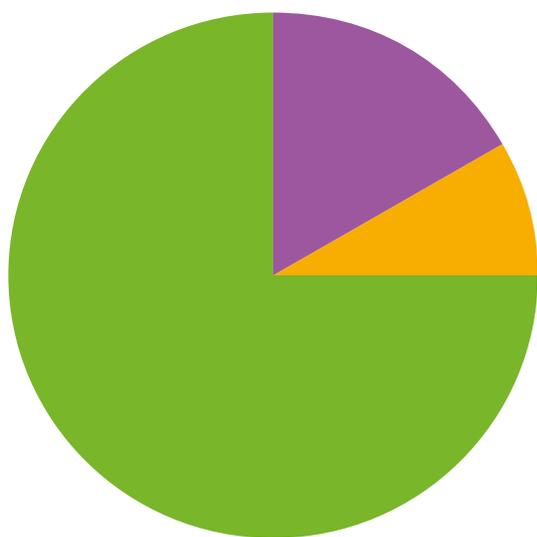
| Equality Objectives | EDS Goals | Progress Report | RAG |
|--|--|--|-----|
| <p>1 To put a robust Governance System</p> | <ul style="list-style-type: none"> Working with NHS and local government colleagues to lead and support the adoption of “at scale” interventions known to address health inequalities for the people of East Lancashire To ensure equity of access and outcomes for all people living in East Lancashire To ensure commissioners have an increased understanding of the health and social needs of “inclusion health” groups, children and young people and older people of people across East Lancashire Increased awareness and adoption of commissioning and care models that are evidenced to address the needs of “inclusion health” groups Ensuring effective engagement with local people to support Equality Act and Human Rights Act compliance The CCG will undertake annual EDS2 grading reviewing the outcomes of Goals 1 and 2 and will strive to ensure that all outcomes for these two goals are at minimum achieving by Dec 2015 | <p>The CCG has in place a robust engagement plan to ensure that local patients, the public and active citizens are able to be involved in decision making. This was evident in the CCGs improved grading for EDS2 goals 1 and 2</p> <p>The CCG offers a range of ways to allow people to be involved in decision making including ‘Listening Events’ Patient Forum meetings around service redesign, the Equality Delivery System Grading and the development for 2015 of the Equality Delivery Partnership Group, all of these have offered fresh ways for local people to talk about, listen to and understand how people’s differences can affect their personal experiences, quality of care and health outcomes</p> <p>The CCG has used a variety of media to champion the need to hear the multiple perspectives of diverse people, patients and communities, including social media and video clips</p> | |
| <p>2 To ensure the Executive and Clinical Leads and the Board have the right knowledge and competencies to effectively lead on this agenda</p> | <ul style="list-style-type: none"> Governing Board have Equality and Inclusion as part of their annual development programme Senior Management Team have Equality and Inclusion as part of their annual development programme Fair and equitable recruitment models and best practice are embedded into the CCGs recruitment programme The CCG will producing a Workforce Census annually and review the findings - key statistics (where required and in line with Data Protection Act 1998) and insight that provides data and information about the diversity of the workforce at all levels as part of the annual reporting mechanism The CCG will undertake annual EDS2 grading reviewing the outcomes of Goals 3 and 4 and will strive to ensure that all outcomes for these two goals are at minimum achieving by Dec 2015 | <p>The CCG leads for equality have a clear understanding of their responsibilities and Equality and Inclusion is part of the Governing Body development with a training session provided by the Head of Equality and Inclusion in 2014.</p> | |

Appendix 2

EDS Grading Outcomes 2014

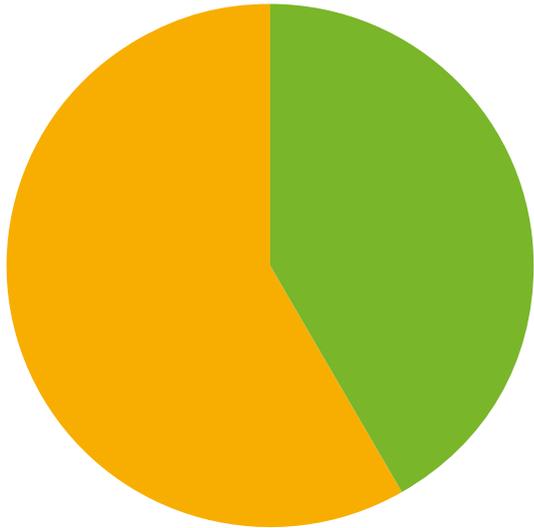
The grading in 2014 took place over two separate occasions the first being in August where 14 staff graded the CCG on goals 3 and 4 and then in September where 13 people representing the local communities and from a range of protected groups came together to grade the CCG against outcomes in Goals 1, 2 and 4.

Goal 1 – Better Health Outcomes



Outcome 1.1

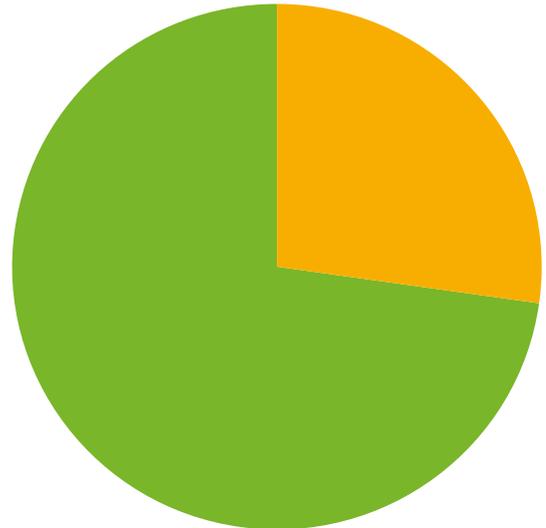
Services are commissioned, procured, designed and delivered to meet the health needs of local communities. 75% of the scrutiny panel (the panel) graded this outcome as Achieving, with 16.7% feeling it was excelling and 8.3% grading developing. The feedback from the scrutiny panel was that they felt that the CCG had made significant advances in the way it has embedded equality into its commissioning and procurement processes there were some concerns that this is not fully integrated for all protected characteristic groups and that data used by the CCG's commissioners needs to fully reflect the protected groups as set out in the Equality Act. Concerns were raised about the effective engagement and involvement of some particular groups such as the Deaf, people with Learning Disabilities, people from the Lesbian, Gay, Bisexual and Transgender communities and military veterans in procurement activity. The panel however did recognise that the CCG's commissioning managers were working hard to ensure local people using services were more involved in service redesign work, that it often was one or two people and particularly praised Kelly Taylor's video regarding the work she has been doing around antenatal education classes, however for future video evidence a request was made that subtitles be included.



Outcome 1.2

Individual people's health needs are assessed and met in appropriate and effective ways.

The panel graded this outcome as Developing + they felt that there was clear evidence that the CCG had made clear progress since grading in 2013 but that there was still more work to be done with providers of services. The panel liked the use of patient stories but would have liked to have seen more that were cross cutting the protected groups and have suggested that for 2015 grading the CCG work more closely with providers and community groups in pulling this evidence together.

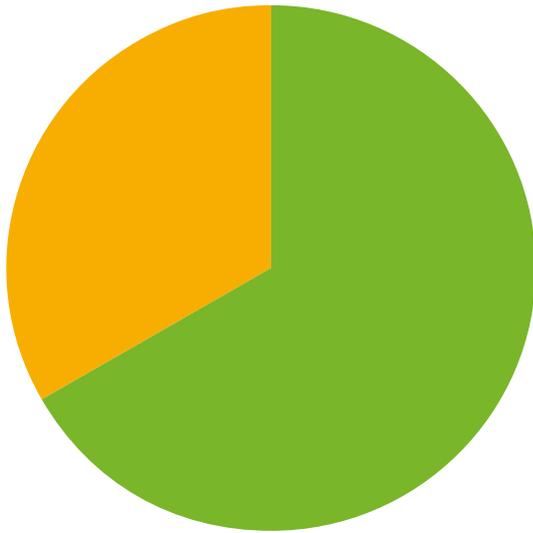


Outcome 1.3

Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.

72.7% of the panel felt that the evidence presented met the criteria for Achieving. Scrutinisers liked that the CCG was listening and learning from patients to inform the redesign of services, but it was felt that this can vary service to service, and for different protected groups which accounted for the 27.3% voting for developing. It is clear from this that more work needs to be done to ensure the standardisation of practice across care pathways for people from across all protected groups.

Goal 2 – Improved Patient Access and Experience



Outcome 1.4

When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.

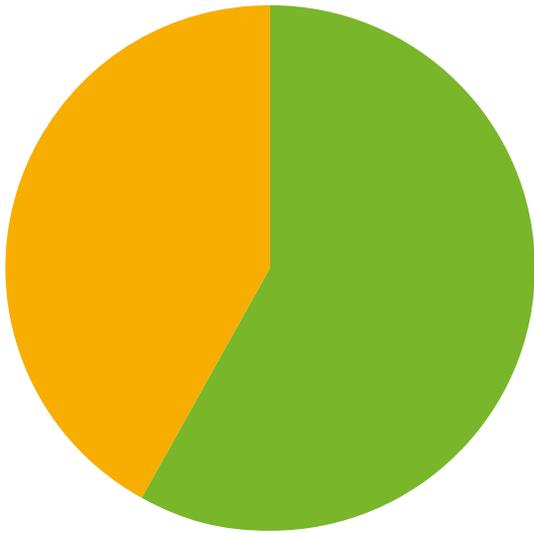
The panel felt that the CCG had made significant progress in this outcome in 2014 and therefore 66.7% graded the CCG as Achieving. However 33.3% felt that there was still some work to be done. The panel felt that it would have helped to have had representation from the Quality Lead and the Safeguarding team to present the evidence and to assure the panel that the CCG is fully assured that all its providers whether large or small are meeting outcome 1.4, however they expressly liked the use of patient stories and felt they were easy to read and understand.



Outcome 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.

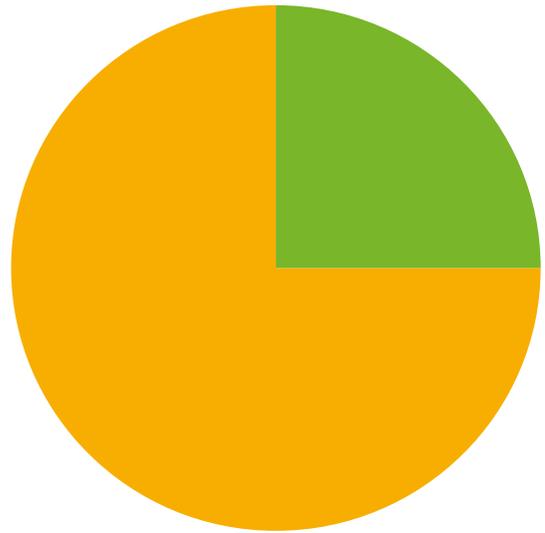
The panel were split on their voting decision for this outcome, however after discussion it was agreed to award Achieving minus. The panel felt that there was clear evidence that the CCG had made good progress on this outcome, and felt that the patient stories gave a good insight into how the CCG was looking to make improvements to accessing services, noting the Primary Care Access Project, Rossendale Minor Injuries Unit, MSK/Rheumatology service review and cancer screening amongst the evidence presented. The panel felt that this narrative evidence and patient stories would have been stronger with representation from CCG staff carrying out the work programmes and more evidence in the patient stories across protected groups, which would have provided a higher grade.



Outcome 2.3

People report positive experiences of the NHS.

The panel felt that the CCG should be graded Achieving for this outcome and felt that the organisation has made good progress, but that it was clear there was still a long way to go noting that the evidence presented showed that events that had taken place and the patient stories had gaps in relation to the protected groups and others such as military veterans. They noted the plan for the Primary Care Access project and wanted to see this rolled out across other pieces of work the CCG was undertaking in 2015/16 with the inclusion of the military veterans, as they felt that this would demonstrate that the CCG was moving closer to achieving excelling.



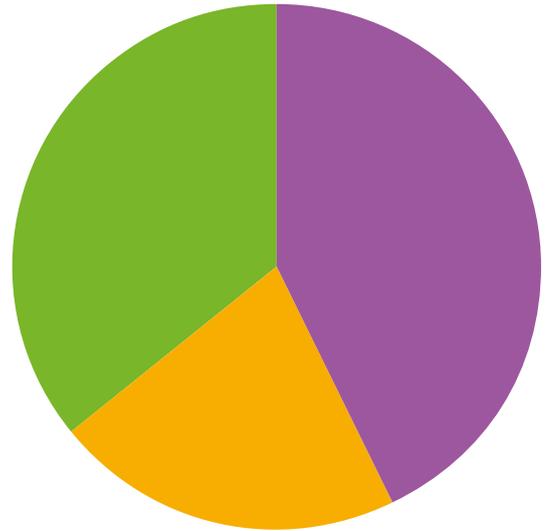
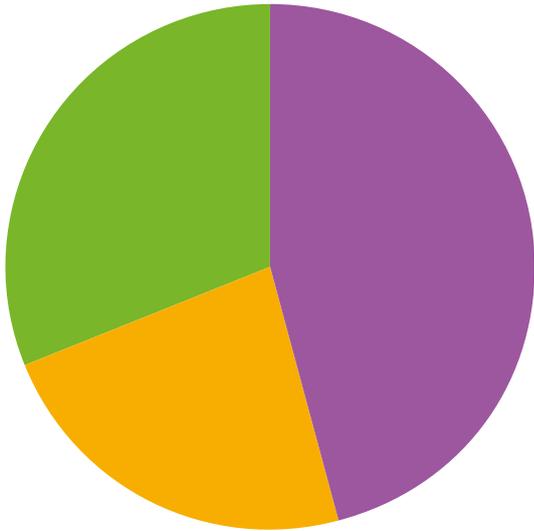
Outcome 2.4

People's complaints about services are handled respectfully and efficiently.

This outcome is clearly still Developing, and the panel felt that they needed more evidence on how the contract with the CSU is being monitored to ensure that all complaints received are being handled respectfully and efficiently. The panel felt that a presentation from the CCGs Lead Nurse or the Quality Lead might have helped to move this outcome to achieving.

Goal 3 - A representative and supported workforce

– this goal was graded by employees of the Clinical Commissioning Group on 18th August 2014.



Outcome 3.1

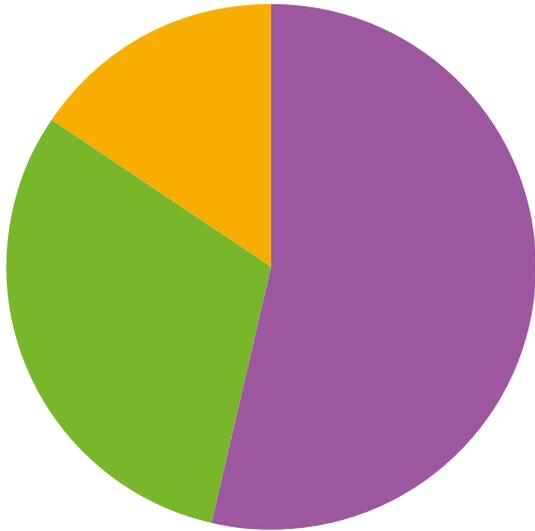
Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

This outcome along with the other five in Goal 3 was graded by staff of the CCG who were from a range of roles across the organisation and as representative of the workforce as possible. The use of voting pads allows individuals to vote anonymously and can result in wide ranges of outcomes.

Outcome 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.

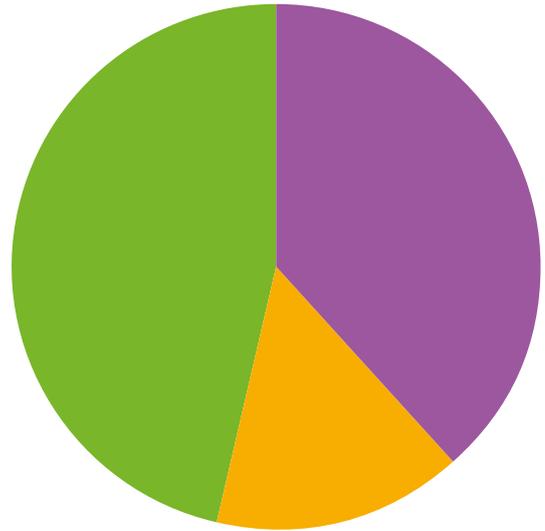
The staff grading panel felt that overall this outcome was Excelling, however noted that there was still some work to do given that 21.4% felt the trust was still developing. This maybe down to recent changes which have taken place in the organisation and that there have been no equal pay audits carried out. That said the panel noted that the CCG uses Agenda for Change and job evaluation for the majority of its posts which is aimed at equal pay for equal value work.



Outcome 3.3

Training and development opportunities are taken up and positively evaluated by all staff.

There was significant discussion and debate around this outcome with the majority of panellists grading the CCG as Excelling but noted that 30.8% of the panel felt it was only developing. It was clear from the discussion that more works needs to be done on this outcome to ensure that this gap is closed.



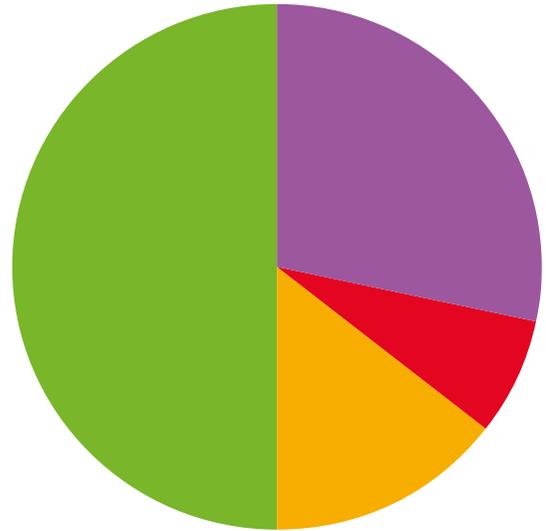
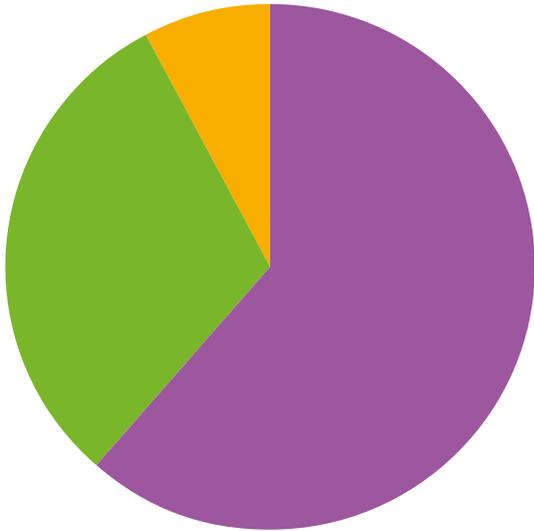
Outcome 3.4

When at work, staff are free from abuse, harassment, bullying and violence from any source.

The panel felt that this outcome warranted the grade of Achieving+. They felt the evidence presented indicated good practices across the organisation for staff in most protected groups, but that there was a little bit of work to be done to bring the organisation up to excelling.

Goal 3 - A representative and supported workforce

– this goal was graded by employees of the Clinical Commissioning Group on 18th August 2014.



Outcome 3.5

Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.

The panel agreed that this was Excelling, however they also noted that there was still some work to be done as a minority felt that the grade should have been developing or achieving.

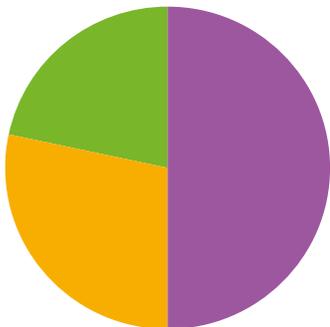
Outcome 3.6

Staff report positive experiences of their membership of the workforce

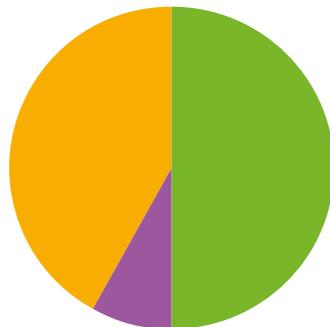
The grade for this outcome is Achieving minus as the panel felt that given 7.1% felt that the grade should have been undeveloped that there was clearly work still to be done, there were also discussions around the recent changes that all CCG staff had been going through and that this may also have had some bearing on the outcome.

Goal 4 - Inclusive leadership

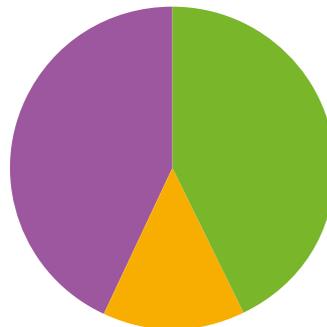
Staff Grading



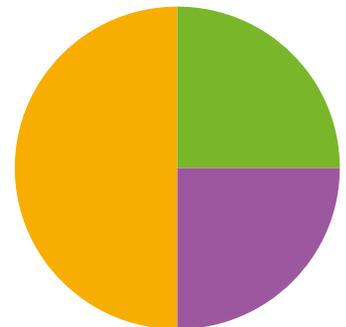
Public Grading



Staff Grading



Public Grading



Outcome 4.1

Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

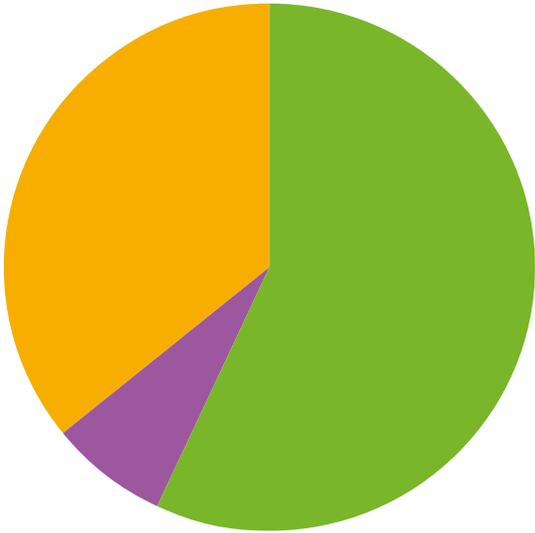
Both the public and the staff panels graded this outcome, as can be seen there was a difference in opinion although they both considered the same evidence. The final grade for this outcome is Achieving +

Both panels felt that the Governing Body and senior members seemed committed to the agenda and that the evidence presented proved this. There were also comments noting that there was approval of moving equality training away from e-learning to a more face to face delivery model.

Outcome 3.4

Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed.

The agreed grade is Achieving minus based on the outcomes of both grading panels. Both agreed that there is more work to be done in the next 12 months to improve the inclusion of equality risks in papers coming to CCG committees. It was noted that every paper coming to committee now asks if an equality analysis has been carried out but it was also noted that not many had had one done and therefore how could the CCG know what the risks were.



Outcome 4.3

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

The panel felt that this outcome was Achieving.



Overview of EDS grading results 2012 - 2014

| Objective | Outcome | 2012 | 2013 | 2014 |
|---|---|------------|--------------|-------------------------------------|
| 1. Better health outcomes | 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities | Developing | Developing + | Achieving + |
| | 1.2 Individual people's health needs are assessed and met in appropriate and effective ways | 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 + |
| | 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse | Developing | Developing | Achieving + |
| | 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities | Developing | New for 2014 | Not graded in 2014 |
| 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 | Developing - | Achieving - |
| | 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 |
| | 2.3 People report positive experiences of the NHS | Developing | Developing + | Achieving - |
| | 2.4 People's complaints about services are handled respectfully and efficiently | Developing | Developing + | Developing + |
| 3. A representative and supported workforce | 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels | Developing | Achieving | Excelling - |
| | 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 - |
| | 3.3 Training and development opportunities are taken up and positively evaluated by all staff | Developing | Achieving | Excelling - |
| | 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source | Developing | Achieving | Achieving + |
| | 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 |
| | 3.6 Staff report positive experiences of their membership of the workforce | Developing | Achieving - | Achieving + |
| 4. Inclusive leadership | 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations | Developing | Developing + | Excelling - |
| | 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 + |
| | 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 |



**East Lancashire
Clinical Commissioning Group**

Led by clinicians, accountable to local people