



Equality Delivery System Report

Joint report for:

NHS Blackburn with Darwen Clinical Commissioning Group and NHS East Lancashire Clinical Commissioning Group

October 2018

Working in Partnership:

NHS Blackburn with Darwen Clinical Commissioning Group

NHS East Lancashire Clinical Commissioning Group

Equality Delivery System Report 2018

1. Introduction:

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. The EDS assessment tool kit was further refined in 2013 – renamed as EDS2.

EDS2 is an assessment tool designed to measure NHS equality performance with an aim to produce better outcomes for people using and working in the NHS and to gather equality evidence that demonstrates compliance with the Public Sector Equality Duty (PSED) and the Equality Act 2010.

NHS England (NHSE) provides guidance on how NHS organisations can implement the EDS2.

This report describes the joint approach for Blackburn with Darwen CCG and East Lancashire CCG for 2018/19 and performance for the Equality Delivery System2 (EDS2) Grading Assessment for 2018.

EDS2 Goals are outlined in the table below:

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

Appendix A shows a table of all the EDS2 goals with all related outcomes.

2. Rationale for a Joint EDS approach

Previous to 2018, separate reporting and EDS grading events took place.

The decision to carry out a joint EDS event for 2018 was taken due to the collaborative nature of joint working between the two CCG's. Commissioning teams are now working across Pennine Lancashire and the two CCGs are now part of the Integrated Care Partnership (ICP)– 'Together A Healthier Future – The Integrated Health and Care Partnership for Pennine Lancashire'.

Changes in joint commissioning teams across Pennine Lancashire has led to the alignment of processes, policies and decision making. Although there are still some differences in how policies and internal decisions are made, the processes are either the same or similar.

The function of Equality Support across the two CCG's were aligned during 2017/18 and there is now consistency and agreed joint reporting where possible.

It was recognised that Blackburn with Darwen CCG and East Lancashire CCG are still statutory organisations with separate accountabilities. Due to this, when discussing a joint approach, The Equality and Inclusion Business Partner gained assurance from NHSE Equality Team that reporting a joint approach was acceptable and appropriate.

This joint EDS approach is the first to be done across Lancashire ICP's and will help other ICP's develop a similar approach for the future.

3. Context of CCG's in Pennine Lancashire

The CCG's have a total of 190 employees of which 54 are employed by Blackburn with Darwen CCG and 136 by East Lancashire CCG. (Data correct at 01/04/2018 and includes office holders – hosted by the CCG and Governing Body members)

Commissioning teams are now working across Pennine Lancashire, however the CCG's have their own Governing Bodies. Governance structures such as decision making meetings and sub groups of the Governing Body are being aligned during 2017/18. The CCG's are currently recruiting for a joint accountable officer.

Equality work is routinely reported to the Pennine Lancashire Quality Committee which is a joint meeting for both CCG's.

A Staff Equality Forum group which was established in Blackburn with Darwen CCG in 2016 to promote Equality within the organisation. It was extended to include East Lancashire CCG staff in February 2018 in light of collaborative working arrangements between the two CCG's. This forum group has been the driving force for collating and evaluating equality performance across all the EDS performance indicators and in particular in collating evidence for the 2018 EDS grading event.

Meetings take place quarterly and representation has been invited across all teams.

4. EDS2 Grading Assessment for 2018

In 2017, both CCG's evaluated the same goal – Goal 4: 'Inclusive Leadership'. Following discussion with equality leads across both CCG's, it was agreed to follow the EDS cycle and evaluate Goal 1: – 'Better Health Outcomes' in 2018.

Goal 1 – Better Health Outcomes

Goal	Outcome
1. Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4 When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

The initial intention was to examine all indicators within Goal 1, however once the staff Equality Focus group started examining evidence it was clear that further work and time was needed for indicators 1.3 and 1.5. The evaluation of goals 1.3 and 1.5 will continue into 2019 and become project based work.

The indicators that were identified for grading was:

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
1.2 Individual people's health needs are assessed and met in appropriate and effective ways
1.4 When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse

The desired outcome from this EDS2 exercise was to show significant improvements in terms of equality performance for Better Health Outcomes that the CCG has made since their authorisation in 2012.

The other factor in evaluating this goal was to identify areas for improvement for this goal.

For Blackburn with Darwen CCG, the last time this goal was evaluated was in full was in 2015 (excluding 1.5). These indicators were graded as developing.

Grading results for goal 1 over time – Blackburn with Darwen CCG (see colour code key below):

Goal	Outcome	2012	2013	2014	2015	2016	2017
1. Better health outcomes	1.1	Yellow	Green	Green	Yellow		
	1.2	Yellow	Green		Yellow		
	1.3	Yellow	Yellow	Yellow	Yellow		
	1.4	Yellow	Yellow	Yellow	Yellow		
	1.5	Yellow	Green				

Grading results for goal 1 over time – East Lancashire CCG

For East Lancashire CCG, the last time this goal was evaluated was in full was in 2014 (excluding 1.5) The grading of indicators 1.1 and 1.2 were graded in 2016 with performance graded as developing.

Goal	Outcome	2012	2013	2014	2015	2016	2017
1. Better health outcomes	1.1	Developing	Developing	Achieving	Developing	Developing	
	1.2	Developing	Developing	Developing	Developing	Developing	
	1.3	Developing	Developing	Achieving			
	1.4	Developing	Developing	Achieving			
	1.5	Developing					

Key for colour coding:

Underdeveloped	Developing	Achieving	Excelling	Ungraded

Appendix B shows an annual record of grading against all the EDS2 goals.

5. The EDS2 evidence and grading:

During the planning for the EDS event, 30 stakeholders from different organisations working across Pennine Lancashire were invited to the event. These included:

- Voluntary and Community organisations
- Providers – including main NHS Trusts
- Patient Representatives from G.P participation networks

The evidence was planned to be presented within 2 events – based in each CCG area. This was decided in order to make the event accessible and local to people attending. An option of 2 venues based at the CCG's were given to attendees, however the event only ran at Blackburn with Darwen CCG due to lack of numbers booking onto the East Lancashire CCG event.

The invite included a reply slip to identify anyone who needed information in a different communication format in order to comply to the Accessible Information Standard.

Any dietary requirements were included as lunch was provided for the event.

Who took part in the EDS grading event:

From the 40 invitees, 12 replied to attend. On the day 9 graders took part in the grading event. These graders were all external organisations and included representation from:

- Lancashire Care Foundation Trust
- East Lancashire Hospitals Trust
- Age UK
- North West Ambulance Trust
- Blackburn with Darwen Council
- Care Network – including Learning Disabilities
- Blackburn with Darwen Healthwatch

A range of pre-event information was sent to those of replied to the invite. This included:

- Explanation of EDS and their role as graders
- Summary of what CCGs do
- Public Health profiles showing demographic information and health inequality information
- Summary of the protected characteristics as defined by the Equality Act 2010
- Presentation of evidence

Evidence was presented to participants within the EDS2 session using power point slides. The evidence slides and presentation included:

- Description of goal 1 outcomes – 1.1, 1.2 and 1.4.
- Participants were asked to grade after each section of evidence using paper voting packs. People were asked to grade the organisation for each outcome on Goal 4 as either **Underdeveloped**, **Developing**, **Achieving** or **Excelling**
- Participants were also asked to provide ideas on improving each of the outcomes to help develop an action plan
- An evaluation sheet was attached for gathering feedback on the event

A display was produced to showcase information on governance structures and listing the services / policies where Equality Impact Risk Assessments had been undertaken.

6. EDS2 grading results 2018:

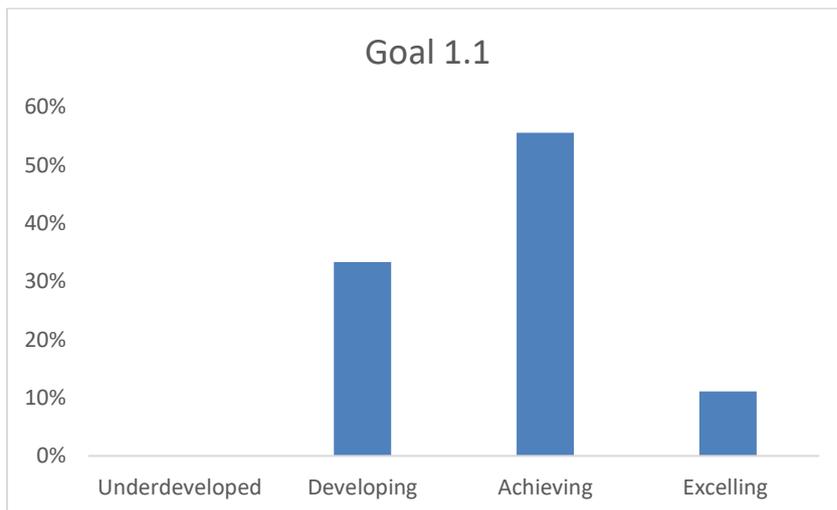
Overall grading results:

Outcome for goal 1. Better health outcomes	2018 overall grading
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1.4 When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Achieving

Summary of evidence and breakdown of grading results for each goal:

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

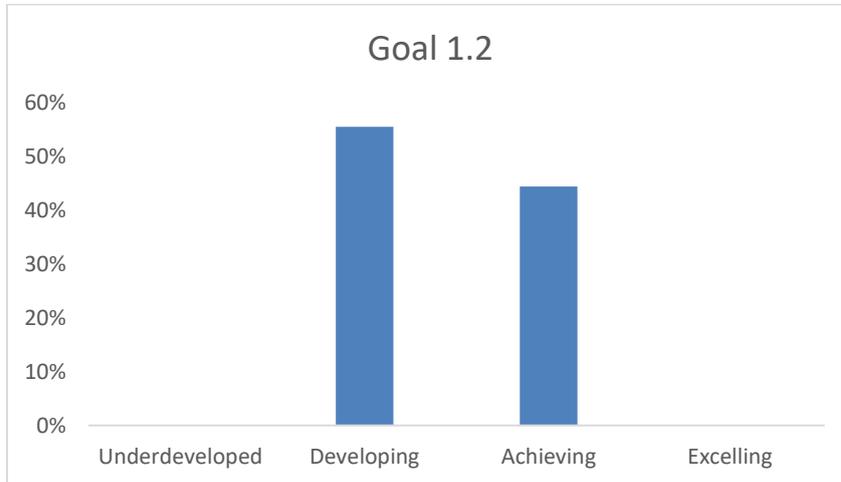
- Processes which sit over the decisions of buying health services
- Equality Impact Risk Assessments and Human Rights screenings
- Knowing our communities
- Case study – Audiology service



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

- How criteria is decided within commissioning policies
- Individual Funding Requests (IFR)
- Complex Needs

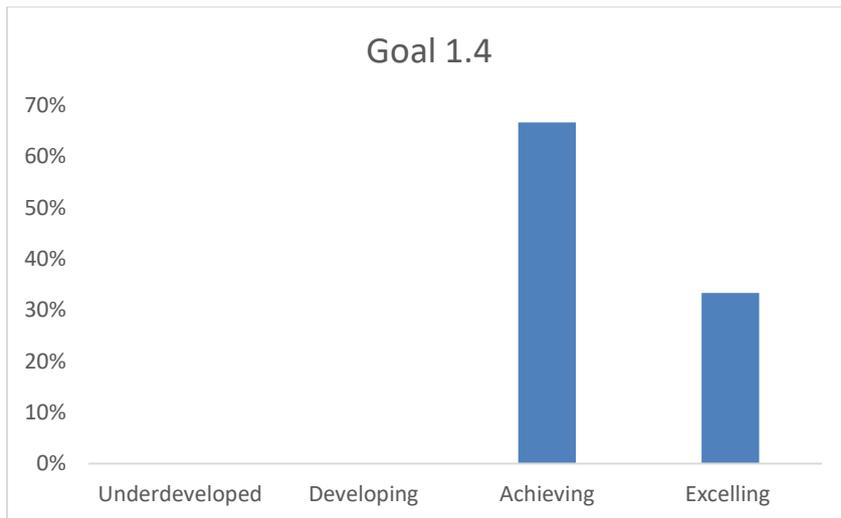
- National frameworks in place
- Routine access to healthcare
- Accountability to NHSE
- Case study – Extended access – G.Ps



The overall result is Developing however there was only a difference of 1 vote between those who voted Developing and those who voted Achieving.

Goal 1.4 When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse

- Feedback from providers, provider forum groups
- Serious incident reporting – when things go wrong
- Safeguarding monitoring and alerts
- Friends and Family Test
- Quality performance indicators – monitoring
- Safety monitoring
- Significant event analysis
- Modern Slavery Act 2015



7. Responses for improving Inclusive leadership:

During the EDS2 grading session, participants were asked for ideas on how to improve goals 1.1, 1.2 and 1.4. Comments from graders include:

Comments for 1.1:

- Experience of patients using language line for accessing G.P's is mixed
- Information at the grading event lacked evidence of public consultation following closure of G.P practices
- Could provide more examples of disability including breakdown of different disability groups including learning disability
- More information needed on how service reviews are carried out
- More information on the training that GPs receive
- More information on **how** the CCG consider the needs of the local community – what processes are undertaken?
- Equality monitoring for commissioned services is less robust than the procurement processes

Comments for 1.2:

- Wider consultation work highlights that vulnerable groups experience barriers to accessing GP services and mental health provision. (comment relates to Healthwatch work)
- Grading event needs greater focus on general population – not just protected characteristics
- Greater alignment is needed for assessing needs between different agencies
- More public engagement and education needed on appropriate access to services – people still turning up inappropriately to A&E
- Improve communication about extended access to GPs

- Monitoring information on GP's – consistency across the area
- How do we know if peoples health needs are met in appropriate ways?
- Address capacity issues within the health system such as waiting times

Comments for 1.4:

- Wider issues such as demands and capacity of services such as mental health services means that some don't get the care needed in timely way

The above responses will be developed into an action plan.

8. Reporting and publishing the EDS2 report:

The EDS2 report for 2018 will be published on the Equality sections within each CCG's website. The report will be shared and presented to the Pennine Lancashire Quality Committee and within the staff bulletin. A summary will also be shared within stakeholder newsletters.

Following the EDS2 grades, an action plan has been devised. This is found in section 9 of this report. Progress on this will updated regularly within the general equality update reports to the Pennine Lancashire Quality Committee.

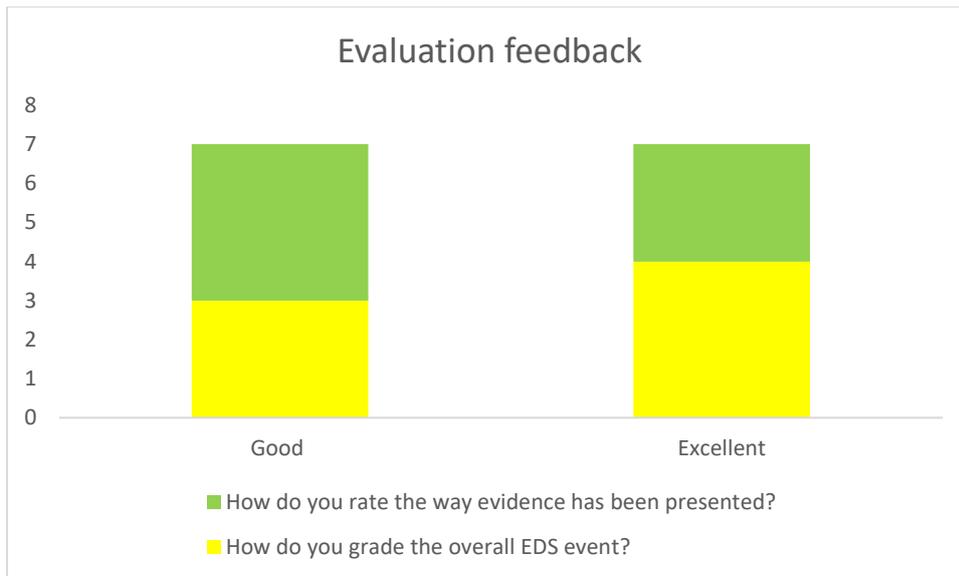
The EDS2 results will be sent to NHSE. This provides assurance to NHSE with regards to the CCG's compliance with the EDS2 NHS mandated standard.

9. Monitoring and Reviewing

Blackburn with Darwen CCG and East Lancashire CCG will continue to monitor and review the progress of the EDS on an annual basis with the support of the Equality and Inclusion Business Partner, NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). Staff, Executive Teams, patient groups and partner organisations will continue to be involved in ensuring improved outcomes for all the protected groups.

10. Evaluation of the EDS2 event:

Evaluation feedback following the grading event was generally positive. No one gave negative feedback on the presentation work and event.



Comments for improving the event included:

- More interaction
- Narrow the focus on only 1 or 2 of the outcomes.
- Better attendance / representation

During the evaluation, we also asked for ideas to improve equality and inclusion work for the CCG. Responses included:

- Use patient stories with protected characteristics
- Ensure that the right people are involved
- Include wider consultation with specific group
- Keep consulting with Voluntary, Community, Faith sector organisations
- Improved monitoring for the Accessible Information Standard

The number of stakeholders attending the event was disappointing considering the effort and time taken in identifying, inviting and chasing up invites to stakeholders. This issue will be further discussed in identifying improved ways of engaging stakeholders for 2019 and ongoing work for goals 1.3 and 1.5 which is continuing for 2018.

Individual monitoring data was collated for individual graders. These have not been published due to the low number of graders and risk of identifying individuals.

11. EDS2 action plan:

Issue	Proposal action	Who / time line
Disseminating EDS2 results	Share results of EDS2 grading with staff at December Team Brief and within staff bulletin.	05/12/2018

	Publish on CCG website.	
Poor attendance to EDS event	Review different methods of delivery of EDS with Equality Leads and Equality Staff Focus group	01/10/2018 to 01/04/2019
Grading result for 1.2	Examine further case studies that address gaps within the evidence – <ol style="list-style-type: none"> 1. Review that evidence sets were representative of the work relating to 1.2 2. Review evidence of what commissioners are doing to address waiting lists / assessment work for CHC 3. Review evidence of how service review work is carried out 4. How data about the community and intelligence is used for commissioning decisions 5. Promotion work for GP extended access. Graders had personal experience of not being offered this service 	01/10/2018 to 01/06/2018
Ongoing work for Goals: 1.3 and 1.5	Work with Staff Equality Focus group to devise plan to visit targeted community groups to gain insight on Transitions and Screening, vaccination and other health promotion services.	

12. Recommendations

1. For Pennine Lancashire Quality Committee to approve the report for publication on the CCG's website.
2. To implement EDS action plan in section 9 to address responses as summarised in section 6 of this report.

13. Conclusion

The joint EDS grading for Blackburn with Darwen CCG and East Lancashire CCG has given a positive grading of 'Achieving' for goals 1.1 and 1.4. The overall grading for 1.2 is Developing however this was a narrow grading in which was one grade away from Achieving.

The low number of graders may be a factor in this years grading outcomes, however the feedback from responses will be taken into account to examine how the CCG can improve its equality work. This will provide a driver for the CCG's in continuing to move in a positive direction regarding its equality journey as it works as an ICP and in demonstrating compliance to showing 'due regard' to the Public Sector Equality Duty, Equality Act 2010.

Report Produced by Midlands and Lancashire CSU, Equality & Inclusion Team,
Equality and Inclusion Business Partner: Jennifer Mulloy
Tel: 01722 214271 Email: equality.inclusion@nhs.net
October 2018

Appendix A: All the EDS2 goals

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

Appendix B:

Table 1: Blackburn with Darwen CCG annual record of grading scores:

Colour key:

Underdeveloped	Developing	Achieving	Excelling	Ungraded

Goal	Outcome	2012	2013	2014	2015	2016	2017	2018
1. Better health outcomes	1.1							
	1.2							
	1.3							
	1.4							
	1.5							
2. Improved patient access and experience	2.1							
	2.2							
	2.3							
	2.4							
3. A representative and supported workforce	3.1							
	3.2							
	3.3							
	3.4							
	3.5							
	3.6							
4. Inclusive Leadership	4.1							
	4.2							
	4.3							

Table 2: East Lancashire CCG annual record of grading scores:

Goal	Outcome	2012	2013	2014	2015	2016	2017	2018
1. Better health outcomes	1.1							
	1.2							
	1.3							
	1.4							
	1.5							
2. Improved patient	2.1							
	2.2							
	2.3							

access and experience	2.4							
3. A representative and supported workforce	3.1							
	3.2							
	3.3							
	3.4							
	3.5							
	3.6							
4. Inclusive Leadership	4.1							
	4.2							
	4.3							