

# NHS West Lancashire Equality and Inclusion Strategy 2017 - 2021



 **With you.  
For you.**



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## **Executive Summary**

NHS West Lancashire CCG regards equality and inclusion as one of the most important priorities in ensuring that the needs of our local community are appropriately met.

Our Equality and Inclusion Strategy 2017 to 2021 outlines the principles for identifying and taking action on the equality and inclusion issues that are relevant to our work.

We will ensure that Equality and Inclusion are integrated into all our CCG policies, decision making and, into actual practice. We recognise the importance of embedding equality principles and practices within the organisation so these principles will support us as a Clinical Commissioning Group to commission the right services for our local population.

This strategy will be a flexible framework for our equality and inclusion activity which is an integral part of the way we do business. It will support the delivery of our vision and values for healthcare in West Lancashire.

In summary, this strategy aims to harness how we achieve better health outcomes, improve patient access and experience, and have a represented and supported workforce and inclusive leadership.

This strategy will be reviewed annually and information will be provided to the CCG's Governing Body on an annual basis, within the Equality and Inclusion Annual Report, to ensure that the aims and objectives within this strategy are being progressed.



**Mike Maguire**  
**Chief Officer**

## **Our Vision**

Our vision remains simple; “to ensure the best possible care and health outcomes for our population and to empower our population to be in control of their own health”.

West Lancashire CCG is committed to ensuring that:

- Commissioning decisions, business cases and any other significant plans and strategies are evaluated for their impact on equality.
- To aspire to carry out robust equality impact and risk assessments and consult those who are involved as part of the decision making process.

### **Our Strategic Goals, Priorities and Areas of Focus**

Our strategic priorities as we have known them nestle within these five priorities. These five priorities allow us to also highlight specific areas of focus that we are either mid-way through implementing or are looking to develop and deliver against.



### **About the Community We Serve**

The CCG consists of 19 GP practices providing a range of primary care services

### **Health in summary**

The health of people in West Lancashire is varied compared with the England average. Deprivation is lower than average, however about 16.4% (3,300) children live in poverty. Life expectancy for women is lower than the England average.

### **Living longer**

Life expectancy is 10.7 years lower for men in the most deprived areas of West Lancashire than in the least deprived areas.

### **Child health**

In Year 6, 18.8% (203) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 76.9\*, worse than the average for England. This represents 17 stays per year. Levels of smoking at time of delivery are worse than the England average.

### **Adult health**

In 2012, 22.5% of adults are classified as obese. The rate of alcohol related harm hospital stays was 621\*. This represents 690 stays per year. The rate of self-harm hospital stays was 227.9\*. This represents 246 stays per year. The rate of smoking related deaths was 300\*. This represents 195 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and drug misuse are better than average.

***Ref: West Lancashire, Health Profile 2015, Public Health England***

## **Our Legal Duties**

### **The Equality Act 2010**

The general equality duty applies to 'public authorities'. In summary, those subject to the general equality duty must, in the exercise of their functions, have 'due regard' to the need to:

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

These are often referred to as the three aims of the general equality duty.

The Equality Act explains that the second aim (advancing equal opportunity) involves, in particular, having 'due regard' to the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Act states that meeting different needs includes (among other things) taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups.

### **The Specific Public Sector Equality Duty**

To comply with the general equality duty, we must also comply with the following specific duties:

- Publish equality information to demonstrate compliance with the Public Sector Equality Duty annually
- Prepare and publish equality objectives at least every four years.

### **The Brown Principles**

These principles have been taken from the Equality and Human Rights Commission's paper on making fair financial decisions (Equality and Human Rights Commission, 2012).

Case law sets out broad principles about what public authorities need to do to have due regard to the aims set out in the general equality duties. These are sometimes referred to as the 'Brown principles' and set out how courts interpret the duties. They are not additional legal requirements but form part of the Public Sector Equality Duty as contained in section 149 of the Equality Act 2010.

- Decision-makers must be made aware of their duty to have 'due regard' and to the aims of the duty.
- Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under consideration, as well as at the time a decision is taken.

- Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty. General regard to the issue of equality is not enough to comply with the duty.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty has to be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of 'ticking boxes'.
- The duty cannot be delegated and will always remain on the body subject to it.
- It is good practice for those exercising public functions to keep an accurate record showing that they had actually considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.

### **The Health and Social Care Act 2012**

The Health and Social Care Act, states that each commissioning group must, in the exercise of its functions, have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services;
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;
- Promote the involvement of patients and their carers in decisions about provision of the health services to them;
- Enable patients to make choices with respect to aspects of health services provided to them

### **The NHS Constitution**

The NHS Constitution came into law as part of the Health Act in November 2009 and was revised in March 2012. It contains seven principles that guide the NHS, as well as a number of pledges for patients and the public. Several of these demonstrate the commitment of the NHS to the requirements of the Equality Act and the Human Rights Act. For example, the first principle requires that the NHS “provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief.” There are also a number of patients’ rights in the Constitution which demonstrate the NHS’s commitment to equality and human rights, including:

- the right not to be unlawfully discriminated against in the provision of NHS services, including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age
- the right to be treated with dignity and respect
- the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this
- the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent.

## **Human Rights Act**

The Human Rights Act 1998 came into force in 2000. Everyone in the United Kingdom is protected under the Act. West Lancashire CCG as a public authority is obliged by law to respect the basic human rights of all citizens. As a public body we must at all times act in a manner compatible with the rights protected in this Act and safeguard these for patients in our care and staff in our employment.

Human Rights are underpinned by a set common values and have been adopted by the NHS under the acronym FREDA.

The **FREDA** principles represent:

**FAIRNESS** (e.g. fair and transparent grievance and complaints procedures)

**RESPECT** (e.g. respect same sex couples, teenage parents, homeless)

**EQUALITY** (e.g. not being treatment due to age, sex, race etc.)

**DIGNITY** (e.g. sufficient staff to change soiled sheets, help patient to eat/drink)

**AUTONOMY** (e.g. involving people in decisions about their treatment and care)

## **Additional NHS Standards**

### **Equality Delivery System (EDS)**

The EDS is a national tool which has been mandated by NHS England to all NHS organisations since April 2015. It is used to support the CCG to deliver better equality outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse.

The EDS provides a robust framework against which we can assess and grade its performance against a range of nationally determined indicators grouped under the four goals:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

### **Workforce Race Equality Standard**

NHS Workforce Race Equality Standard (WRES) as a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities. The Standard will be used by organisations to track progress to identify and help eliminate discrimination in the treatment of Black and Minority Ethnic (BME) employees.

### **Accessible Information Standard**

The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand and any communication support that they need.

The Accessible Information standard informs organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

The Accessible Information standard also tells organisations how they should make sure that people get any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deaf/blind manual interpreter or an advocate.

Commissioners must ensure that their commissioning and procurement processes, including contracts, frameworks and performance management arrangements with providers of health and/or social care reflect, enable and support implementation and compliance with this standard.

## The Equality Protected Groups

The Equality Act 2010 replaced previous anti-discrimination laws and places key duties on statutory organisations that provide public services. It protects people from unfavourable treatment and this refers particularly to people from the following categories known as the Equality Protected Group or protected characteristics:

Protected Equality Group	Definition
<b>Age</b>	Age is defined by being of a particular age (for example being 35 years old) or by being in a range of ages (for example being between 60 and 75 years old).
<b>Disability</b>	<p>A person is classed as having a disability if they have a physical or mental health condition and this condition has a ‘substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.’ These words have the following meanings:</p> <ul style="list-style-type: none"> <li>• Substantial means more than minor or trivial.</li> <li>• Long term means that this condition has lasted or is likely to last for more than twelve months. There are progressive conditions that are considered to be a disability.</li> </ul> <p>These include:</p> <ul style="list-style-type: none"> <li>• People who have had a disability in the past that meets this</li> </ul>

	<p>disability.</p> <ul style="list-style-type: none"> <li>• There are additional provisions relating to people with progressive conditions.</li> <li>• People with HIV, cancer, multiple sclerosis are covered by the Act from diagnosis.</li> <li>• People with some visual or hearing conditions are automatically deemed to have a disability.</li> </ul>
<b>Gender Reassignment</b>	Gender reassignment protects people who have changed their gender from what they were identified as at birth. The Equality Act covers people at any stage of this process.
<b>Sexual Orientation</b>	Sexual orientation means a person's sexual preference towards people of the same sex, opposite sex or both.
<b>Sex</b>	Sex (gender) is included to protect the individual man or woman from being discriminated against.
<b>Race</b>	Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.
<b>Religion or Belief</b>	Religion has the meaning usually given to it but belief includes religious convictions and beliefs including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.
<b>Pregnancy and Maternity</b>	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth.
<b>Marriage and Civil Partnership</b>	The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same sex partners. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same sex couples.

## Our Equality Objectives for 2017 – 2020

The Equality Strategy links to a number of key drivers but is based on the requirements of the NHS Equality Delivery System (EDS) which aims to embed equality into all policies and practices whilst driving up performance and going beyond the legislation.

The EDS provides a robust framework against which we can assess and grade our performance against a range of outcomes grouped under the four EDS goals:

<b>Overarching Equality Objective</b>	<b>To reduce unacceptable differences in the health inequalities of all people who live within West Lancashire</b>
<b>Equality Objective 1</b>	<p><b>EDS Goal 1: Better health outcomes</b></p> <p>1.1: Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <p>1.2: Individual people’s health needs are assessed and met in appropriate and effective ways</p> <p>1.3: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <p>1.4: When people use the NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <p>1.5: Screening, vaccination and other health promotion services reach and benefit all local communities</p>
<b>Equality Objective 2</b>	<p><b>EDS Goal 2: Improved patient access and experience</b></p> <p>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</p> <p>2.2: People are informed and supported to be as involved as they wish to be in decisions about their care</p> <p>2.3: People report positive experiences of the NHS</p> <p>2.4: People’s complaints about services are handled respectfully and efficiently</p>
<b>Equality Objective 3</b>	<p><b>EDS Goal 3: A representative and supported workforce</b></p> <p>3.1: Fair NHS recruitment and selection processes lead to a more</p>

	<p>representative workforce at all levels</p> <p>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</p> <p>3.3: Training and development opportunities are taken up and positively evaluated by all staff</p> <p>3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source</p> <p>3.5: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <p>3.6: Staff report positive experiences of their membership of the workforce</p>
<p><b>Equality Objective 4</b></p>	<p><b>EDS Goal 4: Inclusive Leadership</b></p> <p>4.1: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p> <p>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</p> <p>4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>

## Equality Impact and Risk Assessment

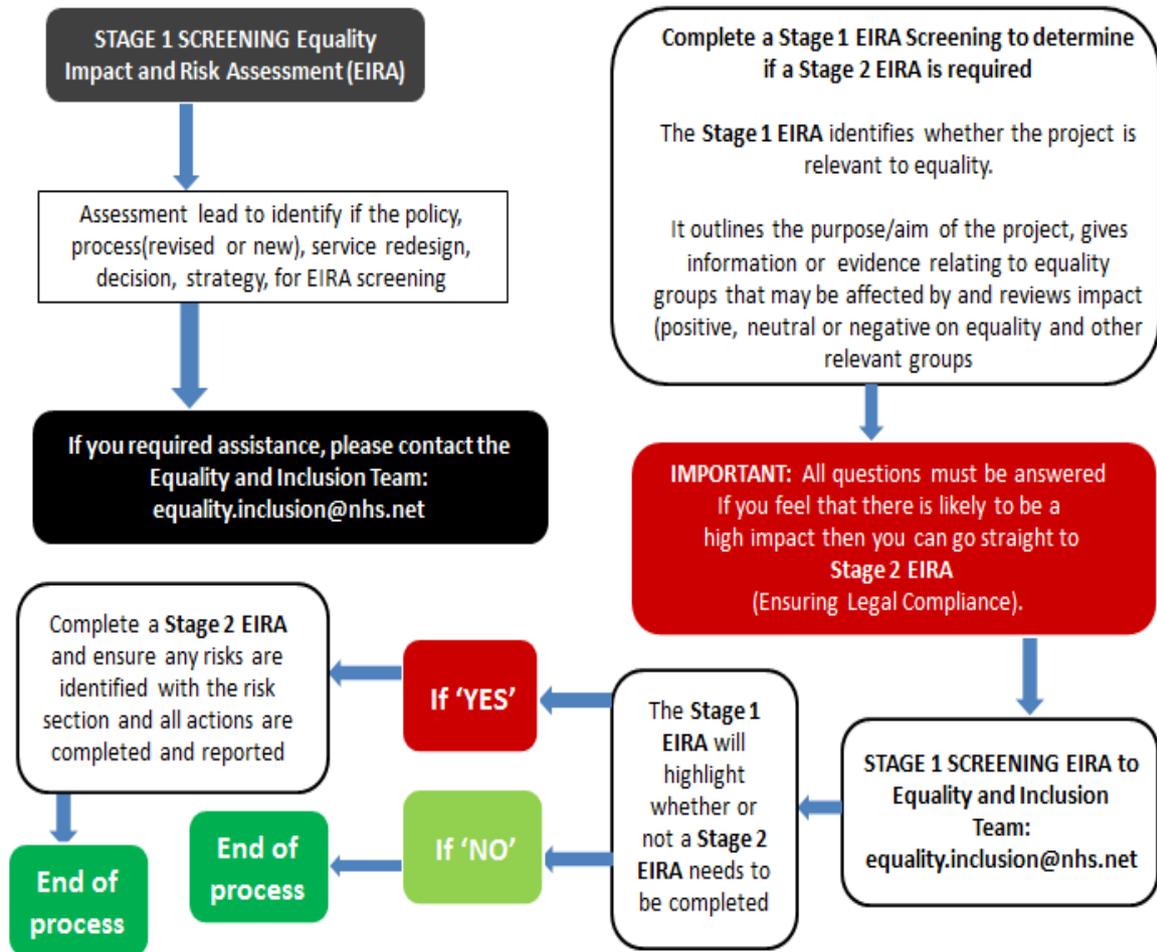
NHS West Lancashire Clinical Commissioning Group has adopted the Equality Impact and Risk Assessment (EIRA) Tool designed by NHS Midlands and Lancashire Commissioning Support Unit. The EIRA provides a framework for undertaking equality impact assessments. This combines three toolkits into one consisting of equality impact, human rights screening and privacy impact. This enables the CCG to show 'due regard' to the three aims of the general equality duty by ensuring that all requirements around equality, human rights and privacy are given advanced consideration prior to any policy decisions that the CCG's

Governing Body or senior managers make that may be affected by these issues. CCG commissioners continue to ensure that the Equality Impact and Risk Assessment are integral to the decision making processes.

All Equality and Risk Assessments are quality checked by the CSU Equality and Inclusion Team to ensure that CCG Commissioners and staff working on behalf of the CCG have considered all the equality information and engaged and involved local people from equality protected groups in the decision making process.

Any commissioner wanting to redesign a service or re-write a service specification carries out an initial EIRA as part of the redesign process.

## **Figure 1: Equality Impact and Risk Assessment Process**



## Communication, Engagement and Involvement

### My View

Our My View group continues to be the best way to get involved in the CCG. People from West Lancashire can sign up online [www.westlancashireccg.nhs.uk/myview/](http://www.westlancashireccg.nhs.uk/myview/) or by contacting the CCG directly. People receive regular bulletins from us with latest news, event info and surveys. Member gets the opportunity to tell us what areas of health they are interested in, and when specific pieces of work come up on areas that are of interest to members, we invite members to become more involved in our work as appropriate.

### **Communication Channels**

Our communication channels vary as we understand that everyone receives information in different ways, for example, some people remain predominantly at home, others may have no access to the internet and others may access most health information through their GP practice. We ensure this diversity in terms of communication across our community is recognised and therefore considered and reflected across all of our communication and engagement activity. Therefore, although the CCG remains active on social media and the website remains a core source of information, we also continue to use more traditional ways of communication via the local media and through village magazines.

Furthermore, we also work closely with community groups, the third sector and other partners to ensure we are reaching those people who are more isolated and less engaged with their local healthcare.

### **Patient Experience Group**

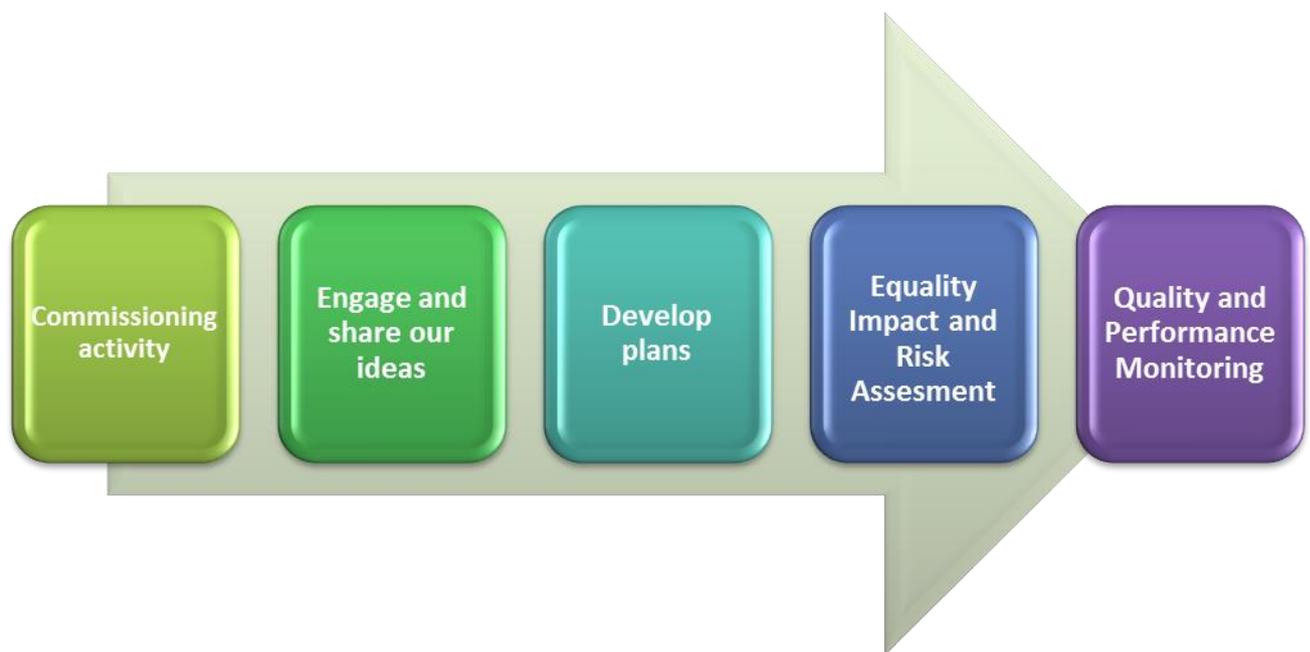
Our new Patient Experience Group was established in 2015/16, which aims to further support the patient's voice being heard and considered. This includes internal CCG teams, as well as representatives from the local CVS, Healthwatch and local GP practices. External partners are invited to take part in discussions as suitable. To demonstrate how and to what degree we have involved others, we produce a Duty to Involve Report every year, which is to be published on our website from September 2016 onwards.

### **Leadership and Governance**

A fundamental role of the CCG's Governing Body Members is to promote, challenge discrimination and foster good relationships as set out in the Equality Act 2010. The CCG's Executive Lead for equality is the Chief Finance Officer who is supported by the Head of Service Redesign.

Our leadership approach ensures that there is fairness in our commissioning decisions and that business is planned and conducted to meet our equality objectives.

NHS West Lancashire Clinical Commissioning Group has a process in place for embedding Equality Impact and Risk Assessments in the design of any project in the commissioning cycle.



## Our Staff

We are committed to recruiting, retaining and developing a diverse and skilled workforce. We are not required by law to collect equality data on our staff, however we have chosen to improve on this data with the WRES and EDS.

Equality and Inclusion training is routinely provided and mandatory for all staff. The Governing Body Members have an annual Equality and Inclusion development session which explains the Governing Body role in meeting the organisation's equality duties.

## **Commissioning Intentions**

Commissioning intentions indicate to our current and potential new providers how, as a commissioning organisation, we intend to shape the healthcare system that serves the population of West Lancashire.

## **Commissioning, Procurement, Service Redesign, Contracts and Quality**

### **Monitoring**

Each year, the CCG enters into contracts for the purchasing of clinical services. Procured and commissioned work provides core services to many of our local population and sustains and generates thousands of jobs. The CCG has a statutory duty to ensure that public money is spent in a way that ensures Best Value and provides equality of access and good health outcomes for all residents.

Service redesign is the way the CCG reflects on existing or previously commissioned services and considers plans for the future, establishing key objectives for the coming year. Although there is a dedicated Service Redesign function within the CCG, service redesign is classed as 'everyone's business'; constantly striving to improve on existing services, practice and quality for the population of West Lancashire. As part of this process staff should take the opportunity to assess whether the service is meeting its equality and inclusion duties and ensure a due regard for access to services and that outcomes of satisfaction with a service are not different or worse for some people or communities. Contract or quality reviews are a more fundamental assessment of commissioning services not just covering how, when and where services are delivered but whether they are delivered at all. Staff responsible for carrying out service contract or quality reviews need to evaluate how services currently meet their equality and inclusion

legal duties and take due regard in considering whether any review will have a detrimental effect of them or whether any changes will impact differently or work for some people/patients.

The CCG hold NHS standard contracts with all providers, therefore all providers are signed up to the followings service and general conditions relating to Equity of Access, Equality and Non-Discrimination: See Appendix 1 for NHS Standard Service Conditions relating to Equality. In line with the NHS Standard contract the CCG holds contract review meetings with every provider. Equality and Diversity is a standard agenda item during these meetings.

The CCG's Quality and Performance Framework covers a range of activity from how we plan our finances and services, how we set our objectives and targets, how we monitor and measure performance of our providers and our staff through personal development plans and appraisals and our corporate objectives.

The CCG has a set of performance indicators for measuring progress and performance; many are linked to equality of access and outcomes of service delivery, we will continue to work on defining our approach to measuring our health and progress relating to equality.

### **Taking an Inclusive Approach to Design**

To provide for everyone within the mainstream environment, avoiding buildings or spaces that are discriminatory due to their architectural layout or design that will require people to be seen as special or separate. This inclusive approach ensures that the needs of everyone with a specific need arising from personal circumstances as defined in the Equality Act 2010 are met in full wherever it is reasonable and practical to do so.

### **Policy Development and Review**

NHS West Lancashire CCG has a range of both clinical and corporate policies to ensure that staff provide, and patients receive, high quality care and treatment.

Staff responsible for policy development need to ensure the policy they are developing and implementing meets our legal duties in relation to equality and inclusion and takes on board the views of the local population and our staff.

## **Customer Care**

Midlands and Lancashire Commissioning Support Unit (the CSU) manage complaints on our behalf and also offer a Patient Advice and Liaison Service (PALS). We are committed to working with the CSU to provide the best service for patients, their families and carers.

We will take all complaints seriously and make sure they are properly investigated and responded to in an unbiased, non-judgmental, appropriate and timely way. We aim to deal with all complaints fairly for both the complainant and complained about.

The CSU Customer Care monthly report ensures complaints from the protected groups are monitored.

## **Annual Report and Strategy Review**

During each year the CCG will gather, store and publish evidence such as Equality Impact and Risk Assessments, Consultation, Engagement and Involvement exercises for the purpose of demonstrating our legal compliance and also any Freedom of Information requests.

The CCG's Executive Meeting will monitor activity in relation to our organisational priorities for Equality and Inclusion. The Equality and Inclusion Team, MLCSU will produce an annual report, which will provide progress and action on our equality objectives each year and at least every four years will lead on a review of our strategy objectives.

## **Appendix 1: NHS Standard Contract and Service Conditions relating to Equality**

### **Service Condition 13: Equity of Access, Equality and Non-Discrimination**

13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender reassignment, or any other non-medical characteristics, except as permitted by Law.

13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.

13.3 In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties) Regulations and section 6 of the HRA. If the Provider is not a public authority for the purposes of those sections it must comply with them as if it were.

13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan setting out how it will comply with its obligations under SC13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4.

13.5 The Provider must implement EDS2.

13.6 The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.

### **General Condition 5: Staff**

5.3 The Provider must ensure that all Staff:

5.3.5 Staff are aware of and respect Equality and Human Rights of Colleagues, Service Users, Carers and the Public.