

**Blackpool Clinical Commissioning Group  
Equality and Inclusion Strategy  
2017 – 2021**

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## Introduction

NHS Blackpool Clinical Commissioning Group (CCG) is a membership organisation consisting of the 22 GP practices in Blackpool. Our role is to commission (buy) healthcare services for local people and we are committed to improving the health of our community.

Our mission is to improve the health of the people of Blackpool and reduce health inequalities through strong, clinically-led commissioning of high quality healthcare services that are modern, patient centred and in the most appropriate setting. To achieve these ambitions, we are working in collaboration with health, social care and third sector organisations to change the way we deliver services.

Our Equality and Inclusion Strategy sets out our commitment to taking equality and inclusion into account in everything we do. We recognise the importance of embedding equality principles and practices within the organisation so that will support us as a Clinical Commissioning Group to commission the right services for our local population.

The overarching purposes of this strategy are to:

- Explain our approach over the next four years (2017-21)
- Set our equality objectives
- Fulfil our legal duty

This strategy will be flexible framework for our equality and inclusion activity which is an integral part of the way we do business. The strategy aims to harness we achieve better health outcomes, improve patient access and experience, have a representative and supported workforce and inclusive leadership

Progress on the strategy's equality objectives will be provided to the CCG's Governing Body on an annual basis through Equality and Inclusion Annual Report to through the Patient and Public Involvement Forum and the Quality and Engagement Committee to ensure that the aims and objectives within this strategy are being progressed.



Photo Helen Williams, Chief Nurse, Equality Lead Blackpool CCG

## **Our Legal Duties**

The Equality Act 2010 imposes general and specific duties on all public bodies.

### **The General Equality Duty**

The general equality duty applies to ‘public authorities’. Further advice about who this includes is provided in the next section.

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 and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

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

The Equality Act explains that the second aim (advancing equality of 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.

To comply with the general equality duty, a public authority needs to have due regard to all three of its aims.

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

As well as complying with the general duty, we must also comply with the following specific duties:

- Publish information to demonstrate compliance with the public sector Equality Duty at least 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 Human Rights Act 1998**

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

Human Rights are underpinned by a set of 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 for same sex couples, teenage parents, homeless)
- Equality (e.g. not being denied 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)
- Consideration of Human Rights is also given in our Equality Impact and Risk Assessment process, to ensure that our policies and strategies are compatible with the rights afforded by this Act

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

The Act builds on the core principles and values of the NHS – a comprehensive service that is available to all, based on need and free at the point of use.

The CCG is committed to upholding the NHS Constitution which outlines a number of commitments and pledges to uphold patient dignity and human rights.

### **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 EDS Goals listed below:

The four main goals are:

- 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) is a useful tool to identify, monitor 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 (AIS) 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 AIS 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 AIS also informs 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, deafblind 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.

Commissioners must seek assurance from provider organisations of their compliance with this standard, including evidence of identifying, recording, flagging, sharing and meeting of needs.

## The Equality Protected Groups

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

Protected Equality Group	Definition
<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 disability.</li> <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 couple.

## Blackpool’s Health Profile

The CCG recognises that Blackpool faces many health challenges. Our town is one of the most deprived local authorities in England. Blackpool is a popular tourist town for millions of people each year, but unfortunately it has significant health and social needs.

- Health inequalities
- Poor quality housing
- Ageing population
- Deprivation
- Low earnings/income
- Low educational achievement
- High levels of unemployment
- Transient population
- High proportion of benefit claimants
- Risk taking behaviour

These economic and social factors impact on the poor health of our population in the same way that cancer, alcohol abuse and smoking do. The health of people in Blackpool is generally worse

than the England average. Deprivation is higher than average and about 30.6% (8,100) children live in poverty. Life expectancy for both men and women is lower than the England average.

Blackpool is still England's largest and most popular seaside resort and attracts some 11 million visitors annually. This creates many challenges in improving the health of the local population and placing additional demand on local services. Since the 1950's the nature of tourism in Blackpool has changed with fewer people visiting for one or two weeks and more people visiting for the day. This has led to the change of use of many hotels into densely packed, poor quality Houses of Multiple Occupation (HMO's). Poor quality accommodation often attracts people with risk taking lifestyles and drives up high levels of transience or population churn, making the delivery of quality and effective healthcare including preventative services a challenge to the CCG and partner organisations. Living in poor quality accommodation also makes an individual's health worse. Tourism is the major employer in the town and therefore, unemployment rates in the winter are high due to the seasonal nature of work and average wages tend to be low. Together these have meant that Blackpool is now the sixth most disadvantaged local authority area in England.

Blackpool, like many other areas has to plan for an aging population, but due to the demography of Blackpool, as a place to retire, the demographic trend is even more stark than in other CCG areas.

Blackpool residents need high quality services, but delivering these services to a transient population presents challenges. Tourism also puts further strain on local health services. The local population served by the CCG including relevant population demographics.



Blackpool has a registered population of circa 172,000 and a resident population of approximately 141,000

### **Life expectancy in Blackpool**

Life expectancy is 11.8 years lower for men and 6.7 years lower for women in the most deprived areas of Blackpool than in the least deprived areas. Although life expectancy is improving in the town, it is not improving fast enough and this is something that the CCG and its GP Practices, Blackpool Council and other stakeholders in the town recognise and are fully committed to improve. Life expectancy in Blackpool continues to be the worst in the country for men and the second worst for women. There are considerable differences in life expectancy within Blackpool; men in the least deprived areas of the town can expect to live 11.8 years longer than men in the most deprived areas. Similarly, for women this difference is eight and a half years. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health and without disability.

Over the last decade there has been a slight improvement in life expectancy; however, the gap between Blackpool and the rest of England and Wales continues to grow and tackling these health inequalities remains a significant challenge.

There are many reasons why people are dying earlier in Blackpool:

- Mortality from circulatory disease (24%) in males in Blackpool as a whole compared to England as a whole is one of the major contributors to the life expectancy gap.
- The second largest contributor to the gap in life expectancy for males is mortality from digestive diseases which contributes 19% of the life expectancy gap.
- Mortality from respiratory disease is another large contributor to the life expectancy gap, a total of 17% for males and 30% for females.

- Chronic obstructive airways disease is a major contributor to the life expectancy gap in females accounting for a difference of 0.4 years in life expectancy.

The key causes of shorter life expectancy in Blackpool are diseases of the digestive system (including cirrhosis), cardio-vascular disease (CVD), cancer (especially lung cancer), overdose and poisoning, self-harm and infant mortality. Deaths in younger people contribute to a larger proportion of the gap, as more years of life are lost.

So, why do we face such stark statistics? That is a complex question to answer but one we are determined to find the solution to. The tide has to turn in Blackpool and until it does, we will remain focused on the needs of the people of Blackpool and make the best use of all the resources available to us in the challenge to improve health.

For more detailed information on life expectancy in Blackpool, this can be accessed via the following link under the Health and Wellbeing section: <http://blackpooljsna.org.uk>

## **Our Equality Objectives for 2017 – 2021**

Our equality objectives for 2017 to 2021 area aligned with the Equality Delivery System (EDS) Goals. This means that when we collated evidence to demonstrate progress in our equality objectives, we can also use that evidence in support of the EDS. Our aim is to attain achieving on all aspects of the EDS.

<b>Overarching Equality Objective</b>	<b>To reduce unacceptable differences in the health inequalities of all people who live within Blackpool</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</p>

	and benefit all local communities
<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 groups</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 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>
<b>Equality Objective 4</b>	<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</p>

## Equality and Inclusion Reporting

The CCG receive quarterly Equality and Inclusion Reports, this includes an Equality Delivery System Grading Report and a Equality and Inclusion Annual Report which will outline progress and actions against this strategy.

The Patient and Public Involvement Forum reports on business carried out to the Quality and Engagement Committee. Reports may be considered for the CCG Board at the request of the Committee and in agreement with the Chair.

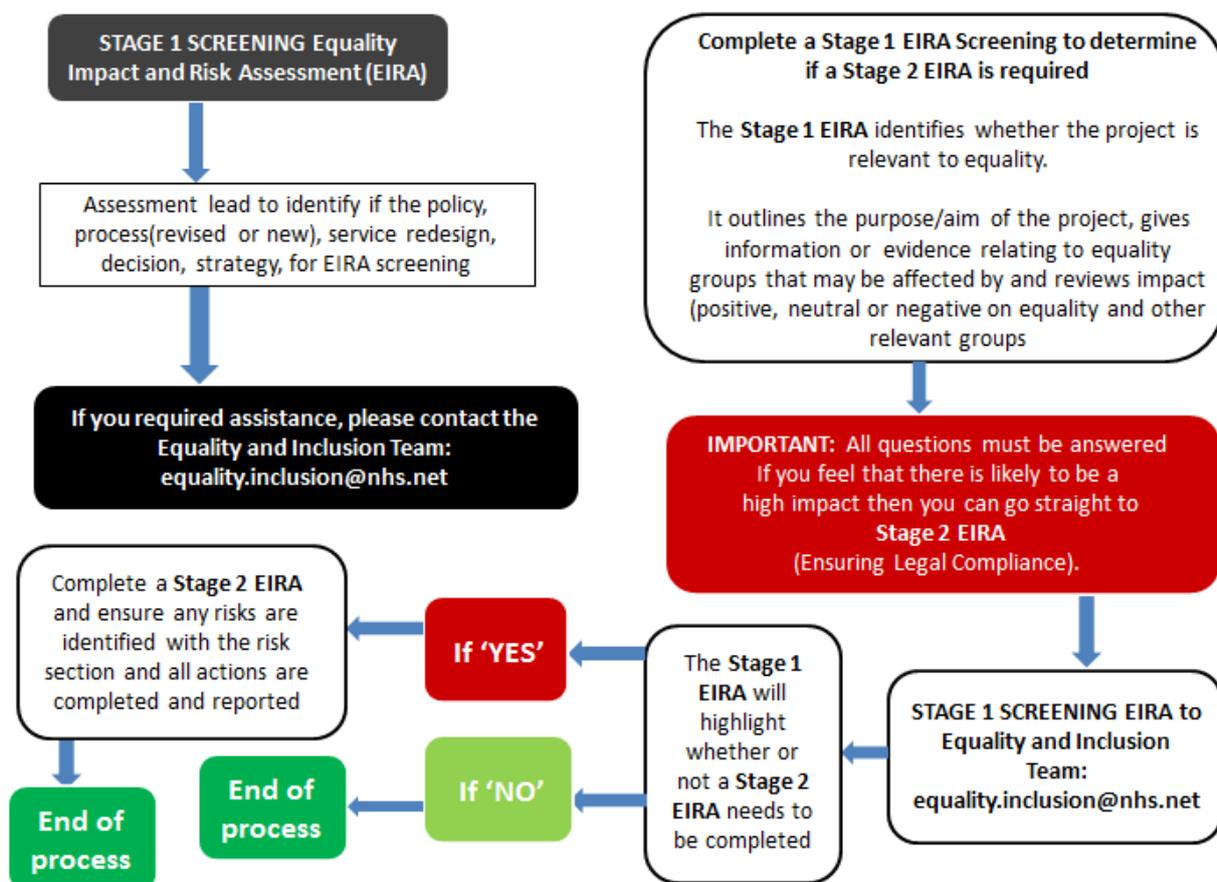
## Equality Impact and Risk Assessments

We have embedded into our decision making a process to utilise the Midlands and Lancashire Commissioning Support Unit's Equality Impact and Risk Assessment (EIRA). This EIRA enables the CCG to consider and understand the implications of our proposals on people who have protected characteristics when developing, changing, decommissioning or procuring services.

We recognise that commissioning decisions may have potential negative impacts on some people in our local population and it is important that we are able to demonstrate that these impacts are justified and lawful. EIRAs help to ensure that we make informed decisions and that we can manage and reduce any risks to particular protected or minority groups. Public engagement, monitoring information and research evidence inform our EIRAs.

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

Figure 1: Equality Impact and Risk Assessment Process



## Communication and Engagement

Blackpool Clinical Commissioning Group 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. CCGs 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 patient in decision about their care and to promote choice
- Ensure efficient, cost effective services

The statutory duties of the CCG includes promoting the NHS Constitution, improving quality, reducing inequalities and involving individual patients, carers and representatives in the decisions we make. Public engagement means talking to people about their health but more importantly, it means listening to what people have to say about local services.

The CCG's communications team has recently revised its Communications and Engagement Toolkit which is intended as a support tool to ensure it is fulfilling its statutory engagement obligations. Meeting these legal requirements and ensuring that all of the CCG's stakeholders are provided with appropriate information and opportunities to share opinions on decisions which affect them is the responsibility of all staff employed by the CCG.

The toolkit features within it a checklist of activities including identification of key stakeholder groups. This is to ensure all groups are identified and are communicated with. When a particular group is identified that has not regularly engaged with the CCG, best efforts are made to ensure the most appropriate channels of communication are used to encourage engagement.

Blackpool CCG has good links with local third sector organisations such as Health Watch Blackpool and the Lancashire LGBT (Lesbian, Gay, Bisexual and Transgender) community. Voluntary services are regularly informed of all engagement activities so that they can disseminate information to their members.

Local media such as local newspapers are also regularly used to promote engagement opportunities and to share information.

Engagement activity is usually in the form of surveys which are posted online with links to the survey on the CCG web site and social media. Paper copies are also produced which are sent to GP Practices for patients to complete in waiting rooms. Alternatively, copies are also sent to patient participation groups so that they can complete surveys within their networks.

Surveys are also conducted at our 'Your Voice Sessions.' When necessary the CCG will hold focus group events and invite residents to attend and give feedback on particular issues. These are held at various times and venues so that as many people as possible have the opportunity to attend one of the events.

As well as reporting results to commissioners to allow for better decision making, all engagement activity is reported to the CCG's Patient and Public Involvement Committee.

## **Your Voice Sessions**

We hold regular engagement events designed to give residents the opportunity to 'drop in' and share their views on NHS services.

'Your Voice' sessions usually take place three or four times per month and are held in public places such as libraries and sports centres.

A set questionnaire is used to facilitate the one-to-one discussion at the session so that a set method of recording feedback can be used and reported easily.

## **Healthwatch Blackpool**

Healthwatch Blackpool is an independent consumer champion of local health and social care, and listens to your views and experiences of health and social care services, and feeds this back to providers and commissioners to help make positive change. Working closely with the Clinical Commissioning Groups (CCGs), Blackpool Council and the Care Quality Commission (CQC), they represent people and patients at all levels of service design, shaping and delivery.

## **Patient and Public Involvement Forum**

The Patient and Public Involvement Forum is accountable to the Quality and Engagement Committee. The Forum has responsibility for ensuring that the voices and views of patients and carers, public, and stakeholders inform the commissioning decisions of the CCG. The key aims of the forum are to:

- ensure the CCG fulfils its statutory responsibilities to make arrangements to involve and consult
- patients and the public in service planning and operation, and in the development of proposals for change and involve and engage people in line with the Equality Act 2010;
- work in partnership with relevant bodies such as the Health and Wellbeing Board and Health Watch Blackpool, and engage with different groups and communities; and
- ensure effective mechanisms are in place to capture the voice of practice populations

The Forum meets bi-monthly. The Lay Member on the Governing Body with a lead role in overseeing key elements of patient and public involvement chairs the Forum. Membership includes representation from the Chief Nurse, a GP, Local Authority, Council for Voluntary Services, Health Watch and an Equality and Inclusion Representative. Other officers may be

required to attend on an ad hoc basis. Minutes and attendance of the Patient and Public Involvement Forum meetings are submitted to the Quality and Engagement Committee.

### **Blackpool Patient Participation Networking Group**

In 2015, the CCG took over the facilitation of the Blackpool Patient Participation Networking Group (PPNG) to help support the future of the group. The CCG recognised the importance of the group as a vital mechanism for gathering patient feedback and communication with the wider registered population at member G.P practices.

Membership of the PPNG is made up of representatives from every Patient Participation Group (PPG) at the CCG's member practices. The CCG has provided the PPNG with support to facilitate meetings. This has included administration support such as minute taking, arranging meeting rooms and venues as well as communication with members of the group. The CCG's Lay Governing Body member also co-chairs meetings of the PPNG with an elected chair from the group. Meetings of the PPNG always include an update on the work of the CCG and any opportunities for members of the public to share their views on specific plans.

As a result of the close relationship with the PPNG, the CCG has also been able to provide support to individual PPGs at its member practices to increase their membership and promote their work in the local media – with the aim of encouraging more local residents to take an active role in the activities of their registered GP practice. The next steps for the group include using communications mechanisms to increase the number of young people engaging with the PPGs and with the CCG.

### **Lay Member Involvement**

We have a number of lay members who volunteer their time to act in the role of public or community representatives. Lay member are appointed to the CCG's Governing Body, where they have direct role to challenge and scrutinise CCG decision making.

### **Health and Wellbeing Board**

Blackpool CCG is an active member of the Blackpool Health and Wellbeing Board. The Chair of the Health and Wellbeing Board attends CCG Governing Body meetings held in public. Minutes of the Health and Wellbeing Board meetings are included on Governing Body agendas.

The focus of the Blackpool Health and Wellbeing Board is on improving outcomes and reducing inequalities through every stage in people's lives. The Board has overseen the creation of a Health and Wellbeing Strategy that will enable local commissioners to plan and commission integrated services that meet the needs of the whole community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

### **Inclusive Leadership and Governance**

A fundamental role of the CCG's Governing Body is to promote equality and foster good relationships as set out in the Equality Act 2010.

Our leadership approach ensures that there is fairness in our commissioning decisions and that business is planned and conducted to meet our equality duties. Our Quality and Engagement Committee monitors the CCG's performance against our equality duties set in 2017.

### **Our staff**

### **Commissioning and Procurement**

Each year, the CCG enters into contracts for buying 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 outcomes for all patients. Staff responsible for commissioning or procurement should ensure we are meeting our equality and inclusion duties and meeting the needs of our diverse community.

### **Budget Planning and Allocation**

Budgets influence if, when and how services are delivered. Staff responsible for budget proposals that commission new services or that deal with decommissioning services need to identify if there are any gaps or opportunities in meeting our equality and inclusion duties and for meeting patient's needs.

## **Service Redesign, Contract and Quality Reviews**

Service redesign are the way the CCG reflect on existing or past commissioned services and plan for the future, establishing key objectives and targets for the coming year. Staff responsible for service redesign should take this opportunity to assess whether the service is meeting its equality and inclusion duties and ensure due regard for access to services and outcomes of satisfaction with the service they deliver 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 needs 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.

## **Projects and Work Programmes**

Projects and work programmes are generally terms given to work we do that is different from our day to day activity or needs a cross organisational or collaborative working approach from number of different organisations for e.g. NHS Trust and Councils.

Staff responsible for projects for work programmes need to evaluate whether there are gaps or opportunities for meeting our equality and inclusion duties, for meeting patient's needs and whether change will have a different or a negative impact for some people, whilst project leads need to ensure we have taken due regard of our equality and inclusion legal duties and the needs of our local population.

## **Policy Development and Review**

The CCG produce a range of both clinical and corporate policies to ensure that staff provide, and patients receive high quality care and treatment. All of the CCGs policies have an Equality Impact and Risk Assessment.

Staffs responsible for policy development ensure that 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**

Blackpool Clinical Commissioning Group (CCG) places a high priority upon the handling of complaints. We recognise that suggestions, constructive criticisms and complaints can be valuable aids to improving services. 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.

Midlands and Lancashire Commissioning Support Unit (the CSU) manage complaints on our behalf. We are committed to working with the CSU to provide the best service for our patients, their families and carers.

### **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 Quality and Engagement Committee 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 annually review our equality objectives and Equality and Inclusion Strategy.

