EQUALITY INFORMATION REPORT
JANUARY 2016

For further information please email: equality@nelcsu.nhs.uk or phone our Equality and Diversity Team on 020 3688 1121
Our Vision

Enfield CCG is committed to commissioning services that improve the health and wellbeing of residents of Enfield borough through the securing of sustainable whole system care.

Goal 1
Better health outcomes for all

Goal 2
Improved patient access and experience

Goal 3
A representative and supported workforce

Goal 4
Inclusive governance

Annual Report and Accounts 2014/15

Patient and Public Engagement Annual Report 2014/15
Top nurse is impressed by ‘excellent’ services

By Russ Lawrence
russ.lawrence@nhsnews.co.uk

ENGLAND’S top nurse praised a range of co-ordinated services aimed at preventing disabled residents and those with mental health issues from being admitted to hospital or placed in care homes when she visited Enfield yesterday.

Jane Cummings, the country’s chief nursing officer, was glowing in her admiration for the Integrated Learning Disabilities Service, which is run in partnership by Enfield Council and the NHS through the Enfield Clinical Commissioning Group.

The service, based in St Andrews Court, in River Front, Enfield Town, was set up in 2008 to support people with learning disabilities, mental health difficulties, autism and multiple disabilities continue to live independently in the community by using various interventions to keep them out of hospital or in residential care.

They include psychiatry, nursing, psychology, speech and language therapy, occupational and art therapies, physiotherapy, employment support, social work and care management.

Interventions aim to avoid admissions to assessment or treatment units wherever possible and if an admission is absolutely necessary then it is for as short a period as possible.

“The council and its health partners are providing excellent services which recognise the needs of their users,” said Mrs Cummings. “It is an example of integrated good practice developing services and treatment with the users and their families.”

Alev Cazimoglu, the council’s cabinet member for adult social care, said that vin the light of the revelations uncovered by Panorama in 2011 of physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at Winterbourne Private Hospital, in Bristol, the council was more determined than ever that “each service user is treated with respect and is supported to achieve all they can”.

“We are very proud of the work this service provides and in the way that it supports people,” she added.
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FOREWORD

Enfield Clinical Commissioning Group (CCG) believes that equality and diversity includes addressing health inequalities and should be embedded into all commissioning activity.

The aim of this Equality Information report is to provide equality of opportunity to all our patients, their families and carers and to proactively address discrimination of any kind and to advance equality of opportunity for all. The CCG is keen to involve local people in the continuing development and monitoring of its equality objectives to ensure that we commission (buy) the right health care services, provide well trained staff to deliver and ensure our providers meet the equality duties set out in the Equality Act 2010 and promote people’s rights.

This is our fourth Equality Information report which sets out how the Clinical Commissioning Group has performed in meeting its legal duties set out in the Equality Act 2010 and the Human Rights Act 1998 through the implementation of the Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES)

Paul Jenkins
Chief Officer

Dr. Mo Abedi
Chair of Enfield CCG
1. INTRODUCTION

This is the Clinical Commissioning Group’s (CCG) fourth annual Equality Information Report which sets 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.

As a CCG we have been working to embed equality and diversity in all our practices including our commissioning plans and workforce. We develop our commissioning plans in partnership with our stakeholders and we procure services that are appropriate to meet the need of our diverse population. We have put systems and processes in place to monitor the outcomes and effectiveness of our services and policies. Please see our Annual Report 2014/15 for further information about commissioning, governance and engagement.

Our aims are to:

- Commission high quality, valued and responsive services, working in partnership with the public to make the best use of available resources
- Promote wellbeing, reduce health inequalities and improve health outcomes for local people
- Improve the health and quality of life for people by commissioning integrated health and social care delivered closer to home

The CCG wants to make real and sustainable improvements in the health and wellbeing of the people of Enfield. We continue to work with patients, carers and the public, to listen to their views and to involve them in decisions about commissioning, developing and improving local health services.
2. ABOUT ENFIELD- THE PEOPLE WE SERVE

Diversity

The current population is 326,700 (ONS mid-year 2014 population estimate Enfield) is an ethnically diverse borough with over 154 languages spoken in schools and over 60% of the population recorded as being non-white. The Office of National Statistics (ONS) predicts the population of Enfield will grow by an average of 1.40% per year, and by 2020 the population will be 355,200 which is 7.15% growth from 331,500 in mid-year 2015. The ONS estimates the growth will become gradually slower towards 2020. In contrast, the Greater London Authority (GLA) estimates lower numbers, but predicts that the population will be gradually rise towards 2020 and the highest rise years of growth will be 2017 and 2018. Enfield’s population is also shifting in terms of age. Ages 55-59 and 85+ are rising the most at an average of 3.79% and 3.73% per annum respectively. 20-24 age group and 45-49 age-groups are predicted to be shrinking by an average of -0.47% and -0.71% per annum (ONS). The proportion of under 15s (21.2%) is higher than both England (17.7%) and London (19%) averages.

Key health facts

Our diverse community faces significant health and wellbeing challenges. These challenges can begin before they are born and they can accumulate throughout their life. We are committed to improving the health and wellbeing of people in Enfield throughout their lives. Some of our main challenges to achieving this are:

- There are differences in life expectancy between different areas of Enfield. In the areas of higher deprivation, men live 8.7 years less, and women live 8.6 years less.
- Enfield has largest number of children in poverty in London and the 3rd highest infant mortality rate in London.
- Our population is growing, placing more demand on local services. We have an ageing population which will need more support in daily living due to physical frailty, chronic conditions or multiple impairments and significant support from health and social services.
- There is significant variation in the rates of mortality between wards. The largest numbers of deaths in are due to circulatory (cardiovascular) diseases (32%), cancers (29%) and respiratory diseases (14%) and survival rates are lower than neighbouring boroughs.
- The rate of employment in Enfield is 67.0%. This is the eleventh lowest rate in London - well below the London average of 69.5% and the England average of 71.1%.
- 1 in 3 adults in Enfield over 55 have a limiting long term illness.
- Childhood obesity rates are amongst the highest in the country.
- People in the more deprived parts of the Borough tend to experience worse health than the rest of the population.
- Immunisation rates are still below the national average and the levels required to prevent outbreaks of disease.
- 18.5% of adults smoke; it is estimated that 4% of 11-15 year olds smoke more than 1 cigarette a week.
- 18,769 people aged 16 and over were thought to be living with diabetes and around 18% of which were thought to be undiagnosed.
- Long term conditions, such as stroke and chronic obstructive pulmonary disease suggest that the prevalence of such conditions will be likely rise in future years.
- In 2011, HIV prevalence in Enfield was 4.0 per 1,000 population aged 15-59 compared to 2.0 in England and 5.4 in London. 58% of people with HIV were diagnosed late in Enfield in 2010 compared to 44% overall in London and 52% in England. 38% of men who have sex with men were diagnosed late (compared to 31% in London) and 65% of heterosexuals were diagnosed late (compared to 61% in London).
- People with long term mental health problems are at increased risk of long term social exclusion, including worklessness and insecure housing.
- Estimated number of people living with dementia in Enfield is 2,828.
- National estimates suggest that about 30% of the population aged 65 and over feel mildly to intensely lonely, with 12% of older people reporting feeling trapped in their own home.
3. PUBLIC SECTOR EQUALITY DUTY AND BEYOND

General equality duty

The CCG must show due regard to the three aims of the public sector equality general duty as set out in the Equality Act 2010:

- Eliminating unlawful discrimination, harassment and victimisation
- Fostering good relations between different groups
- Advancing equality of opportunity between different groups

Advancing equality of opportunity means:
- Removing or minimising disadvantages
- Taking steps to meet different needs
- Encouraging participation when it is disproportionately low

The specific duties

The act require public bodies to publish relevant, proportionate information showing how they meet the General Equality Duty by 31 January each year, and to set specific measurable equality objectives every four years starting in 2012. As a statutory public body,
the CCG must ensure it meets these legal obligations and intends to do so by publishing information demonstrating how the organisation has used the Equality Duty as part of the process of decision making in the following areas:

- report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review policies and practices
- gather and use employee information
- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish required information in a manner that is accessible.

**Protected groups**

The public sector equality duty covers those with “relevant protected characteristics”: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. The duty to have due regard to the need to eliminate discrimination also covers marriage and civil partnerships in relation to employment issues.
Equality Delivery System 2

EDS2 is a generic system designed for both NHS commissioners and NHS providers. As different NHS organisations apply EDS2 outcomes to their performance, they should do so with regard to their specific roles and responsibilities. The tool is mandatory for all NHS organisations to use to manage their equality and diversity performance. EDS2 has four Goals and eighteen Outcomes, covering all nine protected characteristics. Organisations are required to grade their performance by using a grading system Red-Undeveloped, Amber-Developing, Green-Progressing and Purple-Excelling.

<table>
<thead>
<tr>
<th>Undeveloped</th>
<th>Developing</th>
<th>Achieving</th>
<th>Excelling</th>
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<tbody>
<tr>
<td>People from all protected groups fare poorly compared with people overall OR evidence is not available OR if evidence shows that the majority of people in only two or less protected groups fare well</td>
<td>People from only some protected groups fare as well as people overall (3-5 groups)</td>
<td>People from most protected groups fare as well as people overall (6-8 groups)</td>
<td>People from all protected groups fare as well as people overall (9 groups plus other disadvantaged groups)</td>
</tr>
</tbody>
</table>

Implementation of EDS2 is a requirement on both NHS commissioners and NHS provider organisations. In light of the inclusion of EDS2 in the NHS standard contract and in the CCG Assurance Framework, NHS organisations should use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation.
CCG’s EDS2 Grades

The CCG adopted EDS2 in 2012 and a grading exercise was completed in 2014/15 which set further targets for next four years to 2019. A grading exercise will be carried out with local interests every year to review the progress.

Table 1 - Progress against 18 EDS2 outcomes

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<tr>
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<th>Undeveloped</th>
<th>Developing</th>
<th>Achieving</th>
<th>Excelling</th>
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<tr>
<td>2014/15</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015/16</td>
<td>0</td>
<td>12</td>
<td>6</td>
<td>0</td>
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<tr>
<td>2016/17</td>
<td>0</td>
<td>9</td>
<td>9</td>
<td>0</td>
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<tr>
<td>2018/19</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>0</td>
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The CCG aims to achieve ‘progressing’ across all outcomes by 2019. Please see Appendix 2 –Equality Delivery System 2 for further details about our current grades and performance

Workforce Race Equality Standard (WRES)

Alongside EDS2 the Equality and Diversity Council introduced a new set of race equality standard to address inequalities in NHS employment. The Standard was introduced in April 2015 and is part of Standard NHS Contract; it’s mandatory for all NHS organisations. It has nine metrics, four about workforce in senior bands, and four about Staff Survey and one about Governing Body. The CCG has already published its WRES report which could be found on our website (Appendix 3- WRES Report)
# How we comply with the PSED

Our aim is to embed equality and diversity in everything we do as a CCG, not mere compliance with the legislative requirements.

| EDS2 | • We have adopted the Equality Delivery System (EDS2) as a best practice tool to manage its equality and diversity performance.  
• We are revising our current EDS2 grades through self-assessment.  
• Our NHS provider Trusts are also implementing EDS2 |
| WRES | • We have established workforce race equality baseline so we can compare data in our 2016 report to show progress.  
• We are seeking assurance from our providers about their compliance with the WRES  
• WRES outcomes forms a integral part in our EDS2, particularly around Goal 3 and 4 |
| Equality Information | • We have published equality information in our Annual Report 2014/15  
• We have used equality information to grade our equality and diversity performance  
• We have monitored our providers’ compliance with the PSED by publishing Equality Information |
| Equality Objectives | • We have published Equality Objectives  
• We have implemented Equality Objectives in 2014/15 and have monitored progress |
| Equality Analysis | • We have embedded equality analysis in the Governing Body reports  
• We have provided training for managers and staff  
• We have revised tools and guidance  
• We have completed equality analysis of services/policies |
4. EMBEDDING EQUALITY IN COMMISSIONING

Our aim is to embed equality and diversity in everything we do as a local commissioning organisation. This is why we have adopted the principles of EDS2 and the WRES. We are working with our stakeholders, partners (e.g. the Council) and providers to ensure that the services we commission are able to meet the need of all communities in the borough.

Commissioning

- Equality Objective 1: Improve access to services by equality groups.
- Equality Objective 3: Commission services based on local evidence
- EDS2 Goal 1: Better health outcomes for all
- EDS2 Goal 2: Improved patient access and experience

Provider landscape

We commission health services for more than 326,000 residents in Enfield and we have three main local providers:

- Barnet, Enfield and Haringey Mental Health Trust (including Enfield Community services). We are lead commissioner for this Trust.
- The Royal Free London Hospitals NHS Foundation Trust (on 1 July 2014 Barnet and Chase Farm Hospitals became part of the Royal Free London NHS Foundation Trust). We are the lead commissioner for the Chase Farm site.
- North Middlesex University Hospital NHS Trust. Following the merger of Barnet and Chase Farm Hospitals with the Royal Free London Hospitals NHS Foundation Trust on 1 July 2014 and following the implementation of the Barnet, Enfield and Haringey Clinical Strategy in December 2013, we now commission the majority of hospital services from the North Middlesex Hospital.

Primary Care
As of October 2015, the five CCGs in north central London (Barnet, Enfield, Camden, Haringey and Islington) took on formal joint commissioning responsibilities for GP services in partnership with NHS England. The CCGs will be looking at ways of improving local services for people, including:

- improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- improved health outcomes, equity of access, reduced inequalities; and
- a better patient experience through more joined up services.

The intention is that these benefits will lead to a better health service for patients across north central London.

**Commissioning Intentions**

Every year we produce commissioning intentions that describe to local providers how we as an organisation intend to shape local healthcare services. Commissioning intentions describe what services we want to buy and the health outcomes we wish to achieve for our local population. They demonstrate how we will respond to health needs, local clinical priorities and the national priorities for the NHS as outlined by NHS England.

Our draft Commissioning Intentions for 2016/17 focus on:

- Primary Care and Prevention
- Integrated Care for Older People
- Unscheduled, Urgent and Emergency Care
- Planned care and long-term conditions
- Children, Young People and Maternity
- Mental Health, Continuing Healthcare and Learning Difficulties
- Medicines Management
- Quality
- Community Services
- Commissioning Strategy

Reducing health inequalities

Advancing equality and inclusion
Engagement of patients and stakeholders

- **Equality Objective 2:** Engage local patients, carers and organisations in commissioning
- **EDS2 Goal 2:** Improved patient access and experience

As commissioners for healthcare in Enfield it is essential that we develop and deliver services that our diverse population needs and residents of the borough have a voice on what is provided. Local people need to understand who we are, what we do, what services are available and how services can be used to best meet their health and well-being needs.

Our diverse population with their changing health needs presents us with significant challenges in mass communications and engagement. To overcome the challenges of communicating with such a large audience we work closely with local partners and the voluntary sector to ensure our corporate messages and engagement are disseminated across as many channels as possible. We segment our approach to communications and engagement as described on page 13 of our Communications and Engagement Strategy. We have also mapped our stakeholders as an organisation\(^1\). We also take a bespoke approach to communications and engagement planning for programmes of work that focus on improving service, mapping stakeholders and developing activities that match the needs of each project. This ensures we get patient groups and representatives of those health conditions involved in shaping our plans. Going forwards we promise to continue to develop more creative and innovative engagement approaches to get everyone in our community more involved in the CCG.

The CCG regularly undertakes activities to meet the collective engagement duty. This duty places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions. It includes involvement of the public, patients and carers in:

- planning of commissioning arrangements which might include consideration of allocation of resources needs assessments and service specifications.

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\(^1\) Communications and Engagement Strategy

We are pleased to see the progress that Enfield CCG has continued to make in its approach to patient and public engagement in 2014-15. We are confident that their strong commitment to this work will ensure that it continues to develop and starts to yield more tangible results over time. ([Healthwatch Enfield Statement in PPE Annual Report 2014/15])
proposed changes to services which may impact on patients.

Structure and resources

Enfield CCG directly employs an in-house communications and engagement team of four, all of whom work full time. This Team provides comprehensive in-house internal and external communications and engagement services for Enfield CCG as well as strategic and professional advice to the organisation on communications, engagement, media, reputation management and public affairs. The CCG commissions NEL CSU to provide equality and diversity support and they report through the PPE Committee. Enfield Healthwatch, a member of the PPE Committee and also sits on the Governing Body and the Health and Wellbeing Board, provides information and advice about patient engagement to the PPE Committee.

Key achievements in 2014/15

Some of the examples of how we have met our collective participation duty include:

- Delivering the cycle of corporate events described in our Constitution including: 6 Governing Body meetings in public (one in each locality) and three patient and public engagement (PPE) events.
- Targeting hard to reach groups like our Turkish community (Turkish Cypriot Luncheon Club), blind and visually impaired patients (Enfield Vision) and deaf services users (Enfield Deaf Forum). We visit these groups to talk to them about the CCG, health
promotion and find out more about their needs. An example outcome of these meetings is that we developed an audio version of the Choose Well Campaign to support members of Enfield Vision.

- Attending community events including: Mental Health Deliberative Event; Age UK- National Older people’s Day, Keep safe, Keep well
- Providing speakers for partner or voluntary sector events including our Governing Body GPs presenting at the Over 50s Forum winter health fair, Enfield Carers Centre and the Enfield Racial Equality Council.
- Planning and delivering joint events with Enfield Council including: engagement on the Better Care Fund and Integrated Care as well as a health and careers information and advice fair with sixth form students focused on jobs in health.
- We use Twitter to promote our organisation but we also retweet other organisations when they have news, healthy lifestyle information or campaigns that we feel would benefit our patients. We regularly review our website and intranet statistics for trends. We use e-communications channels to have an active dialogue with seldom hard communities such as the young and working adults.

Case study 1: Integrated Care for Older People

**Objective:** Planning a new Integrated Care System for older people with Enfield Council. Maintaining independence and self-direction is a key element of the integrated care programme and was the focus of the last PPE’s event presentation about the integrated care network.

**Activity:** The CCG has been working closely with stakeholders on developing the plans and organised a public event in March 2015. Enfield CCG and Enfield Council hosted this event which was about updating patients on their plans and engaging them on how we could develop better services. This event was also supported by updates on the development of integrated care at our Patient and Public Engagement Events in 2014/15. We have used public events to talk to patients about integrated care, but we also have a regular dialogue with user groups and the voluntary sector which has helped us to understand the needs and aspirations of older people.

**Outcomes:** In December 2013, the Older People’s Assessment Unit at Chase Farm Hospital opened in line with the Barnet, Enfield and Haringey Clinical Strategy to support older people with their urgent care needs. We receive excellent feedback from patients who have used the unit. Following patient feedback a new community transport service was commissioned to help older patients get to the popular Older People’s Assessment Unit at Chase Farm Hospital.
Margaret’s Story

Margaret is 82 years old & has several medical conditions, including severe arthritis & respiratory condition. She had several falls & is becoming increasingly frail. Margaret’s family are concerned about her, as she lives alone and think she isn’t looking after herself.

Margaret went to A&E late one night after her last fall and was admitted as a precaution.

GP asks Margaret to attend Chase Farm’s Older People’s Assessment Unit for an assessment. The consultant & nurse working in OPAU will forward their medical report to the GP the next week.

The GP calls a case conference with the local Integrated Locality Team – a community matron, therapist and social worker working with the GP practice. An initial joint care plan is developed.

ILT professionals visit Margaret & her family to discuss options & agree the plan. A Community Matron becomes the lead Margaret can contact. She works with LBE’s Enablement Team to see if team can help Margaret with her mobility. It does so, but she needs help each day with getting in & out of bed & nurses help Margaret manage her conditions.

Margaret now feels more confident in managing her conditions and her ability to cope and has had fewer falls. Her family feel reassured professionals who know her are helping Margaret, but are worried about what will happen in a crisis.
Our providers: How they comply with the PSED

Under the NHS Standard contract we are responsible for making sure we commission services from organisations that comply with the PSED and, if they are NHS organisations, they comply with the EDS2 and the WRES. We have been working very closely with our providers to ensure they fulfil their equality duty. We believe that the success of our compliance with the PSED is very much dependent on how we commission services and how our providers comply with their equality duty.

We commission services from a variety of organisations and agencies, most of which are public sector organisations; and they therefore also comply with the PSED. Below is a summary of how our main providers comply with the PSED.

<table>
<thead>
<tr>
<th>Our main providers</th>
<th>Adopted WRES</th>
<th>Adopted EDS2</th>
<th>Published Equality Objectives</th>
<th>Published Annual Equality Information</th>
</tr>
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Workforce

- Our Equality Objective 4: Implement the Equality Delivery System (EDS2)
- EDS2 Goal 3: A representative and supported workforce

In implementing our five year strategic plan we recognise that we will not be able to achieve such an extensive cultural change in how we commission and deliver services in a relatively short time without supporting staff to work differently. We are working with providers and other stakeholders to develop new training and professional education programmes that will train new staff and support existing staff to work more effectively. This will sustain the implementation of the new models of service delivery that we want to commission for people in Enfield.

We are also making sure that our commissioning leads, both clinical and non-clinical, have the necessary skills and expertise to plan, lead and coordinate the transformation initiatives within and across organisations and to make sure the benefits are fully realised for the people of Enfield.

The CCG employs a total of 92 staff of which 66 are permanent. These staff are from diverse backgrounds. Our workforce report (see Appendix 1) provides a details breakdown of our staff, recruitment activities and starters and leavers.

Key equality and diversity activities:

- We provide ongoing equality and diversity training for all our staff and monitor compliance with the mandatory module.
- Regular staff meeting to discuss issues staff experience in the organisation.
- Staff survey to find out how staff feel about working in the organisation.
- Flexible working policy to support staff maintain work-life balance
- We have completed our first Workforce Race Equality Standard (WRES) report which will be monitored annually to ensure continuous progress.
Governance and Leadership

- **Equality Objective 4: Implement the Equality Delivery System (EDS2)**
- **EDS2 Goal 4: Inclusive governance**

We are a membership organisation which is led by clinicians, other professional and lay people. Currently the equality and diversity work is led by senior managers in the organisation. The Lay Member for Community Engagement is the Governing Body Lead for Equality and Diversity. NEL Commissioning Support Unit (CSU) provides support to the CCG to develop, implement and monitor equality strategies and to seek assurance from the providers.

The structure below shows how equality and diversity in different areas are reported and monitored in the CCG.
5. CONCLUSION

Our Equality Information provides an overview of how we meet our public sector equality duty, both through commissioning and employment. We recognise that making progress in all equality areas is a slow process and we endeavour to work with our community interest and internal groups to prioritise our work which will produce better outcomes. Our top priority next year will be to effectively use EDS2 to revise our Equality Objectives and monitor and report progress.

Forward strategy

Our future plan is to:

- Strengthen our assurance role by working closely with providers, other NLC CCGs and Healthwatch
- Improve equality analysis of commissioning intentions
- Develop equality objectives for 2016/20 by using EDS2 and the WRES

This information is not exhaustive, and there are other key CCG documents which provide further information about our policies, objectives and actions. These include:

- CCG’s Annual Report 2014-15
- CCG Constitution
- Patient and Public Engagement Annual Report Organisational Development Plan
- Joint Strategic Needs Assessment (JSNA)
- CCG’s Operating Plan and Commissioning Intentions
- CCG’s Equality Objectives
- CCG’s Community and Engagement Strategy
- CCG’s Governing Body reports

The above documents are published on the CCG’s website