Improving Health
and Wellbeing for Walsall

Equality Act 2010

Information Summary
January 2016

NHS

Walsall Clinical Commissioning Group

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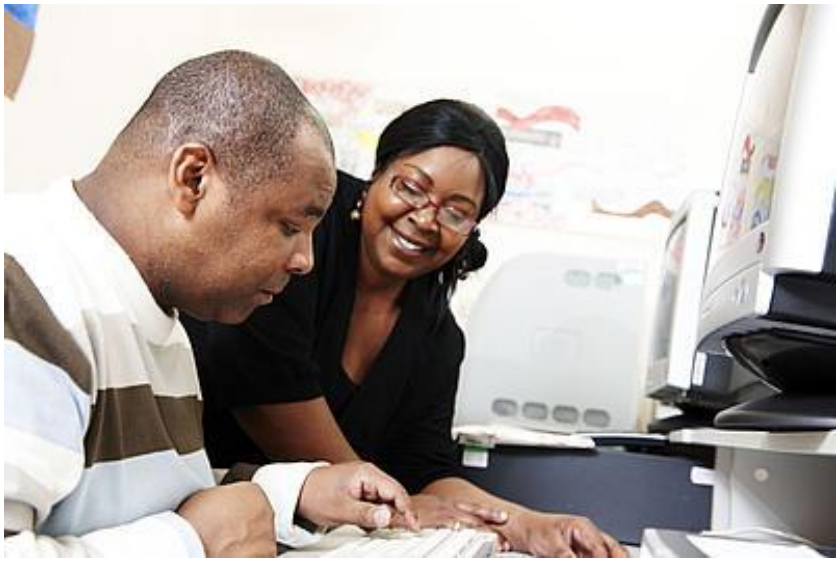


Our Values for Equality

Walsall CCG is responsible for improving the health and wellbeing of the people in Walsall and has a commitment to integrating equality and celebrating diversity within all that we do.

We are committed to equality and diversity in all aspects of employment and service delivery. All staff and service users will be treated with dignity and respect and will be expected to treat each other with dignity and respect.

As part of the Public Sector Equality Duty contained in the Equality Act 2010, we will show due regard to ensuring that individuals do not receive less favourable treatment on the grounds of race; disability; gender; age; religion and belief; sexual orientation; pregnancy and maternity; marriage and civil partnership and gender reassignment.

We will work towards eliminating discrimination, advancing equality of opportunity, and fostering good relations in the course of developing policies and delivering services. Our Equality Objectives are set out below. These are supported by the actions set out in the action plan in our Equality Strategy. The action plan will be updated each year to ensure continuous development and improvement and to include the things we have learned from the previous year's work.

Equality Act 2010

Walsall Clinical Commissioning Group, as a public body, must comply with the **Public Sector Equality Duties** set out at s.149 of the Equality Act 2010. We are required to have *due regard* for the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people of different groups or 'protected characteristics'
- Foster good relations between people from different groups

The 'protected characteristics' referred to in section 149 indicates the groups of people who are specifically offered protection by the Act. Before the Equality Act, NHS Trusts already had to demonstrate that they were treating people of different races, people with disabilities, and men and women fairly and equally. The Equality Act has added extra groups of people to the equality duty:

- People of different ages – younger and older people example
- Lesbian, gay and bi-sexual people
- People who are in the process of transitioning from one gender to another

- People who have a religion or belief, or people without a religion or belief
- Women having a baby and just after they have had a baby
- People who are in a civil partnership or are married.

Having '*due regard'* means that the CCG needs to give consideration to equality and diversity issues when making decisions about its policies, its priorities, and the services it commissions.

These general duties are supported by **specific duties** which require public bodies publish relevant, proportionate information demonstrating their compliance with the Act; and to set themselves specific, measurable equality objectives.

The Specific Duties require the CCG to:

- Publish **information** to show our compliance at least annually from 31st January 2014.
- Set and publish **equality objectives**, at least every four years. Our equality objectives were published as part of our Equality Strategy and Action Plan.

Health and Social Care Act 2012

The Health and Social Care Act 2012 has made significant changes to the structures of decision-making in the NHS. Clinical Commissioning Groups (or CCGs) are now the lead commissioners for health in each local area, taking over from Primary Care Trusts from April 2013. Equality considerations are central to the NHS vision of providing a personal, fair and diverse health service.

This Act also introduced the first legal duties on health inequalities, with specific duties on CCGs. These include duties to have regard to the need to reduce inequalities between patients in access to health services and in the outcomes achieved, and to ensure that health services are provided in an integrated way.

How does the CCG show due regard?

Walsall CCG has done several things to embed a robust approach to equality and diversity, and health inequalities in all its work:

Equality Strategy and Action Plan

Through strategy and the action plan we are ensuring that:

- We are working with our Governing Body and Locality groups in development sessions to ensure that the principles of equality, diversity and inclusion are central to decision making.
- Gaps in, and the consistency of, equality information are gradually being resolved as we work internally, and with partners and provider organisations to improve the use of equality information. For example, we ask potential health service providers about the effective use of monitoring information as one of several questions when we are considering new contracts. We do this at an early stage in the Pre-Qualification Questionnaire or 'PQQ'.
- All CCG staff receive mandatory training on equality and diversity every 2 years.
- Equality Analysis is used to identify potential health inequalities in particular service areas, and to make specific recommendations to address these. A good example of this work can be seen in the approach to the urgent care review where 20 recommendations – directed to the CCG, to provider organisations, and to the Walsall Health and Wellbeing Board – emerged from the consideration of equality issues. Please see the full analysis at the link here .
- Equality analysis is also used for all new business cases and in project initiation documents as part of initial project scoping.

Using Contractual Levers with providers

NHS Providers (hospitals, community services, health trusts, and GPs (for NHS patients)) are also bound by the duties in the Equality Act 2010 and so must also demonstrate compliance with s.149 (the public sector equality duties). This compliance can also form part of the contract and performance management relationships that CCGs have with their providers. During 2014/15, as well as including 10 equality questions in the pre-qualification questionnaire when new contracts are under consideration, we also made sure that contract specifications were explicit in the equality and diversity outcomes expected from providers. From April 2015, the Equality Delivery System (EDS2) became a mandatory part of NHS Contracts, and this has assisted the CCG in working with its providers to improve equality, diversity, and inclusion outcomes each year.

Integration

The CCG must carry out its functions in a way which secures that health services are provided in an integrated way. This means that they should link up well with other health related and social care services to improve quality and reduce health inequalities.

By doing this we hope to reduce situations where patients feel as if they are being unnecessarily passed from service to service, or between organisations. We also work with our partners in Public Health in the local authority – Walsall Council – to understand the impact of other factors which can lead to health inequalities – the 'causes of the causes':

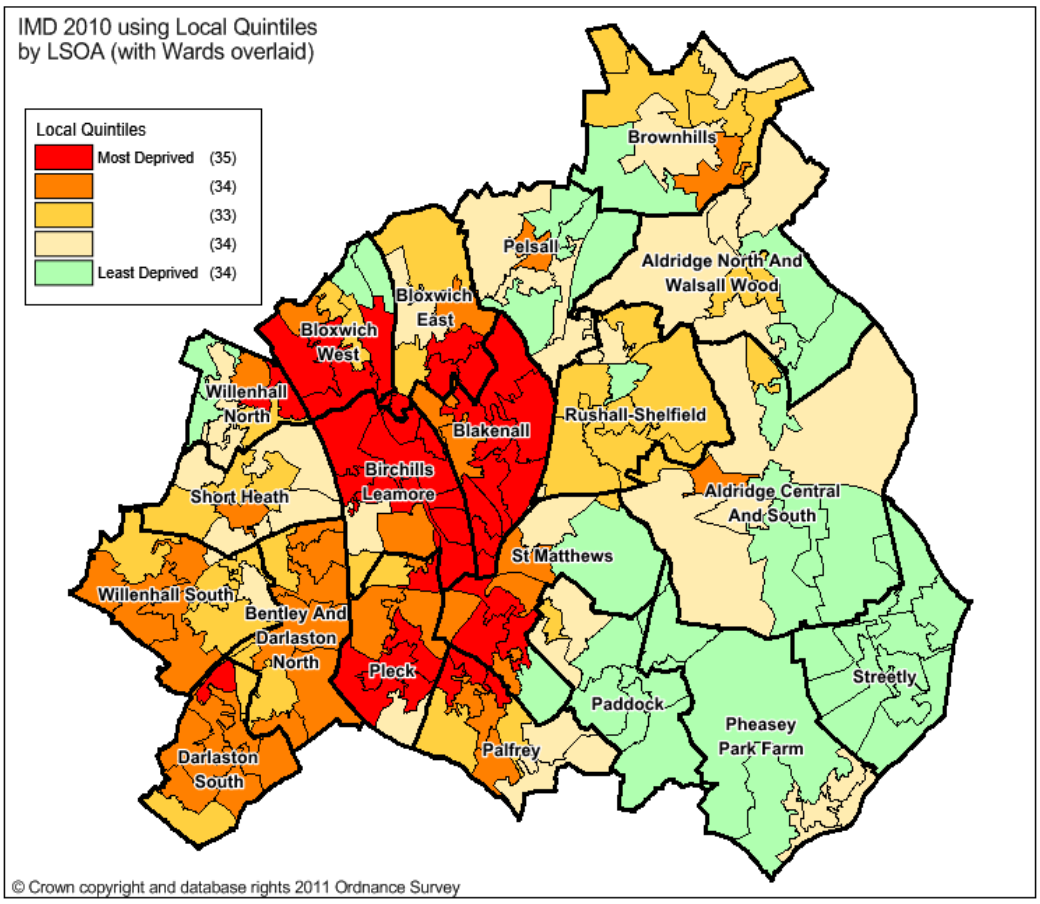
> "...serious health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, 'bad', unhealthy behaviour, or difficulties in access to medical care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society."
>
> Marmot M '*Fair Society Healthy Lives'* 2010 (The Marmot Review)

Marmot's concern is with the 'social determinants' of health or the 'causes of the causes' of health inequalities – those fundamental social and economic conditions which have been shown to have an impact on how healthy a person will be during the course of their life.

This includes the conditions in which people are born, grow, live, work and age. It includes an individual's education and employment opportunities in life and their earning potential; it can include belonging to a minority group (including many people who have a 'protected characteristic') or being socially excluded from mainstream society.

Inequalities in the social determinants of health act as barriers to addressing health disparities. There are clear disparities in the population of Walsall Borough as shown in the map below.

Map of Deprivation in Walsall



Working in partnership with organisations well placed to understand these social determinants can help us to build an understanding of the impact on health services. Work with the local authority Public Health team at Walsall Council, and social care departments to understand (for example) the impact of recent welfare reforms (including housing benefit changes); of cost improvement programmes on diverse groups (including the equality impact analyses of budget reductions); or of the withdrawal of jointly commissioned contracts, can help inform commissioning strategies and advise risk mitigation plans.

Similarly our work with the Voluntary and Community sector can help the CCG meet its requirements for consultation, involvement and engagement and - particularly with those organisations that work with protected characteristic groups - can offer important information about what is happening in communities now – well before trends appear on quarterly reports.

We also use national reports and information to advise our approach locally. For example, with dementia we are using research which signals potential health inequalities for black, Asian and minority ethnic communities because of disparities in the rate of increase in dementia:

"…there are tens of thousands of people living with dementia everyday who are not getting the services they are entitled to. And disproportionately it is people from black, Asian and minority ethnic (BAME) communities who are being failed by the system…the number of individuals with dementia from these communities will increase rapidly in the coming decades…

…This inquiry has established that there is an urgent need to increase awareness of dementia among BAME communities. Service providers need to be sensitive to cultural stereotypes that mean some communities are assumed to 'look after their own', resulting in services that do not reach out to individuals and families from BAME communities."

House of Commons All Party Parliamentary Group on Dementia (July 2013; page 5)

The CCG since April 2015 has been working closely with all local partners to implement the Government's 'Better Care Fund' which is trying to move the emphasis of health care away from hospitals towards better preventative programmes in the community to keep people well; better interventions at home to prevent unnecessary admission to hospital, and advice, support and practical help to patients and their families to enable better self-care.

The NHS Equality Delivery System (EDS2)

The NHS Equality Delivery System is a tool designed to assist performance and quality assurance mechanism for NHS organisations. It enables organisations to make improvements for staff and for patients of the NHS. The EDS covers the 9 protected characteristics identified in the Equality Act 2010 and is intended to support the NHS to deliver on the duties encompassed in the Equality Act.

Walsall CCG has decided to make use of the EDS to look in detail at particular pathways – for example in urgent care and dementia services, and to consider how these pathways serve people from different protected characteristic groups.

In applying the EDS to care pathways in this way, we believe that patients, carers and other people who use services can be involved more meaningfully in discussions about how services are working in practice for people, and for technical information associated with the pathway (for example equality monitoring data, or information about referral and treatment processes) to be more readily understood.

Our work with communities

A summary of the type of engagement work we do with different communities across the Borough can be found in our Annual Report, on the Walsall CCG website at this link here (navigate to the bottom of the page). We also monitor complaints information, and patient experience feedback through provider

organisations (as part of Clinical Quality Review Meetings) to identify issues which might suggest that the s149 duties are being compromised in any way.

During 2015, we have not identified issues which might suggest this. However it is evident that the equality information collected by the CCG – particularly in recording protected characteristic groups, or in seeking feedback and anecdotal information from service user advocacy groups for example – can be improved. We will seek to review and improve these mechanisms during 2016.

Our staff

Walsall CCG employs 73 individual people (this figure includes staff who work part-time and represents a total 'Full Time Equivalent' or '**FTE'** of 66.78.

Under the specific duties of the Equality Act 2010, public bodies employing less than 150 people are not required to publish information about their staff profile. However Walsall CCG believes in the value of clear accountability and transparency and so presents the information below in this spirit

We ensure that we collect and use workforce information to effectively meet the general equality duty under section 149 of the Act (explained at page 4). We also consider the impact of our employment functions on people with different protected characteristics. For example, we have recently analysed the figures relating to our workforce profile, and to recruitment processes.

The graphs below offer some of the information we have collected about the profile of the CCG's workforce. We have used percentages rather than actual staff numbers, and some graphical information has been omitted where it otherwise might be possible to identify individual members of staff by publishing it.

Chart 1

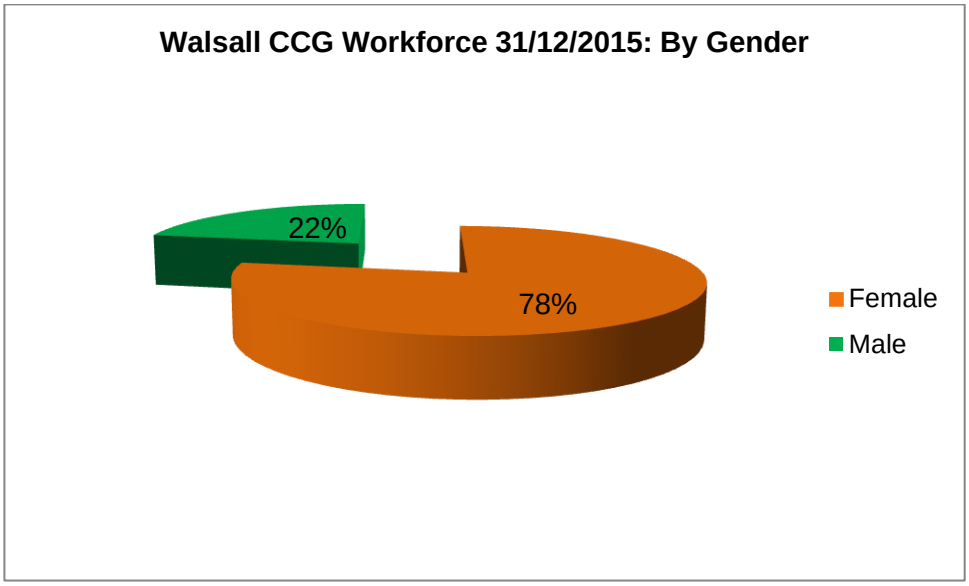


Chart 1 demonstrates that of the 78% of employees within Walsall CCG are female and 22% are male. Similar percentages for gender are replicated across other similar sized CCGs and is reflective of the NHS as a whole.

Chart 2

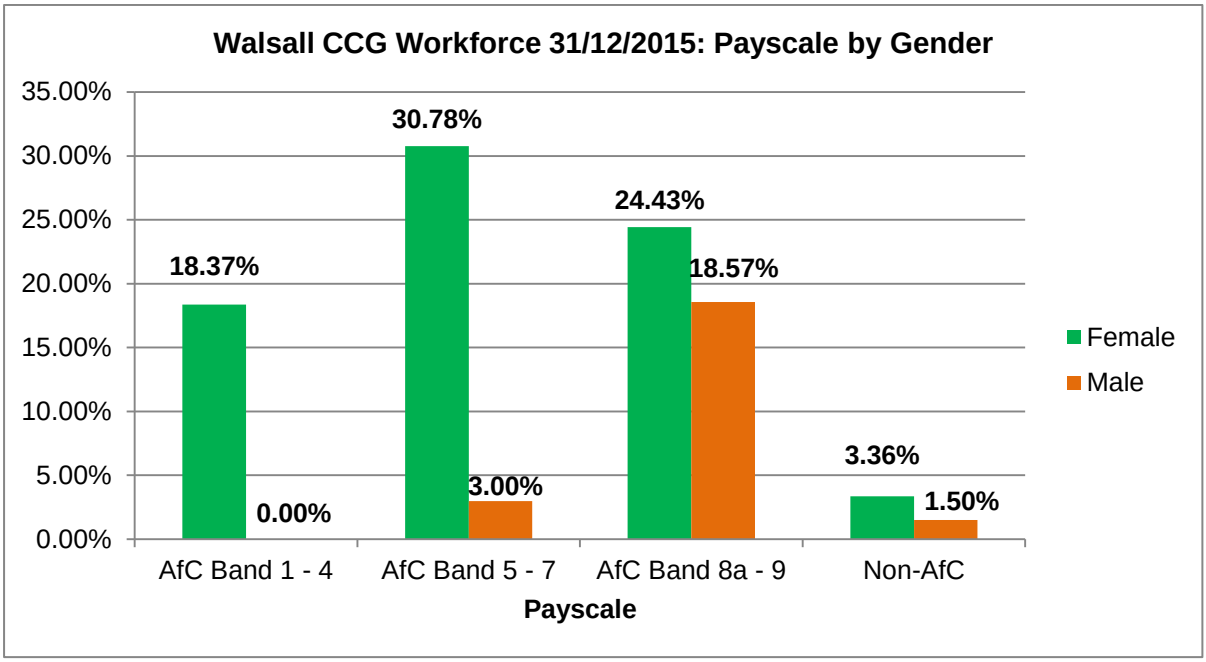


Chart 2 uses information from the Electronic Staff Record (ESR) and makes reference to 'AfC' Bands. The Bands are the different salary levels identified under 'Agenda for Change' (AfC) 'Non AfC includes Independent Board members. In practice, these members are not receiving a wage from the CCG, but receive reasonable expenses. To allow for efficiencies in payment of these expenses, they are included on the ESR along with establishment staff. Because of the nature of the AfC process in evaluating jobs, there should be little room for gender based discrepancies on pay.

Chart 3

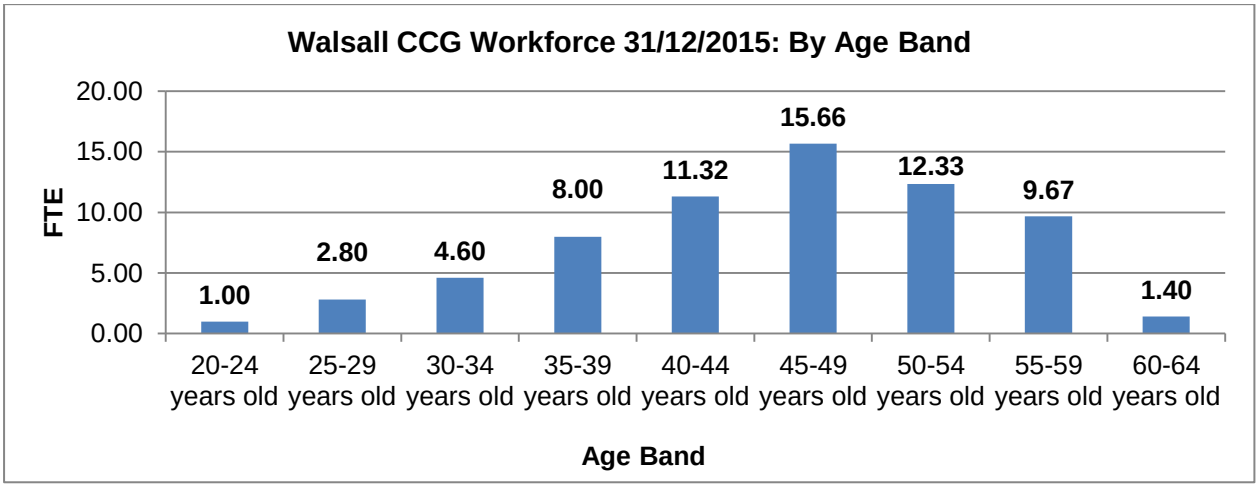
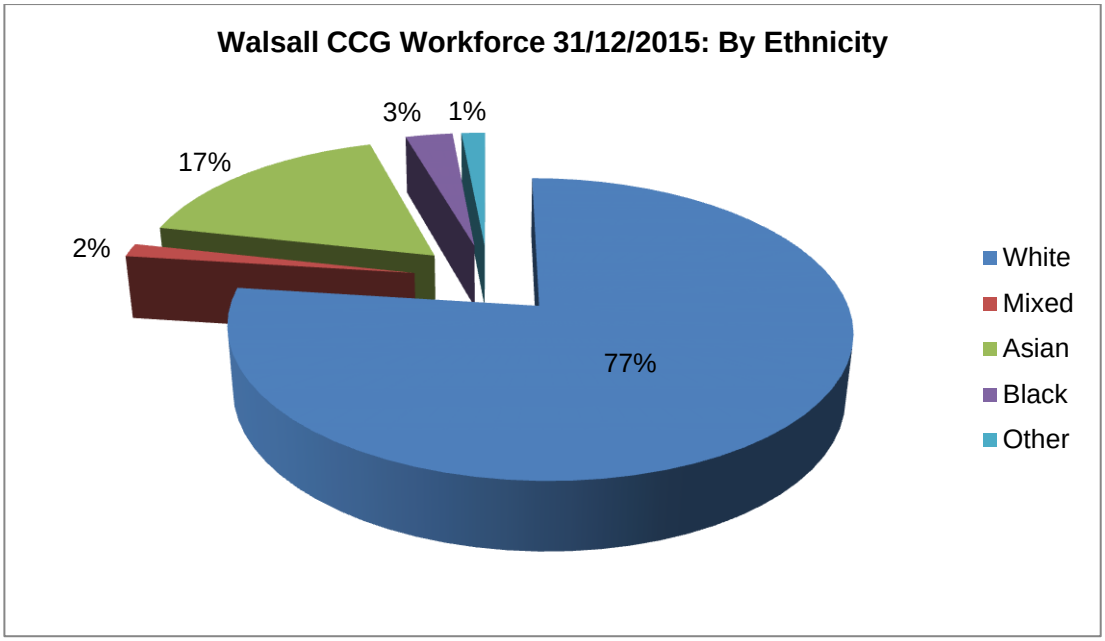


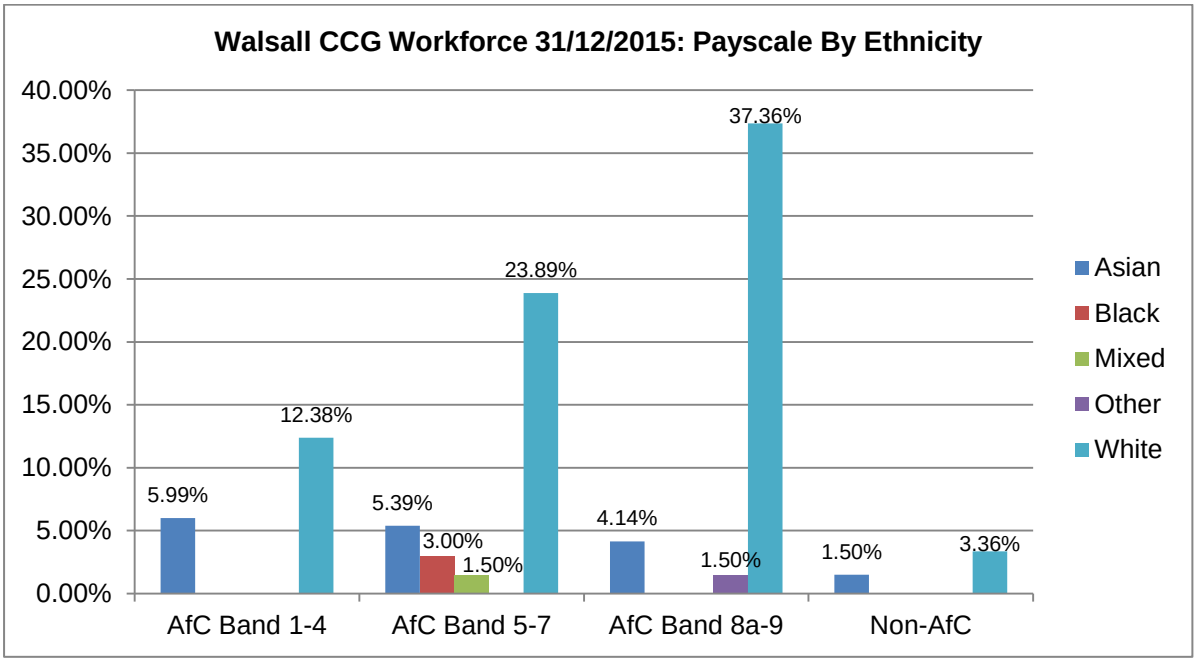
Chart 3 shows the percentage variation across age groups in the CCG.

Chart 4



Charts 4 and 5 show, respectively, the ethnic profile of the CCG's workforce and pay-scales. No conclusion has been drawn from the figures on pay, but the processes adopted for AfC recruitment suggest that the CCG's s149 duties are being fulfilled.

Chart 5



There are gaps in our information – particularly for disability, sexual orientation and religion. In 2015 the CCG implemented the Workforce Race Equality Standard by NHS England. The requirements and implications of the Standard have been discussed at key forums within the CCG – for example at the Organisational Development Committee and at the Safety Quality and Performance Committee – and briefings have been produced to update members (e.g. the information below from August 2015)

Table 1 (page 15) gives an example of the detailed information which we can now obtain from the NHS Jobs website (where all CCG jobs are now advertised). Table 1 shows the information for applications, but the same level of detail can also be analysed for shortlisting and appointment stages to determine if any bias is evident in the recruitment process over time. The CCG's Human Resource team are reviewing how to use this information appropriately, and in the context of the introduction of the Race Equality Standard. This learning will enable us to apply similar processes to other protected characteristic groups.

equality briefing

Walsall CCG
August 2015

Workforce Race Equality Standard – CCG Guidance

SUMMARY

This briefing summarises the guidance for CCGs issued in July 2015; considers the work required by the CCG in response to the guidance; and indicates some outstanding questions which await clarification by NHS England.

Background

1. Previous briefings to the CCG in September 2014 and January 2015 have documented the development of the Workforce Race Equality Standard (WRES), why it has been prioritised by the NHS, and the metrics (or indicators) which have been developed by NHS England to gauge progress.

2. To summarise briefly: on 31st July 2014 NHS England published plans to tackle race inequality across NHS workforces by setting a 'Race Equality Standard' for NHS organisations. Following a consultation process across the health sector to consider how best to develop this standard, in March 2015, NHS England published a final set of 'metrics' (also described as indicators) accompanied by guidance, to help commissioner and provider organisations move towards meeting a more equitable representation of black and minority ethnic staff in their workforces, and at all levels of the organisation. These indicators are available at: http://www.england.nhs.uk/wp-content/uploads/2015/02/wres-metrics-feb-2015.pdf

3. Despite its name the WRES does not articulate a set standard which health organisations should seek to achieve. Instead there are **nine metrics or 'indicators'** which should be used to measure change and progress. Four of the indicators are specifically on workforce data, four are based on data from the national staff survey indicators, and one concerns the representativeness of the Board. The intention is to encourage NHS organisations to use the indicators as part of organisational planning to reduce the differences between the treatment and experience of White and BME staff, and to make comparisons (for us, with similar CCGs) about the overall level of such progress over time.

4. On 20th July 2015, NHS England published supplementary technical guidance for CCGs on implementation of the WRES. This is available at: http://bit.ly/1In8wgi

Recruitment Information

The CCG has recruitment and selection processes in place and this information is monitored by protected characteristic to ensure fairness. The recruitment covers all recruitment activity for the period 1st January to 31st December 2015. The recruitment activity produced for Walsall CCG is from NHS Jobs using Equality Information from applications.

The following table illustrates recruitment profile by sex

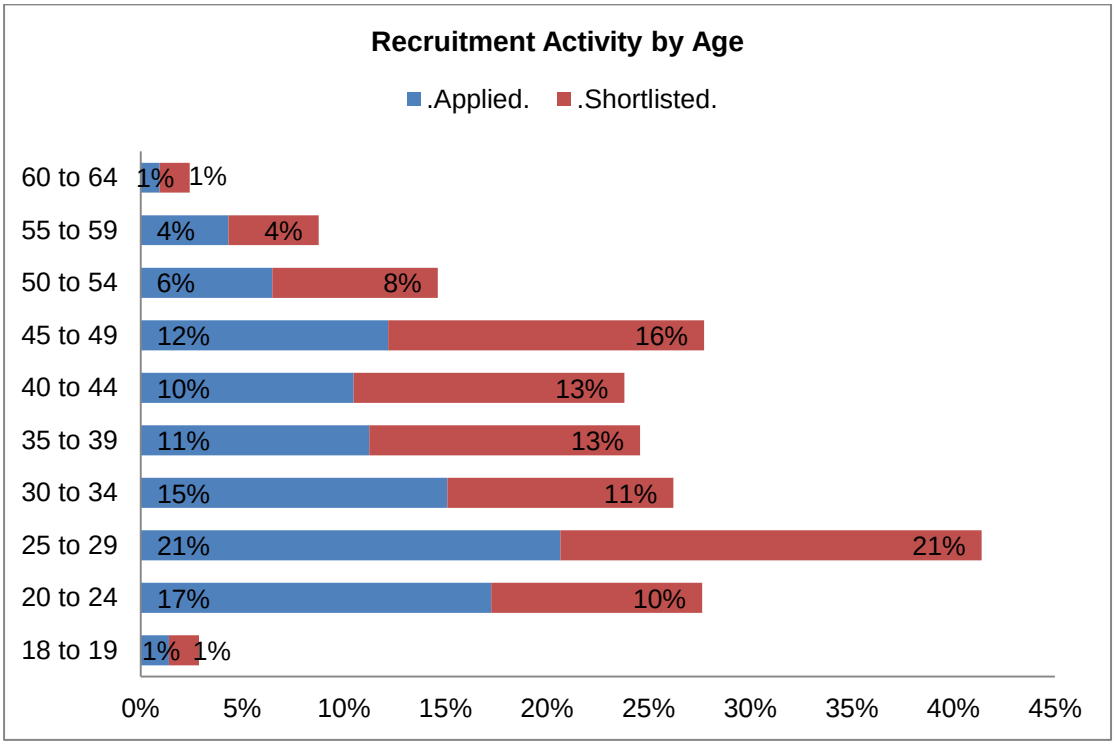
	Female	Male	Undisclosed
Applied	68%	31%	1%
Shortlisted	77%	22%	1%

The following tables illustrate recruitment profile by ethnic category

	Asian/ Asian British					Mixed/ Multiple			
	Bangladeshi	Chinese	Indian	Pakistani	Other	White & Asian	White & Black African	White & Black Caribbean	Other
Applied	8%	1%	55%	26%	2%	1%	0%	5%	2%
Shortlisted	8%	0%	53%	25%	5%	3%	0%	5%	3%

	Black/ Black British			White			Other	Undisclosed
	Black African	Black Caribbean	Other	White British	White Irish	White Other		
Applied	10%	8%	0.5%	69%	3%	4%	1%	4%
Shortlisted	5%	4%	0%	80%	5%	3%	0%	2%

Recruitment Profile by Age



The following illustrates the recruitment profile by disability.

	No Disability	Yes - Disabled	Undisclosed
Applied	**93%**	**5%**	**2%**
Shortlisted	**93%**	**3%**	**4%**

The following illustrates recruitment profile by religion or belief.

	Applied	Shortlisted
Atheism	**9%**	**9%**
Buddhism	**0%**	**0%**
Christianity	**43%**	**47%**
Hinduism	**6%**	**4%**
Islam	**13%**	**10%**
Jainism	**0%**	**0%**
Judaism	**0.2%**	**0%**
Other	**7%**	**7%**
Sikhism	**11%**	**9%**
Undisclosed	**11%**	**13%**

Resources

Equality Act 2010 - Easy Read Guide

EHRC - New Equality Act guidance
Link to the website of the Equality and Human Rights Commission

Walsall CCG Website
More information about Walsall CCG, our values, key documents and details on how to get more involved can be found here

For further information about the content of this document, or on any matter concerning inclusion in the CCG, please contact:

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