Equality and Diversity Strategy
2013/17
## Document Control

### Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Issue Date</th>
<th>Brief Summary of Change</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>5.09.13</td>
<td>Document Creation and outline sections</td>
<td>Steve Corton</td>
</tr>
<tr>
<td>0.2</td>
<td>16.09.13</td>
<td>References sourced and checked and content amended. Circulated to stakeholders for comment and amendment</td>
<td>Steve Corton</td>
</tr>
<tr>
<td>0.3</td>
<td>16.09.13</td>
<td>0.2 plus draft introductory text for Chair’s consideration</td>
<td>Steve Corton/Dr Amrik Gill</td>
</tr>
<tr>
<td>1.0</td>
<td>1.10.13</td>
<td>Stakeholder comments and suggestions added to the strategy document. References and embedded hyperlinks checked. Submitted to Safety, Quality and Performance Committee meeting on 9th October 2013. Agreed by SQP.</td>
<td>Steve Corton incorporating stakeholder feedback.</td>
</tr>
</tbody>
</table>
Foreword

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.

Walsall CCG has maintained a focus on equalities by adopting the EDS (Equality Delivery System). As part of this work, the CCG has ensured that the leadership for this agenda is embedded within our new organisation values so that we may demonstrate a commitment towards the NHS vision of providing a personal, fair and diverse health care service.

We have also developed an Ethical Commissioning Framework which contains principles to guide our priority setting processes and commissioning decisions. Equality and diversity, and health inequality considerations are explicitly addressed, and the framework will ensure both transparency and consistency in the CCG's decisions over time.

For Walsall CCG, addressing health inequalities faced by different areas of our population will be a key priority - ensuring all groups have appropriate access to our services as and when required. And, by investing in our workforce, and in the commissioning of appropriate services, we will improve patient care and create a working environment conducive to the needs of all staff.

Dr Amrik Gill
Chair of the Walsall Clinical Commissioning Group
Equality Lead
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>1</td>
</tr>
<tr>
<td>1.0 Purpose</td>
<td>3</td>
</tr>
<tr>
<td>2.0 Our Vision for Equality</td>
<td>4</td>
</tr>
<tr>
<td>3.0 Our Values and Principles</td>
<td>4</td>
</tr>
<tr>
<td>4.0 Background on Equality</td>
<td>5</td>
</tr>
<tr>
<td>5.0 Legal responsibilities for Equality</td>
<td>7</td>
</tr>
<tr>
<td>6.0 Beyond Equalities Legislation</td>
<td>10</td>
</tr>
<tr>
<td>7.0 The Business Case for Equality</td>
<td>11</td>
</tr>
<tr>
<td>8.0 Equality Delivery System</td>
<td>12</td>
</tr>
<tr>
<td>9.0 Responsibilities of the CCG/Governance Arrangements</td>
<td>13</td>
</tr>
<tr>
<td>10.0 Monitoring Compliance and Effectiveness</td>
<td>16</td>
</tr>
<tr>
<td>11.0 Engagement and Involvement</td>
<td>17</td>
</tr>
<tr>
<td>12.0 Commissioning for Equality</td>
<td>18</td>
</tr>
<tr>
<td>13.0 Equality Objectives</td>
<td>19</td>
</tr>
<tr>
<td>14.0 Summary</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 1 – Equality Action Plan Year 1 (2013-2014)</td>
<td>21</td>
</tr>
<tr>
<td>Appendix 2 - Summary of the Equality Delivery System</td>
<td>30</td>
</tr>
<tr>
<td>References</td>
<td>31</td>
</tr>
</tbody>
</table>
1.0 Purpose

1.1 This strategy sets out Walsall Clinical Commissioning Group’s (CCG’s) vision for equality, diversity and human rights; identifying how the CCG will comply with the requirements of the Equality Act 2010 and fulfil this duty through its commissioning arrangements.

1.2 The CCG has established its plans for addressing equality and diversity, through the development of this document, the agreement on our equality objectives, and an action plan for 2013-2014 which will be renewed annually. This strategy will set out governance arrangements for equality and the work the CCG will undertake to monitor performance and to ensure improvement.

1.3 The strategy will provide a picture of the evidence the CCG has of variations in health outcomes and health experiences between different groups within the CCG’s boundaries; and the actions the CCG will take to address gaps in evidence, outcomes and experiences. The CCG will use the 4 goals and 18 outcomes of the Equality Delivery System to establish a baseline assessment of its current position with regards to equality and to monitor its on-going performance. For commissioned services, the CCG will apply the EDS to pathways, beginning with a focus on the Walk-in-Centre, Dementia, and the experiences of patients when they leave hospital to return to the community. The CCG will continue to work in partnership with local stakeholders, its member practices, patients, staff and groups representing diverse backgrounds (collectively called local Interests) to review the progress of its action plan to ensure the sustainability of outcomes for equality, diversity and human rights over the next 4 years (2013-17).

1.4 The CCG has commissioned work from the Central Midlands Commissioning Support Unit (CSU) to ensure that it can call upon the appropriate advice, guidance, and expertise in implementing this strategy and to ensure good practice and compliance with equalities and human rights legislation.

1.5 Walsall CCG has already demonstrated a commitment to equality in the Authorisation process under Domain 4, which refers to the CCG’s constitutional and governance arrangements to deliver its duties and responsibilities. It states that CCGs must demonstrate compliance with the Public Sector Equality Duty and be using the Equality Delivery System or an equivalent to help attain compliance and to ensure good equality performance.

1.6 As part of the strategy, the CCG has developed an Action Plan that sets out the outcomes the CCG will aim to achieve between the financial years 2013 – 2014. Subsequent action plans will be updated and published annually, to share the progress the CCG has made against its objectives and outcomes, and to ensure transparency in the assessment of our performance against the EDS framework, by local interests.
2.0 Our Vision for Equality

2.1 The CCG’s vision is:

“As a CCG we are committed to working in partnership to achieve health and wellbeing improvements for the people of Walsall.”

2.2 In applying this vision to equality, diversity and human rights, we will build on the legacy from the Primary Care Trust - NHS Walsall - and the learning from the Black Country Cluster of PCTs (2013) to deliver service transformation which improves health and well-being outcomes for all the people of Walsall borough, raises quality and increases productivity whilst reducing avoidable variations in the patterns of health care. We will tackle health inequalities and work with our partners to reduce the health inequities caused by the social conditions in which people are born, grow, live, work and age.

3.0 Our Values and Principles

3.1 The CCG’s values are:

<table>
<thead>
<tr>
<th>Our Values</th>
<th>Our Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect and value people</td>
<td>Individuals are at the core of what we do.</td>
</tr>
<tr>
<td>Listen to local people</td>
<td>We are committed to involving patients, clinicians and communities in the design and improvement of their services.</td>
</tr>
<tr>
<td>Clinical leadership</td>
<td>We recognise and embrace the need for clinical leadership in service planning and redesign to ensure highest levels of quality and efficiency.</td>
</tr>
<tr>
<td>Clear accountability and transparency</td>
<td>We value feedback and a clear sense of personal accountability and responsibility.</td>
</tr>
<tr>
<td>Innovation</td>
<td>We will make best use of all new technology, particularly striving to be at the forefront of innovation in exploitation of information technology.</td>
</tr>
<tr>
<td>Prevention</td>
<td>We will prevent poor health starting early with families, children and young people.</td>
</tr>
<tr>
<td>Partnership</td>
<td>We will work closely with our partners in health, local authority and voluntary sectors to ensure a holistic approach to promoting health and equality in the community.</td>
</tr>
</tbody>
</table>

3.2 Our operating principles are

i. Clinically lead the quality and safety improvements for commissioned services

ii. Bring the intelligence from the consultation room into the commissioning cycle
iii. Translate the commissioning intelligence from constituent practice members into the decision making process for describing the commissioning intentions of the CCG

iv. Utilise a variety of effective patient and public forums that capture timely robust data to ensure that people have a positive experience of care

v. Uphold the NHS constitution

3.3 The CCG's values and operating principles will underpin the approach we take in this strategy.

4.0 Background on Equality

Why do we have inequalities in health care?

“...serious health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, bad or 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 (2010a)

4.1 Professor Sir Michael Marmot’s report ‘Fair Society, Healthy Lives’ expressed concern with the ‘social determinants’ of health which he called 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 or being socially excluded from mainstream society. Inequalities in the social determinants of health act as barriers to addressing health disparities.

4.2 Individuals and communities that experience inequalities in the social determinants of health not only carry an additional burden of health problems, but they are often restricted from access to resources that might help reduce these problems. For instance, living in conditions of low income have been linked to increased illness and disability, which in turn represents a social determinant linked to reduced opportunities to engage in gainful employment, thereby aggravating poverty. Physical environments such as crowded housing conditions have been associated with stress. Although these links have been evidenced by statistical information, what remains less well understood are the ways in which this happens – how social determinants influence health. The processes involve complex interconnections and demonstrating these is difficult.

4.3 ‘Health inequity’ refers to health inequalities which are unfair or which arise because of some form of injustice (Kawachi, 2002) (Dahlgren and Whitehead, 1992). The distinction between the two terms is that the identification of health inequities carries a value judgment about social justice and a recognition that
social and economic factors leading to health inequalities which are unfair and avoidable should be put right.

**Why have Equality?**

“Studies have shown that the actions and or attitudes of professionals in their normal interactions with patients can impact positively on empowerment and health”

(UCL institute for Health Equity, 2012; p12)

4.4 Equality is important for many reasons. People enjoy life more if they are treated fairly. They give more. Society is richer because each and every person can do what they are best at and, it is easier for people to live side-by-side and get on with each other if everyone feels they are being treated fairly.

4.5 Equality is not about levelling down the services available or finding the lowest common denominator for service delivery. It is not about diluting or frustrating innovation. Equality is an investment with a considerable return. Accepting the principle of equality is recognition that by enabling people to maximise their potential, and take opportunities which might otherwise be denied, we increase the knowledge, skills and resources available to us all. In healthcare we can benefit society as a whole by having fitter, healthier, more productive people, in control of the decisions which affect them, and taking active and responsible roles as stakeholders in the NHS. It will also have economic benefits in reducing the costs of illness.
5.0 Legal responsibilities for Equality

5.1 In addition to the benefits offered by an approach which values equality discussed above, Walsall CCG also has legal responsibilities under the Equality Act 2010, the Health and Social Care Act 2012, and the Human Rights Act 1998.

Equality Act 2010

5.2 The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. Public organisations including Walsall CCG have some specific responsibilities known as the Public Sector Equality Duty. This is set out in the Act at section 149. It requires us to have due regard to the need to:

I. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
II. Advance equality of opportunity between people who share a protected characteristic and those who do not.
III. Foster good relations between people who share a protected characteristic and those who do not.

5.3 The “protected characteristics” refers to 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, disabled people, and men and women fairly and equally. The Act has added extra groups of people to the equality duty:

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

5.4 The Public Sector Equality duty requires Walsall CCG to consider all individuals when we carry out our day to day work – in shaping policy, in delivering services and in relation to our own employees. It supports good decision making. It encourages us to understand how different people will be affected by our activities, so that our policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of our activities on different people, and how inclusive public services can support and open up people’s opportunities, we can be more efficient and effective.

The Health and Social Act 2012
5.5 We also have a legal duty under the Health and Social Care Act 2012 to reduce inequalities between patients regarding their ability to access health services, and with respect to outcomes. The CCG must also ensure that services are provided in an integrated (or joined up) way. We cannot act alone to change the unequal distribution of social and economic conditions which lead to unequal health outcomes. This is why our strategies for commissioning, for communications and engagement, and for equality, stress the importance of working with our partners in local government, public health, and across the voluntary and community sectors, as well as with our provider organisations, to adopt a comprehensive approach towards these issues with shared goals and plans which link strongly with each other rather than each of us acting independently. The Joint Health and Wellbeing Strategy produced by Walsall Council and Walsall CCG will ensure that this co-ordinated approach to commissioning develops and strengthens.

Human Rights Act (1998)

5.6 The CCG has obligations under the Human Rights Act 1998. 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 and staff in our care and employment.

5.7 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:

i. **Fairness** (e.g. fair and transparent grievance & complaints procedures)
ii. **Respect** (e.g. respect for older people, same sex couples, teenage parents)
iii. **Equality** (e.g. not being denied treatment due to age, sex, race)
iv. **Dignity** (e.g. sufficient staff to change soiled sheets, help patients to eat /drink)
v. **Autonomy** (e.g. involving people in decisions about their treatment and care)

5.8 The Equality and Human Rights Commission states that putting human rights principles into public service practice is in the public interest. The evidence shows that public bodies which take human rights seriously treat people better (Department of Health, 2008).

5.9 The CCG will endeavour to embed a human rights based approach in the way that it commissions services and in its role as an employer. This approach is not new, and is already evident in current initiatives such as Dignity in Care, Essence of Care, Standards of Better Health and the Knowledge and Skills Framework.
NHS Constitution

5.10 Human Rights principles are also core to the rights of patients set out in the NHS Constitution:

“The NHS provides a comprehensive service available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”

NHS Constitution, 2009

5.11 The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC (Francis Report, 2013) made several recommendations concerning the NHS Constitution including:

- Use of the Constitution as the first reference point for all NHS patients and staff (Recommendation 3)
- Its core values should be given priority of place, patients are put first, and everything done by the NHS is informed by this ethos (Recommendation 4)
- All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution (Recommendation 7)
- Contractors providing outsourced services should also be required to abide by these requirements and to ensure that staff employed by them for these purposes do so as well (Recommendation 8).

5.12 Under Section 14P of the NHS Act 2006, the CCG has a duty to secure the provision of health services in a way which promotes the NHS Constitution, and to promote awareness of the Constitution among patients, staff and members of the public. As part of the fulfilment of this duty, the CCG has built consideration of the NHS Constitution’s values into its Equality Analysis process which within the first year action plan, we will seek to apply to all new business cases, service specifications, and procurements (also consistent with the Francis report discussed above).
6.0 Beyond equalities legislation

6.1 In considering the different aspects of equality we will not be limiting the extent of our equality approaches to the protected characteristic groups set out in the Equality Act 2010. There are other socially excluded groups – for example – homeless people; Gypsy, Roma and Travelling communities, sex-workers, and migrant groups who often need reassurance and help to navigate the health system effectively and who may access healthcare in ways which do not necessarily meet their particular needs – for example an over-reliance on A&E services. In this regard, there is also a clear economic case for considering the way in which such groups access and use healthcare services, and this underpins the CCG’s priorities for efficiencies as part of the national QIPP - Quality Innovation, Productivity and Prevention - agenda.

6.2 The recent Independent Review (GEO, September 2013) commissioned by the Government has recommended retaining the statutory Public Sector Equality Duty and for a formal evaluation of its impact to take place in 2016. In addition the Equality and Human Rights Commission has been asked to produce more specific guidance for public bodies to help them practically in being compliant with the duty, and to better understand the extent of the ‘due regard’ requirements in the Act. The CCG will be working with our partners in the Central Midlands Commissioning Support Unit’s Equality and Diversity Team to ensure that we adopt new guidance speedily for the benefit of our local population.
7.0 The Business Case for Equality

“Austerity need not lead to retrenchment in the welfare state. Indeed, the opposite may be necessary: the welfare state in England, the NHS itself, was born in the most austere post-war conditions. This required both courage and imagination. Today we call for courage and imagination again, to ensure equal health and well-being for future generations”

(Marmot, 2010a; p12)

7.1 Walsall CCG has taken responsibility for commissioning healthcare at an extremely challenging time. Nationally, the country is gradually recovering from recession and we can anticipate that public finances will be limited for a considerable time to come. In the NHS we also have the QIPP challenge (Quality, Innovation Productivity and Prevention) to improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by the end of the 2014-15 financial year. Strategic approaches which save money, or enable services to achieve greater efficiencies are therefore very important to identify. Prizing an equality approach to service delivery offers economic value to the CCG and to all residents of Walsall borough.

7.2 At the global level, Wilkinson and Pickett (2010) have looked at the costs of inequality and the differential impact for countries and shown that better, more successful economic outcomes occur in those countries which have greater equality across different social conditions. LaVeist and others (2009) have looked at the ‘economic burden’ of health inequalities in the US – finding that over $230 billion additional costs over a three year period were due to direct medical costs faced by African Americans, Hispanics, and Asian Americans due to health inequities. A study in Switzerland by Bischoff and Denhaerynck (2010) concluded that language barriers have a negative impact on healthcare costs and that the use of interpreter services leads to more targeted healthcare and can prevent the escalation of long-term health costs.

7.3 Equality for our patients, staff and communities will be achieved when our equality values and principles are woven through every aspect of the organisation and its work, shaping and developing an organisational and workforce culture that is underpinned by inclusive values, rights and responsibilities that are embedded within every stage of our commissioning journey. Walsall CCG’s resolve is to build on the legacy from NHS Walsall to secure improved outcomes. This applies just as much to our approach to equality as it does to the other responsibilities we are tasked with. Including equality in a meaningful way, within our other activities, means that we will be receptive to challenge. We welcome this as part of developing a better understanding of how equality considerations can improve the work we do and the relationships we have with service users. Through this, we will seek to gain the respect of local communities, and to become recognised as credible, sensitive commissioners of healthcare services and as a legitimate employer which values equality and diversity.
8.0 Equality Delivery System (EDS)

8.1 The Equality and Diversity Council commissioned the development of an Equality Delivery System (EDS), aimed at improving the equality performance of the NHS and embedding equality into mainstream business. By using the EDS, commissioning organisations will be able to meet the requirements of the Equality Act 2010. The EDS requires NHS organisations, in collaboration with local interests, to analyse and grade their performance, and set defined equality objectives, supported by an action plan. These processes should also be integrated within mainstream business planning.

8.2 The EDS can be used to support commissioners to identify local needs and priorities, particularly the unmet needs of seldom-heard populations, and allow them to shape services around people’s specific circumstances. The EDS has is structured into 4 Goals with 18 objectives (please see Appendix 1). The Goals are:

- **Goal 1. Better health outcomes for all** – The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.
- **Goal 2. Improved patient access and experience** – The NHS should improve accessibility and information, deliver the right services that are targeted, useful, useable and used in order to improve patient experience.
- **Goal 3. Empowered, engaged and included staff** – The NHS should increase the diversity and quality of the working lives of the paid and non paid workforce, supporting all staff to better respond to patients’ and the wider communities needs.
- **Goal 4. Inclusive leadership at all levels** – NHS organisations should ensure equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders.

8.3 Walsall CCG has reviewed its original approach to implementing the EDS when selected objectives were chosen to be pursued. However, on reflection, we were concerned that this approach would not achieve systematic change speedily enough to have a real impact on patients and other people using services. We have therefore changed the emphasis and during 2013-2014 we will adopt the following approach:

- Goal 1 and Goal 2 of the EDS will be implemented by applying the corresponding objectives to specific patient pathways. This means that we can consider our commissioning performance in more depth, and test ourselves in partnership with patients, carers and providers. This, we feel, allows for more meaningful change. For the first year of the strategy our focus will be on the Walk-in-Centre, Dementia, and the experiences of patients returning back to the community from hospital. We will use the learning outcomes from this pathway approach to inform other pathways for the second, and subsequent years of the strategy.
ii. Goal 3 and Goal 4 of the EDS will be implemented by taking a whole organisation approach and ensuring that progress is made in our Human Resources and Organisational Development strategies, supported by the Central Midlands Commissioning Support Unit (CSU).

iii. Additionally, a locally designed approach (reflected in the action plan) will be taken called the ‘3Ps’ – Patients, People, and Processes. This will help to systematise equality in all aspects of the CCG’s work, and will involve local interest groups in shaping commissioning policies, and in monitoring our equality performance. In the Action Plan at Appendix 1 each of the 3Ps is identified.

8.4 Our Equality Objectives have been developed as part of this reflection, and building on the discussions we continue to have with local stakeholders.

9.0 Responsibilities of the CCG Governance Arrangements

9.1 In Walsall CCG, accountability and responsibility for compliance against the Public Sector Equality Duty in the Equality Act 2010 will rest with the CCG’s Governing Body.

9.2 Walsall CCG Governing Body members are directly accountable for all actions and omissions in relation to Equality, Diversity and Human Rights legislation and this accountability cannot be delegated. The board will however delegate responsibility for providing compliance assurance, to its Safety, Quality and Performance (SQP) subcommittee. The SQP will monitor progress, performance and delivery of the CCG’s Equality Objectives, and the Equality Action Plan. The CCG Governing Body members will have the executive lead for Equality and Diversity to ensure the duty is discharged.

9.3 The CCG recognises that as a new organisation, it must build on the strong foundation of the predecessor organisation - the Primary Care Trust - to promote inclusive values and principles throughout the organisation. Furthermore these values and principles are firmly established within our Organisational Development strategy. We have also ensured that appropriate arrangements are in place for equality and diversity specialist expertise from the Central Midlands Commissioning Support Unit.

9.4 The CCG will ensure transparency in its decision making regarding equality and diversity through the annual publication of information. CCGs not only need good governance to ensure that they are making decisions in the right way to secure the best possible services for the local community, they must also ensure everything is done in an open and transparent way in order to demonstrate to all those to whom they are accountable, and in particular the public, that this is the case. This will be demonstrable via the measures embedded for monitoring as well the processes taken to create an inclusive value-based organisation for both staff and public.
Responsibilities

9.5 The key responsibilities for each area, mapped against the Equality Duty requirements as a Public Sector organisation, are outlined below:

NHS Walsall CCG Governing Body

9.6 The CCG Governing Body has corporate responsibility in relation to equality and human rights. Their role will be in ensuring that governance structures are in place to meet the Public Sector Equality duty (PSED) of the Equality Act 2010. This can be achieved via the Governing Body being assured that;

i. Evidence is used to demonstrate compliance with the Public Sector Equality Duty of the Equality Act 2010.
ii. Equality and Diversity is embedded at the core of the CCGs strategic decision making
iii. Evidence of health inequalities, health inequities and equality impact analysis informs decision-making for the Governing Body.
iv. Issues of Equality and Human Rights are appropriately reflected in all aspects of strategic planning, performance, scrutiny and the Governing Body’s own agenda and activities.
v. There is an identified executive lead for equality and diversity.
vi. Supporting and providing evidence that the CCG has competent E&D leadership within its structure and that they are attaining inclusive leadership at all levels within the CCG.
vii. The ‘Competency Framework for Equality and Diversity Leadership’ informs the recruitment, development and support of strategic leaders to advance equality outcomes.
viii. It is accountable to NHS England, and local partners by using the EDS to evidence its compliance with the requirements.
ix. All staff are empowered, engaged and well supported

9.7 Other responsibilities include to;

- Ensure that the above manifesto is also built into any contract or SLAs with provider organisations;
- Support fair and equitable recruitment and employee terms and conditions in line with equality duties
- Ensure, in particular, that all protected characteristic groups are engaged with.

Safety, Quality and Performance Committee

9.8 The Safety, Quality, and Performance Committee provides assurance to the Governing Body and their responsibilities will include the following tasks.

i. To provide assurance to the CCG Governing Body of compliance with the Equality Act 2010
ii. To review equality data and information for publication (annually)
iii. Developing a set of equality objectives (annually)
iv. Reporting on progress for the Equality Objectives (via quarterly report)
v. To monitor progress against the CCG Strategy and EDS Implementation/Action plan via quarterly reports on progress against the 4 goals of the EDS and equality objectives.
vi. To review, scrutinise and evaluate equality performance - identifying areas of under-performance and good practice.
vii. To ensure engagement of diverse and seldom heard groups.
viii. To receive exception reports on CCG, CSS, Public health and other provider performance

**Strategic Lead for Integrated Governance and Organisational Development**

9.8 The role of the Strategic Lead will be to:

i. Ensure feedback and regular reporting to CCG Governing Body
ii. Embed equality, diversity and human rights requirements into the Organisational Development plan for the CCG
iii. Ensure that the CCG executive lead for Equality & Diversity and the Central Midlands Commissioning Support Unit lead for Equality & Diversity sit on the CCG’s Organisational Development Committee.
iv. Support the Safety, Quality and Performance Committee to set and monitor progress against priorities and objectives for goals 3 and 4 of the EDS (workforce and leadership development)
v. Work in partnership with the Commissioning Support Unit’s Equality and Diversity; Human Resources; and Workforce Development teams to interpret and respond to any changing EDS requirements on workforce development.

**CCG Executive lead/Accountable officer**

9.9 The role of the CCG Executive Lead/Accountable Officer will be to ensure:

i. Accountability for CCG compliance with equality and human rights legislation
ii. That principles of Equality & Diversity are embedded within the organisation
iii. Equality & Diversity is championed within, and outside the organisation

**CCG Operational E&D leads**

9.10 CCG Operational leads will

i. Support CCG Exec lead to embed Equality & Diversity principles within the organisation
ii. Champion Equality & Diversity within and outside the organisation
iii. Lead on communication of Equality information and updates from the CSS to the CCG and vice versa.
CCG Patient Experience Lead

9.11 The CCG Patient Experience Lead will

i. Support the CCG operational Equality & Diversity leads to deliver and embed E&D principles within patient experience/involvement agenda

ii. Support with linking in the Equality & Diversity strategy with its Communication and Engagement strategy

iii. Support in the wider communication of Equality information and updates to wider community.

Central Midlands CSU Equality and Diversity Lead

9.12 The CSU’s Equality and Diversity Lead will

i. Provide specialist advice to the CCG (including case studies)

ii. Provide updates on any new guidance/requirements and legislation

iii. Provide specialist training or development updates as required by the CCG.

10.0 Monitoring, Compliance and Effectiveness

10.1 The monitoring of the strategy will be achieved through the regular reports generated for the Governing Body and the Safety, Quality and Performance Committee. The report includes the timeliness of the reporting against the agreed Equality strategy and Equality Implementation Plan.

10.2 Monitoring compliance will be achieved via the following

i. Governing Body responsibility (as outlined in sections 9.2, 9.6 and 9.7)

ii. SQP committee responsibility (as outlined in sections 9.2 and 9.8)

iii. Equality Risk register

iv. Patient feedback (as outlined in Communication and Engagement Strategy)

v. Your Voice in Action group which will oversee the completion and publication of Equality Analyses of commissioning intentions.

vi. Commissioning, procurement and contracting responsibilities.

10.3 By achieving and managing these monitoring processes effectively, we can ensure that the CCG Board and senior leaders conduct and plan our business so that equality is advanced, and good relations fostered, within our organisation and beyond meeting the integral parts of the Public Sector Equality Duty.
11.0 Engagement and Involvement

11.1 This Equality and Diversity Strategy should be read alongside the CCG’s Communications and Engagement strategy located at this link.

11.2 An Equality and Diversity sensibility is intrinsic to our approach to engagement and communication with patients and the public. Both strategies combined will ensure that we:

i. Put patient experience at the heart of what we do, by actively capturing patient feedback and patient stories about the services they have received.

ii. Promoting the rights and responsibilities in the NHS Constitution to increase awareness and active use by service users and by our staff.

iii. Proactively build continuous, meaningful engagement with the public and patients to shape services and improve health to ensure that everybody who wants to influence the improvement of services feels that they have had an opportunity to engage with us.

iv. Develop channels so that engagement will be accessible and appropriate for a range of audiences.

v. Ensuring systems are in place to convert insights about patient choice in Practice consultations, into plans and decision-making.

11.3 As local clinical commissioners and leaders, the CCG is in a unique position to drive service change and bring clinical practice insights to the forefront of service redesign. In addition, the CCG will need to work very successfully with a wide range of communities, local patients, partners and stakeholders to ensure local services are transformed.

11.4 The CCG recognises that for engagement to be meaningful, we must actively establish and build relationships with individuals, local communities and wider stakeholders. The CCG must foster a deliberative approach which will increase accountability and therefore mitigate risk whilst exploiting and identifying new engagement opportunities. Engagement should be accessible and appropriate for a range of audiences. As such, there can never be a ‘one size fits all’ approach. A range of diverse approaches will be used, including working in partnership with our provider organisations, Health & Wellbeing Board, Local Healthwatch, and Patient Participation Groups (PPGs). Digital and social media approaches alongside the more traditional approaches of focus groups and forums will also be utilised.

11.5 Also, where required, support in training and development for staff and patient representatives will be sought from the Commissioning Support Unit’s Equality & Diversity service. This model can also be utilised for support with patient engagement and consultations in the future.
12.0 Commissioning for Equality

12.1 Walsall CCG will embed equality, diversity and human rights throughout each stage of its commissioning journey. The CCG will consider the health needs of its local populations and ensure that the decisions it takes do not have a detrimental impact on the populations it serves. The CCG will endeavour to involve local people in helping it take some of these difficult decisions, using a variety of approaches to engage with diverse groups and those that are seldom heard. The CCG will embed this inclusive approach into each stage of its commissioning journey.

12.2 This approach will be sustained through our Ethical Commissioning Framework (Walsall CCG, 2013) which establishes the principles used by the CCG to prioritise commissioning decisions. Equality and diversity and health inequality considerations are explicitly addressed at Principle 5 (covering access to services for protected characteristic and other groups) and Principle 10 (covering equal treatment). Furthermore Principle 13 (commitment to keep patients informed who are participating in clinical trials) and Principle 16 (commitment to broader public and patient engagement) will help to ensure that priority setting processes are transparent and allow scope for public debate and accountability.

12.3 An equality approach to commissioning can make an important and necessary contribution to tackling the social determinants of ill-health and to reducing health inequalities (Marmot 2010(a)). Working with our colleagues in the Walsall Partnership, particularly with Public Health colleagues in Walsall Council, we will seek to make effective use of the information held in the Joint Strategic Needs Assessment (JSNA) for Walsall. The JSNA represents a continual process of gathering and analysing information which aims to provide a comprehensive picture of the current, and anticipated health and well-being needs of the population. Our equality and diversity action plan (Appendix 1) will be regularly updated each quarter, and revised each year so that we can ensure it responds speedily to new information about the needs of Walsall people. More information about the JSNA is available at this link.
13.0 Equality Objectives

Our Equality Objectives are set out below. These are supported by the actions set out in the Equality Action Plan (Appendix 1) which will be updated each year of the 4 year strategy to ensure continuous development and improvement. In this way, the equality objectives will not be ‘static’ for four years. They will evolve to stretch the ambition and achievements of the CCG.

Equality Objective 1
To ensure that Leadership and Governance arrangements persist in offering high level assurance of equality.

Equality Objective 2
Equality approaches are effectively included in key mechanisms of commissioning (such as business case development, procurement, contracting).

Equality Objective 3
Equality Analysis becomes part of our organisational processes so that projects, policies, strategies, business cases, specifications and contracts have all been developed in consideration of equality, diversity and human rights issues.

Equality Objective 4
To apply Goals 1 and 2 of the Equality Delivery System to at least three patient pathways each year of the strategy, and to demonstrate year on year improvements for Goals 3 and 4 (Staff and Leadership).

Equality Objective 5
To regularly review and update the strategic action plan and equality objectives (on at least an annual basis) to ensure that it is providing appropriate targets for development and improvement.

Equality Objective 6
To ensure all CCG staff receive basic training to ensure awareness of Equality Act 2010 responsibilities and the NHS Constitution, and that specific training on equality analysis and the Equality Delivery System is targeted to all staff who are involved in these processes.

Equality Objective 7
To ensure that Equality and Diversity forms an ongoing part of our leadership and organisational development programmes.

Equality Objective 8
To ensure that Equality and Diversity approaches are fully included in our engagement of people who use services and in our work with strategic partners and other stakeholders.

Equality Objective 9
Improve accessibility of information and communication for people from statutorily ‘protected groups’ and other disadvantaged groups.
14.0 Summary

14.1 To be an inclusive organisation as set out in our values we must demonstrate in both our commissioning activities and in the composition of our workforce that we are reflective of the population we serve. Our workforce must be supported and feel confident in their ability to challenge discrimination, advance equal opportunities, foster good relations and safeguard human rights – for each other, and for patients – as required by statute and by the NHS Constitution. We must also work effectively to relay this key message to our service users and stakeholders through effective and inclusive communication.

14.2 We will ensure that equality is ‘everyone’s business’ and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.
## Equality and Diversity Action Plan Year 1 - 2013-2014

<table>
<thead>
<tr>
<th>Aim</th>
<th>Action</th>
<th>Responsibility</th>
<th>Outcomes</th>
<th>Timescales</th>
<th>3Ps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. High Level Assurance: Leadership and Governance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1.1 Clear lines of accountability for managing and reporting equality and diversity | a). Organisational and meeting structures to show clear lines of accountability for management of equality and diversity  
   b). Equality and Diversity working group to be convened to monitor progress of this action plan | a). Yvette Sheward/ Sara Saville  
   Trudy Cotton (as lay member for Public and Patient Engagement)  
   b). Your Voice in Action Group  
   Sara Saville/ Steve Corton  
   Trudy Cotton | Governance arrangements agreed and implemented including reporting routes | a). April 2013  
   b). Your Voice in Action Group to be established in August 2013 | Process |
| 1.2 Identify areas of equality associated risk                        | Areas of risk included on the risk register for each area              | Sara Saville  
   Steve Corton  
   John Duder (as lay member for audit) | Areas of risk identified on risk register and action plans in place | October 2013 and ongoing | Process |
<p>| 1.3 Advice and guidance to key CCG governance structures (e.g. Board/SQP/CQRMs) | Attend CCG Board, SQP Committee and other key task and finish groups – as required and offer advice and guidance in relation to Equality | Steve Corton | Equality considerations are seamlessly embedded within the core business of the organisation | April 2013 onwards | Process |</p>
<table>
<thead>
<tr>
<th>Aim</th>
<th>Action</th>
<th>Responsibility</th>
<th>Outcomes</th>
<th>Timescales</th>
<th>3Ps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. Commissioning, Contract and Quality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Ensure equality in relation to access, treatment, and outcomes are embedded into contracts</td>
<td>Negotiate equality of access, treatment and outcomes through the contracting process escalate exceptions and non-compliance</td>
<td>CSU CCG (Alan Turrell) and Steve Corton Dr Asghar</td>
<td>Better health outcomes for all (EDS Goal 1), meeting NHS Constitution and NHS Outcomes Framework</td>
<td>April 2013 for standard equality clauses. September 2013 onwards to explore local enhancements.</td>
<td>Process</td>
</tr>
<tr>
<td>2.2 consistent and robust monitoring of equality KPIs and information requirements from providers (with particular emphasis on gaps in protected characteristic data)</td>
<td>(a). Monitor equality KPIs and information requirements as agreed in contract and feedback to CCG for assurance (b). Monitor CCG’s own performance on Equality</td>
<td>(a) and (b): Steve Corton Kam Mavi/Andy Field Dr Mohan</td>
<td>Assurance will have been provided to CCG that providers are meeting their own equality duties and exception reports fed into appropriate reporting structures for Action</td>
<td>April 2013 and ongoing</td>
<td>Process</td>
</tr>
<tr>
<td>2.3 Embedding Equality considerations into Commissioning (PMO Business Case/Service redesign) and into key gateways</td>
<td>Embed equality into PMO process at each key gateway</td>
<td>Paul Deeley-Brewer Steve Corton Mike Abel</td>
<td>All services commissioned or decommissioned will have considered equality impact on services and any action plan put in place to mitigate inequalities KPI – 100 % of projects plans have accompanying Equality Analysis</td>
<td>July 2013</td>
<td>Process</td>
</tr>
<tr>
<td>Aim</td>
<td>Action</td>
<td>Responsibility</td>
<td>Outcomes</td>
<td>Timescales</td>
<td>3Ps</td>
</tr>
<tr>
<td>-----</td>
<td>--------</td>
<td>----------------</td>
<td>----------</td>
<td>------------</td>
<td>-----</td>
</tr>
</tbody>
</table>
| 2. Commissioning, Contract and Quality contd | 2.4 Integrate equality into CCG’s high level strategies and policies | a) Ensure equality analysis is undertaken on the integrated plan  
b) Equality analysis on all policies and key commissioning priorities | a) Phil Griffin  
Steve Corton  
Mike Abel (as lay member for transformation)  
b) Andy Rust/Phil Griffin – with support from Steve Corton  
Mike Abel | Equality considerations throughout the core business of the organisation will have been undertaken and appropriate action taken in compliance of the Equality Act 2010  
KPI – 100% of policies/strategies have an accompanying Equality Analysis | a) Date tbc  
b) Ongoing from April 2013 | Process/People |
| | 2.5 Include equality lines of enquiry in Internal Audit processes. | To hold discussion with key individuals internally with a view to embed key equality questions in the audit process | Yvette Sheward supported by Steve Corton  
John Duder  
(To also involve Tony Gallagher advising Tracey Barnard-Ghaut (Internal Audit)) | Equality considerations throughout core business of the organisation will have been done and appropriate action taken in compliance Equality Act 2010 | From March 2014 for 2014-2015 | Process |
<table>
<thead>
<tr>
<th>Aim</th>
<th>Action</th>
<th>Responsibility</th>
<th>Outcomes</th>
<th>Timescales</th>
<th>3Ps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Equality Analysis development and implementation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3.1 Agree format, process and governance for conducting and embedding Equality Analysis throughout the business of the organisation | a) Develop an EA template  
b) Develop Guidance doc for EA.  
c) Launch the EA and Guidance through internal team meetings  
d) Provide ongoing support and guidance on EA completion on key commissioning activity | a) and b) Steve Corton  
c) Team leaders supported by Steve Corton  
d) Steve Corton  

NB: As advised by CCG leads | Organisation is systematically using the EA process to reduce health inequalities and further evidence that it is meeting its Statutory obligations | a) May 2013  
b) June 2013  
c) October 2013  
d) Ongoing | Process |
| 3.2 Development of EA training tools and undertaking training  
See 6.2 for delivery by December 2013 | a) Design EA workshop training: staff/COG/Governing Body aimed at those involved in decision making/leadership  
b) Design EA training for staff who need awareness of but not detailed knowledge in EA | a) - Steve Corton/Mohammed Ramzan  
b) - Steve Corton/ Mohammed Ramzan  

Trudy Cotton  

To involve CSU HR – colleagues working with Walsall CCG | Staff, Clinical Operational Group, Lay Members are aware of their roles and responsibilities under relevant statutes | (a). and (b)October 2013-January 2014 | People |
| 3.3 Evaluation of EA processes | Evaluate the usefulness of the EA template involving staff | Steve Corton  

Paul Deeley-Brewer/ Reena Bhardwaj  

John Duder | Incorporating best practice and ensuring Quality checks | March 2014 | People |
<table>
<thead>
<tr>
<th>Aim</th>
<th>Action</th>
<th>Responsibility</th>
<th>Outcomes</th>
<th>Timescales</th>
<th>3Ps</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Equality Delivery System (EDS) Implementation</td>
<td>4.1 To implement the EDS across the organisation commissioning activity:</td>
<td>a) CCG identify 3 priorities and leads&lt;br&gt;b) Identify key partners &amp; local interests&lt;br&gt;c) Assemble evidence for Goal 1 and Goal 2 of the EDS&lt;br&gt;d) Analyse (internally) performance&lt;br&gt;e) Analyse performance with local interest groups&lt;br&gt;f) Analyses to feed into the updated Equality Objectives&lt;br&gt;g) Publish grades and update equality objectives</td>
<td>a) Jane Hayman&lt;br&gt;b) Sara Saville, Steve Corton, Trudy Cotton (Local Healthwatch)&lt;br&gt;c) Commissioning Leads (following (a)) and Steve Corton&lt;br&gt;d) Internal EDS staff group(s)&lt;br&gt;e) local interest groups/Local Healthwatch Steve Corton/ Amanda Smith&lt;br&gt;f) Steve Corton and E&amp;D working group&lt;br&gt;g). CCG Board sign off</td>
<td>CCG will secure a thorough analysis of 3 commissioning priorities in partnership with local interest groups, published grades, informed the overall Equality Objectives; created an evidence base to demonstrate CCG’s commitment to reducing health inequalities and in meeting the Public Sector Equality Duty&lt;br&gt;KPI – EDS completed on 3 named areas.</td>
<td>a) Completed August 2013&lt;br&gt;b) September 2013&lt;br&gt;c) October-November 2013&lt;br&gt;d) December 2013&lt;br&gt;e) January 2014&lt;br&gt;f) February 2014&lt;br&gt;g) March 2014</td>
</tr>
<tr>
<td></td>
<td>4.2 To implement the EDS across the organisation: Staff Focused</td>
<td>a) Assemble evidence against Goal 3 and 4 of the EDS – select 3 key outcomes in each goal&lt;br&gt;b) Analyse performance internally&lt;br&gt;c) Analyses to feed into the updated Equality Objectives&lt;br&gt;d) Publish grades and update equality objectives&lt;br&gt;e) CSU HR - Alison Culpan and Steve Corton&lt;br&gt;f) E&amp;D working group&lt;br&gt;g) Steve Corton&lt;br&gt;d) CCG Board sign off</td>
<td>a) CSU HR - Alison Culpan and Steve Corton&lt;br&gt;b) E&amp;D working group&lt;br&gt;c) Steve Corton&lt;br&gt;d) CCG Board sign off To involve Trudy Cotton</td>
<td>CCG secures a thorough analysis of goals 3 and 4 of the EDS; set meaningful and measurable Equality Objectives; created an evidence base demonstrating commitment in meeting the Public Sector Equality Duty under the Equality Act 2010.</td>
<td>a) October 2013&lt;br&gt;b) November-December 2013&lt;br&gt;c) January-February 2014&lt;br&gt;d) March 2014</td>
</tr>
<tr>
<td>Aim</td>
<td>Action</td>
<td>Responsibility</td>
<td>Outcomes</td>
<td>Timescales</td>
<td>3Ps</td>
</tr>
<tr>
<td>-----</td>
<td>--------</td>
<td>----------------</td>
<td>----------</td>
<td>------------</td>
<td>------</td>
</tr>
</tbody>
</table>
| 5. Review of Equality Strategy and establish Equality Objectives | 5.1 Refresh Equality Strategy | a) review equality strategy to include revised action plan and equality objectives including recommendations from the Cluster legacy Report 2012  
b) ensure strategy captures views of all interested parties (eg Member networks, staff, PPGs) | a) Steve Corton  
b) Sara Saville/Amanda Smith  
Dr Amrik. Gill (to ensure links with CCG’s Constitutional Duties) | A robust organisational Equality Strategy will ensure compliance with the statutory duties and ensure Walsall CCG (both as an employer and commissioner) is inclusive in practice with fairness running through its business activity | By September 2013 | Patients/People |
| | 5.2 Establish Equality Objectives | a) triangulate evidence from Equality Analyses, patient feedback and learning from EDS to update equality objectives.  
b) Internal consultation on appropriate staff-related equality objective(s) | a) Steve Corton;  
E&D working group  
b) Staff/E&D working group  
c) Steve Corton /Amanda Smith. | Statutory duty to establish and publish Equality Objectives under the Equality Act 2010 will have been met | a). October 2013 onwards  
b). October 2013 onwards | Patients/People |
<table>
<thead>
<tr>
<th>Aim</th>
<th>Action</th>
<th>Responsibility</th>
<th>Outcomes</th>
<th>Timescales</th>
<th>3Ps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1 Equality Act 2010 (including Human Rights aspects of the NHS Constitution)</td>
<td>a) Design and deliver Equality Act workshop training for Your Voice specialists. b) Design and deliver Equality Act workshop training for staff/ COG/ Governing body/ Clinical networks</td>
<td>a-b) Steve Corton/Mohammed Ramzan</td>
<td>All staff and governing body will be aware of their responsibility under the Equality Act 2010 and be able to apply this in work practice KPI – 100% of CCG COG, staff and lay members trained.</td>
<td>Design of training July 2013 Delivery - agree with CCG but all training delivered to all staff by March 2014</td>
<td>People</td>
</tr>
<tr>
<td>6.2 Equality Analysis training (See Action 3.2)</td>
<td>Deliver Equality Analysis training for staff, COG and lay members as set out in Action 3.2</td>
<td>Steve Corton</td>
<td>Key staff competent to complete Equality Analysis for all commissioning activity KPI – agreed % of CCG COG, staff, and lay members trained.</td>
<td>Design of training June 2013 (Action 3.2) Delivery - agree with CCG but target all training delivered to all staff by December 2013</td>
<td>People</td>
</tr>
<tr>
<td>6.3 Equality Delivery System training</td>
<td>a) Deliver EDS training to appropriate internal staff. b) Deliver EDS training to identified external assessors for performance grading (local interest group(s)</td>
<td>a)Steve Corton b)Steve Corton</td>
<td>Both internal staff and external assessors (local interest groups) will have gained sufficient competency to assess CCG performance on EDS KPI at agreed %</td>
<td>a)October-December 2013 b) October- December 2013</td>
<td>a).People b).Patients</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td><strong>Action</strong></td>
<td><strong>Responsibility</strong></td>
<td><strong>Outcomes</strong></td>
<td><strong>Timescales</strong></td>
<td><strong>3Ps</strong></td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>--------------------</td>
<td>--------------</td>
<td>---------------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>7. Organisational Development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Equality and diversity within leadership programmes</td>
<td>Equality and diversity incorporated where appropriate into leadership programmes</td>
<td>Steve Corton and CSU-HR Alison Culpan guided by Yvette Sheward</td>
<td>Improved equality sensibility at Board and COG level</td>
<td>November 2013</td>
<td>People</td>
</tr>
<tr>
<td>7.2 Ongoing support for staff in relation to essential skills</td>
<td>Tailored training/programmes in place to support staff, or equality components built in to other training/induction sessions.</td>
<td>Steve Corton and CSU-HR Alison Culpan guided by Yvette Sheward</td>
<td>Staff feel more comfortable in adopting a professional role to consider inequalities and more confident in their approach.</td>
<td>Ongoing from August 2013</td>
<td>People</td>
</tr>
<tr>
<td><strong>8. Involvement, engagement and consultation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 Ensure E&amp;D links with the CCGs programme of engaging &amp; involving local communities in planning, developing &amp; delivering services.</td>
<td>Identify appropriate opportunities for engagement and involvement on E&amp;D issues alongside generic engagement work.</td>
<td>CSU E&amp;D Team working in partnership with CSU’s Comms and Engagement Team (Steve Corton/Mohammed Ramzan/Amanda Smith. Dr Anand Rishie)</td>
<td>Range of options for involvement and participation developed, used and uptake monitored</td>
<td>Ongoing from July 2013</td>
<td>Patients</td>
</tr>
<tr>
<td>8.2 Ensure the CCG’s E&amp;D strategy &amp; actions link with other community E&amp;D initiatives where these support the health/social care economy eg Walsall City Council; Walsall Housing Providers.</td>
<td>Walsall CCG to be working locally with community partners using shared information sources (eg ‘mosaic data’, engagement database, JSNA)</td>
<td>Steve Corton, guided by Sara Saville Dr Amrik Gill</td>
<td>Stronger community links forged by Walsall CCG - empowerment leading to better health outcomes for all, reducing health inequalities and advancing equality (Public Sector Equality Duty)</td>
<td>Ongoing from October 2013</td>
<td>Processes/People/Patients</td>
</tr>
<tr>
<td>9. Accessibility of information and communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1 Ensure systems are in place to produce information in alternative formats easily and accurately and provide appropriate language support</td>
<td>Walsall CCG to ensure that all its information can be provided in an accessible format for patients and communities. Amanda Smith/Steve Corton</td>
<td>CCG is able to provide communication on all its commissioning activity and health programmes in an accessible form for the benefit of its population.</td>
<td>Established</td>
<td>Processes</td>
<td></td>
</tr>
<tr>
<td>9.2 Ensure accessibility and usability is built into the review of the CCG’s website including publication scheme for EqIAs and equality policies etc.</td>
<td>Accessibility and usability testing undertaken on new website Amanda Smith/Steve Corton Yvette Sheward (for Publication Scheme)</td>
<td>CCG achieves a permissive publication scheme with easy public access to key documents concerning equality and diversity.</td>
<td>By January 2014</td>
<td>Processes</td>
<td></td>
</tr>
<tr>
<td>9.3 Ad hoc responses to information requests (eg NHS England; FOIs, SARs) etc</td>
<td>Information requests co-ordinated and responded to within agreed standards. Equality and Diversity Team in liaison with CCG and CSU colleagues</td>
<td>Timely responses to information requests about or containing equality themes</td>
<td>Ongoing</td>
<td>Processes</td>
<td></td>
</tr>
<tr>
<td>9.4 Reporting on learning outcomes</td>
<td>Learning outcomes report to Safety, Quality and Performance Committee and Board on 3Ps progress in Year 1. Steve Corton</td>
<td>Learning outcomes can be applied to CCG’s improvement processes.</td>
<td>March 2014</td>
<td>Processes</td>
<td></td>
</tr>
</tbody>
</table>
## Summary of the Equality Delivery System – Goals and Outcomes

<table>
<thead>
<tr>
<th>Goal</th>
<th>Narrative</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Better health outcomes for all</td>
<td>1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities</td>
</tr>
<tr>
<td></td>
<td>The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results</td>
<td>1.2 Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups</td>
</tr>
<tr>
<td>2</td>
<td>Improved patient access and experience</td>
<td>2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds</td>
</tr>
<tr>
<td></td>
<td>The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience</td>
<td>2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4 Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently</td>
</tr>
<tr>
<td>3.</td>
<td>Empowered, engaged and well-supported staff</td>
<td>3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades</td>
</tr>
<tr>
<td></td>
<td>The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients’ and communities’ needs</td>
<td>3.2 Levels of pay and related terms and conditions are fairly determined for all posts. (For details on equal pay legislation, please refer to EHRC’s “Equal Pay: Statutory Code of Practice”, 2010, published in support of the Equality Act 2010)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population</td>
</tr>
<tr>
<td>4</td>
<td>Inclusive leadership at all levels</td>
<td>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</td>
</tr>
<tr>
<td></td>
<td>NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions</td>
<td>4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes</td>
</tr>
</tbody>
</table>
References


Cabinet Office (2010); Inclusion Health Evidence Pack (London; Cabinet Office Social Exclusion Task Force, Department of Health)

Dahlgren G, Whitehead M (1992): Policies and strategies to promote equity in health (Copenhagen; World Health Organisation)


LaVeist T; Gaskin, D; Richard, P (2009): The Economic Burden of Health Inequalities in the United States (Washington, Joint Center for Political and Economic Studies)


Marmot M (2010b) Fair Society, Healthy Lives The Marmot Review Executive Summary (The Marmot Review)


UCL Institute of Health Equity (2012): The Role Of The Health Workforce in Tackling Health Inequalities: Action on the social determinants of health (Published online at www.instituteofhealthequity.org Website updated 22nd May 2012)

