



Improving Health
and Wellbeing for Walsall



Equality Delivery System (EDS2)

Evidence Portfolio

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1. Introduction to the Equality Delivery System² (EDS²)

The Equality Delivery System (EDS²) was first launched by the NHS Equality and Diversity Council in 2011 and was refreshed as EDS² in November 2013. Although it is not a legal requirement, it was built into the process for Clinical Commissioning Group (CCG) authorisation and it is expected by NHS England that all CCGs will continue to implement it. The EDS² allows the CCG to clearly evidence what actions they are taking as a commissioning organisation to address equality and health inequality issues which are part of the responsibilities under the Health and Social Care Act 2012.

There are four sections: population health, individual patient experience, supported workforce and inclusive leadership. The key role of CCGs is to work with partners to improve the health and well-being of our population. Improvements in recent decades in health care services, social care, public health and wider environmental and economic factors have served to significantly improve the population’s life expectancy and health status. Also as commissioners of health care services, it is important that CCGs work to put in place measures to improve our population’s experience and satisfaction with, the healthcare services we commission for them.

The Equality Delivery System (EDS) framework was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS has four goals, supported by 18 outcomes as detailed in the table below. The CCG has used the EDS as a tool kit to meet the requirements (Public Sector Equality Duty) under the Equality Act 2010 and in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. Furthermore we have linked the EDS to Human Rights, listed below are the Articles. From April 2015, EDS implementation by NHS organisations was made mandatory in the NHS standard contract. In addition, EDS implementation is explicitly cited within the CCG Assurance Framework, and will continue to be a key requirement for the CCGs.

2. Human Rights

Human rights and principals of equality should never be a secondary consideration in the provision of NHS services or in the development of the workforce. The five principles are referred to as FREDA:

Fairness	At the heart of recruitment and selection processes	(Goal 3)
Respect	Making sure complaints are dealt with respectfully	(Goal 2)
Equality	Underpins commissioning	(Goal 1)
Dignity	Core part of patient care and the treatment of staff	(Goal 2&3)
Autonomy	People should be involved as they wish to be in decisions about their care	(Goal 2)

(Goal 4 would be a golden thread as part of all outcomes)

These have been developed to provide general principles that NHS should aspire to.

3. The Public Sector Equality Duty (PSED)

Using the EDS2 will help organisations respond to the PSED, and demonstrate their continued activities to meet the requirements to:

- eliminate unlawful discrimination;
- advance equality of opportunity between different groups and;
- foster good relations between different groups;

4. EDS2 Goals and Outcomes

The goals and outcomes of EDS2			
Goal	No.	Outcome	
1	Better Health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
		1.2	Individual people's health needs are assessed and met in appropriate and effective ways
		1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
		1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
		1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
2	Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
		2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
		2.3	People report positive experiences of the NHS
		2.4	People's complaints about services are handled respectfully and efficiently
3	A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
		3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
		3.3	Training and development opportunities are taken up and positively evaluated by all staff
		3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
		3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
		3.6	Staff report positive experiences of their membership of the workforce
4	Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
		4.2	Papers that come before the board and other major committees identify equality-related impacts including risks and say how these risks are to be managed
		4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

5. Articles of the European Convention on Human Rights

The key human rights articles have been considered:

Article 2	Right to life
Article 3	Freedom from torture and inhuman or degrading treatment
Article 4	Freedom from slavery and forced labour
Article 5	Right to liberty and security
Article 6	Right to a fair trial
Article 7	No punishment without law
Article 8	Respect for your private and family life, home and correspondence
Article 9	Freedom of thought, belief and religion
Article 10	Freedom of expression
Article 11	Freedom of assembly and association
Article 12	Right to marry and start a family
Article 14	Protection from discrimination in respect of these rights and freedoms
Protocol 1, Article 1	Right to peaceful enjoyment of your property
Protocol 1, Article 2	Right to education
Protocol 1, Article 3	Right to participate in free elections
Protocol 13, Article 1	Abolition of the death penalty

6. Walsall CCG's Equality Objectives 2018-2022

Below are the revised equality objectives which have been developed following feedback from the EDS2 workshop with CCG colleagues and also reflect the EDS2 goals and their outcomes.

1	To develop an enhanced understanding of the barriers that different patient groups experience in accessing local NHS services. Having identified the barriers, the CCG will work with and its contracted providers and partner organisation to reduce and/or remove those barriers.
2	To use targeted and effective engagement to ensure a full understanding of the potential impacts of proposed service changes to the CCG's population including vulnerable groups. The CCG will ensure that due regard is given to the feedback and impacts identified from this engagement in its decision making.
3	To use the information produced through the NHS Workforce Race Equality Standard, Workforce Disability Equality Standard and the Staff Survey to determine key actions to improve outcomes for CCG staff. This will include appropriate supportive staff development.
4	To continue championing at a senior level to improve outcomes for vulnerable groups and challenge health inequalities across Walsall and the Black Country.

5

To enhance the CCG's equality governance and assurance processes to ensure that new and existing services are fit for purpose for all patients.

7. Regional map of Walsall

Below is a regional map of Walsall which depicts locality wards of Aldridge Central and South, Aldridge North and Walsall Wood, Bentley and Darlaston North, Birchills and Leamore, Blakenall, Bloxwich East, Bloxwich West, Brownhills, Darlaston South, Paddock, Palfrey, Pelsall, Pheasey Park Farm, Rushall and Sheffield, Short Heath, St Matthews, Streetly, Willenhall South and Willenhall North.



Walsall CCG is committed to design and implement policies, procedures and commission services that meet the diverse needs of the local population and workforce, ensuring that none are placed at a disadvantage over others. Walsall CCG is a clinically led organisation which was formed in 2013. The CCG is responsible for commissioning community, hospital and mental health services, in April 2016 the CCG become responsible for commissioning primary care services with NHS England. Commissioning looks at:

- Understanding the health needs of the population
- Designing and redesigning services
- Buying the services
- Measuring the impact of services

The CCG are committed to improving the healthcare of residents by providing high quality, co-ordinated care that is based around individual patient needs. The CCG represents 56 GP practices across Walsall, with a population of 274,000.

Walsall is one of four towns in the Black Country; the town has great contrasts, with significant deprivation in the west of the borough and relative affluence in the east. Contrasts in lifestyle and level of deprivation lead to poorer health outcomes for communities in the west, leading to high levels of infant mortality and lower adult life expectancy. High levels of morbidity, from diseases such as coronary heart disease and diabetes, sit alongside relatively poor experiences of health services.

In line with our statutory duties we have contributed to the development of the Joint Strategic Needs Assessment (JSNA) with our partners from Walsall Council. The JSNA which is available via this link <http://www.walsallintelligence.org.uk/themedpages-walsall/JSNA> sets out a number of key messages about the nature of the population we serve and also informs the CCG's commissioning plans.

8. Overview of Walsall's health inequalities

Walsall is one of the 20% most deprived district authorities in England, according to Public Health England life expectancy is 10.5 years lower for men and 6.4 year lower for women in the most deprived areas of Walsall than in the least deprived areas. Levels of teenage pregnancy, GCSE attainment and breastfeeding initiation are worse than the England average. Differences in deprivation levels and lifestyles such as smoking and excessive consumption of alcohol lead to poorer health outcomes for these communities, leading to high levels of infant mortality and lower life expectancy in adults. Improving health outcomes and reducing health inequalities is one of the CCG's strategic objectives. The CCG have identified four priorities, in order to meet its objectives:

- Reduce perinatal and infant mortality
- Increase male life expectancy
- Reduce the incidence of, and better manage LTC
- Improve mental health and wellbeing and ensure parity of esteem

9. Statement of Commitment

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 above. 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.

10. Approach to Equality

Walsall CCG is committed to design and implement policies, procedures and provide services that meet the diverse needs of the local population, ensuring that none are placed at a disadvantage over others. This includes, but is not limited to, the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil

partnership, race, religion or belief, pregnancy and maternity. The CCG takes into account current UK legislative requirements and best practice, including the Equality Act 2010, NHS England and the Department of Health. In carrying out its functions, the CCG is committed to having due regard to the Public Sector Equality Duty of the Equality Act 2010, this applies to all activities for which the CCG is responsible for.

The CCG has committed to have due regard to the Workforce Race Equality Standard (WRES) and use it as a force for driving change, both as an employer and as a commissioner of services. To have due regard means that the CCG has given consideration to issues of equality and discrimination in any decision that may be affected by them. This is an important requirement that is seen as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010.

11. Grading criteria

There is one factor for NHS organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with people overall? There are four grades - underdeveloped, developing, achieving and excelling.

In response to the question how well do people from protected groups fare compared with people overall, the answer is:

Undeveloped	Developing	Achieving	Excelling
<ul style="list-style-type: none"> Undeveloped if there is no evidence one way or another for any protected group of how people fare or ... Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well 	<ul style="list-style-type: none"> Developing if evidence shows that the majority of people in three to five protected groups fare well 	<ul style="list-style-type: none"> Achieving if evidence shows that the majority of people in six to eight protected groups fare well 	<ul style="list-style-type: none"> Excelling if evidence shows that the majority of people in all nine protected groups fare well

The full EDS2 grading criterion for each goal and its outcome is available [online](#).

12. Self-assessment

As Part of the CCG’s statutory compliance duty around equality legislation and human rights, the CCG identified key colleagues to provide baseline evidence for each EDS2 goal and its outcomes by answering the questions relevant to the CCG, and where possible taking into account due regard for protected characteristics. Following this exercise the CCG held an EDS2 workshop on 31 January 2018, which was run and facilitated by the CSU. 16 relevant CCG colleagues took part. The aim of the workshop was to assess and where possible grade the EDS2 examples and evidence gathered under each of the 4 EDS2 goals and 18 outcomes and, determine how well people from protected groups fare compared with people overall.

Delegates were briefed about what EDS2 was and how this should be applied within the CCG. The delegates were split into four groups to assess an EDS2 goal and its outcomes. They looked at the examples and pieces of evidence provided and discussed whether they accurately answered the questions for the outcomes, and which of the relevant protected characteristics CCG had shown consideration for and which protected characteristic(s) need(s) may need more focus. Overall, the groups agreed with the examples and evidence provided and added further examples which could be included. The groups were also able to agree a grade for each outcome (as summarised below in 13.) and highlight a few

possible areas of improvement. A follow on session took place on 26 February to review the grading of EDS2 goals and discuss the areas of improvement. From these sessions, new equality objectives have been developed and proposed to the CCG for consideration (section 6).

13. Grading summary

Goal	Outcome	Grading
1. Better Health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving
2. Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
	2.3 People report positive experiences of the NHS	Achieving
	2.4 People's complaints about services are handled respectfully and efficiently	Achieving
3. A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	Developing
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing
	3.6 Staff report positive experiences of their membership of the workforce	Developing
4. Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving
	4.2 Papers that come before the board and other major committees identify equality-related impacts including risks and say how these risks are to be managed	Achieving
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving

14. EDS2 Evidence Portfolio

a) 1 - Better Health Outcomes

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
<i>How does the CCG design/procure/commission services which are appropriate to its local population? Please give examples</i>
Evidence and impact (What has actually been done/achieved)
<p>NHS Walsall CCG is committed to designing, procuring and commissioning high quality hospital, community and mental health services which are appropriate to the health needs of our local population including vulnerable and seldom heard groups in Walsall. The CCG works in collaboration with health and social care colleagues across the health economy including Public Health at Walsall Council, other local CCGs within Birmingham and the Black Country Sustainable Transformation Partnership. Our main healthcare providers are Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust.</p> <p>We have a range of strategies and policies in place which align to national, regional and local policies, which help to outline the CCG's strategic direction and demonstrate how we commission, procure, design and deliver our services. Some of these include:</p> <ul style="list-style-type: none"> • Operation Plan - The CCG has been fully delegated to commission primary care services since April 2016. The Operational Plan for 2017 to 2019 sets out how the CCG with our partners in Walsall Council and the wider care system across Birmingham and the Black Country will deliver our plans and priorities. Walsall CCG Operational Plan 2017-19 • Commissioning Intentions - The commissioning intentions document sets out the CCG's strategic direction and strategy for delivering the contracts for services to 2019. It demonstrates how the CCG commissions, procures, designs and delivers services to meet the health needs of its local communities in Walsall. Commissioning Intentions 2016/19 • Procurement Policy - The CCG works in partnership with local providers to commission community, hospital and mental health services and, primary care services with GPs. The CCG ensures that the services it commissions and which are delivered on its behalf meet the needs of its local communities in Walsall, including vulnerable and seldom heard groups. • JSNA - In line with our statutory duties the CCG has contributed to the development of the Joint Strategic Needs Assessment (JSNA) with our Public Health partners from Walsall Council. The JSNA sets out a number of key messages about the nature of the population we serve. We use data from the JSNA to help us understand the health needs of our population which helps to inform our commissioning plans. JSNA 2016. • Health and Wellbeing Strategy - The CCG is a member of the Walsall Health and Wellbeing Board and has contributed to the development and delivery the Health Wellbeing Board Strategy by creating the Walsall Together Partnership. This partnership helps to progress integrated priorities between health and social care, hospital discharge, healthy resilient communities and access. • Engagement Strategy – in line with the Health & Social Care Act 2012 this strategy has enabled the CCG to successfully listen, engage and involve patients and the public to gain their feedback, insight and experiences which have then influenced how we have designed, delivered and improved our local health services. Engagement Strategy 2016-19. <p>As the CCG's Equality Objectives illustrates, the focus is to ensure that the design of services is inclusive of everyone where possible. For each programme delivered, a comprehensive Equality Analysis is carried out along with appropriate engagement as required.</p>

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

How does the CCG design/procure/commission services which are appropriate to its local population? Please give examples

During 2017 the CCG ran various consultations (e.g. Stroke Service and Urgent Care services) encouraging involvement from all protected groups. The CCG also liaised with Local authority and the Voluntary and Community Sector reach seldom heard people.

Below are two examples of services which highlight how services have been shaped to meet the local needs of our patients:

Bowel Cancer Screening Project

Walsall's uptake for Bowel screening is particularly low compared to the National average. At the end of 2015 we were successful in securing funding from West Midlands Strategic Clinical Networks and Clinical Senate to start a pilot project targeting 20 practices with lowest bowel cancer screening uptake.

The national bowel cancer screening programme target for uptake is 60% and the Walsall average uptake is low at 51.7% compared to the NHS England average of 56.4% for 2015/16. The common factors for low uptake are high ethnic minority patients and deprivation. GPs are informed if patients fail to return the test kit but there is no GP contractual requirement to action this.

The project was launched in March 2016 and was a collaboration between Walsall CCG, Macmillan, Cancer Research UK, Public Health Walsall Council, Bowel Cancer Screening Centre at New Cross Hospital and Walsall Healthcare Trust. This project went live on 1st March 2016 and to date; an extra 2527 patients have had interventions from their GP practices.

The GP practices are reimbursed the cost of taking interventions on non-responders to the bowel screening programme; 258 people have returned their test kits and 9 of them had abnormal tests. Of the abnormal tests, 1 patient had early stage bowel cancer diagnosed and has been successfully treated.

The service aims to increase the number of patients who return a bowel cancer screening kit within six months of initial invitation. The service will help to achieve the following:

- Provide effective local screening programmes.
- Screening uptake of 75% for Faecal Immunochemical Test (FIT) in the bowel screening programme by 2020. (Target set by The Independent Cancer Taskforce)
- Increase uptake of screening to provide return on investment savings incurred from reducing the number of patients who present as emergencies and treated for advanced disease.
- Enhance and prolong patients' quality of life
- Improve screening of ethnic minority patients
- Improve outcomes by early diagnosis and interventions in the cancer pathway

Due to the success of the pilot project, Walsall CCG was able to secure NHS England funding for an additional two years to enable a full roll out to all 59 practices across the borough. Phase 2 of the project started in November 2017 with 49 practices signed up to participate.

Latent Tuberculosis Infection (LTBI) project

Public Health England and NHS England aim to contribute to the elimination of TB in England through supporting the NHS in key areas. As part of this program, Walsall CCG secured funding to provide a Latent Tuberculosis Infection (LTBI) service. The aim of this service is to support the treatment of latent TB infection identified through the LTBI screening programme.

This project took a while to establish because of some difficulties setting up clinics due to problems securing a Respiratory Consultant. This has now been addressed and the project started running in December 2017 with nine GP practices signed up to commence testing identified patients, with the first tests taking place this week.

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

How does the CCG design/procure/commission services which are appropriate to its local population? Please give examples

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s):

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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1.2 Individual people’s health needs are assessed and met in appropriate and effective ways

How does the CCG ensure individual health needs are met effectively? Please give an example.

Evidence and impact (What has actually been done/achieved)

As set out in 1.1, the JSNA helps the CCG to understand the health conditions and inequalities of the local population, enabling focus on targeted service provisions, for example Dementia services to Black, Asian, and Minority Ethnic (BAME) and hard to reach groups. The example below depicts how dementia services have improved for people with dementia, for carers and families and for young people from this group and how access has been widened

Dementia

Walsall has a dementia prevalence of 3,106 and a diagnosis rate of 71.9% (national target 66.7%). In the past for example, clinicians had difficulty in encouraging some people from BAME communities to access services because of stigma and a misunderstanding of the assessment process. This is despite having interpreter services available.

The CCG has commissioned a Dementia Support Worker (DSW) for Hard to Reach Groups four years. The DSW works with people who are from disadvantaged groups and people who find it difficult to engage with services. Their role includes raising awareness of dementia and mental health issues and also healthy lifestyles. The DSW has supported clinicians to help people access services when previously they had declined.

For example, during October to December 2017, the DSW spoke to 460 people through awareness sessions and worked directly with 56 people. The work carried out included maximising benefits, reducing debt, signposting to activities, support to access external support organisations, support to establish contact with family, managing physical health issues, managing better mental health, assistive technology, awareness of mental health issues, healthy lifestyles, carrying out 6 Cognitive Impairment Test (6-CIT) screening tool, arranging social work assessments, arranging home safety checks, providing information about Lasting Powers of Attorney, advocacy referrals and helping them to register to vote.

(Example 2) Similarly another service user in his late sixties was supported with 6CIT’s referred to the memory team. He had missed appointments so was escorted after rearranging appointments. The service user was also supported with long term sheltered accommodation and liaised with the service provider and social worker for him maintaining the tenancy.

Besides providing direct support, H2R support worker is a regular attendees and recipient of the homeless support related meetings and events. Regular attendee of Walsall Migrant and Refugees service providers forum.

The DSW provides and detailed report to commissioners quarterly.
[Pathways4Life - The Dementia Support Worker video](#)

1.2 Individual people’s health needs are assessed and met in appropriate and effective ways

How does the CCG ensure individual health needs are met effectively? Please give an example.

As part of the wider dementia service, the CCG along with its partners St Giles Walsall Hospice and Pathways 4 Life (Accord & Age UK Walsall) were finalists for Best Dementia Training Initiative at the National Dementia Care Awards in 2017,

Primary Care

The CCG’s primary care also meets the needs of our local patients. This is achieved through the GP consultations with individual patients to enable them to access the right and appropriate care including referrals. The quality and outcomes framework (QOF) is part of the general practice contracts and rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s):

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

How does the CCG ensure patients and carers are well-informed when moving between services/care pathways? Please give an example.

Evidence and impact (What has actually been done/achieved)

As a commissioner, the CCG recognises the importance of patients and carers being well-informed and involved in the smooth transition between services and/or pathways in order for them make meaningful choices about the care they receive.

Continuing Healthcare (CHC)- Personal Health Budgets

The CCG adheres to the National Framework for Continuing Healthcare (CHC) and Funded Nursing Care revised 2012 with accompanying Equality Analysis. The policy framework is intended to be inclusive in this respect with no individual being treated differently on the basis of their condition, diagnosis, gender, race or religion. The CCG informs patients/significant others in writing of their eligibility outcome following assessment. Patients meeting the eligibility criteria are involved in their plan of care and the offer of a Personal Health Budget is available to all who meet the eligibility criteria.

Patients are kept informed at every stage through face to face visits, printed information leaflets about their care and the process. This also includes involvement in their transition from health to social care, planned discharge or integrated discharge planning. CHC also takes into consideration views of the family/carers whether that means care at home or in an alternative suitable setting.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s):

Grading:	Undeveloped	Developing	✓	Achieving	Excelling
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1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

How does the CCG ensure patient safety is a priority and ensures patients are free from mistakes, mistreatment or abuse? Please give an example

Evidence and impact (What has actually been done/achieved)

Serious incidents – policy & process

The CCG has a Serious Incident Policy which ensures that there are robust systems and processes in place to ensure that the CCG gains assurance for its Governing Body that the providers they commission are learning organisations, and investigations which are undertaken, following identification of serious incidents, are robust.

The Policy details the requirements for provider organisations who are commissioned by Walsall CCG to:

- Report the incident on STEIS with regular updates
- Inform and involve patients or families
- Investigate appropriately
- Submit final report documents to Walsall CCG within agreed timeframes
- Implement recommendations to maximise learning
- *Care setting or service where evidence or insight suggests that there is significant local equality progress or challenge for people’s safety*

The CCG seeks assurance that final serious incident investigation report fulfils the required standard for a robust investigation and identifies actions to mitigate against future similar incidents. Any concerns or areas requiring further action are highlighted to the provider at the earliest opportunity to facilitate timely action and resolution of issues raised. Concerns were recently noted in relation to the lack of learning identified in reports received from a Mental Health Provider. The CCG noted that there was an emerging trend within reports related to financial, employment and relationship issues, which did not appear to have been addressed or recognised as a risk.

The CCG met with the Trust on several occasions to discuss concerns related to the investigation process, reports and learning from incidents. The Trust has engaged with the CCG in relation to the concerns raised and have worked to ensure that processes related to conducting investigations for serious incidents and the identification and embedding of learning are more robust. The Trust has also undertaken a review of previous serious incident reports and identified significant learning. Internal governance processes within the organisations have also been strengthened.

The Trusts review of serious incident reports has identified the trend related to financial, employment and relationship issues and has put actions in place to ensure that these are recognised as a risk to an individual’s mental health and that appropriate support and signposting is provided. Recent serious incident reports have demonstrated an improvement in relation to the identification of lessons and actions to address.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s):

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

How does the CCG work in partnership to support health promotion in its local communities? Please give an example.

Evidence and impact (What has actually been done/achieved)

The CCG works closely with Public Health and other local partners and agencies to promote health campaigns to its local communities. As part of the winter ‘Stay Well’ campaign, the CCG ran a two week health advice roadshow which informed people from Walsall about local health services, how to stay well and access the best possible care and treatment in the most appropriate place.

The Communications and Engagement Strategy also provides a wider plan on informing patients and public about health campaigns throughout the year. Social media is also regularly used to support health promotion.

Flu Campaign

Walsall Council leads on local public health and health promotion services, and NHS Walsall CCG works with them to plan and promote specific work streams. An example of this is the planning and implementation of the flu vaccination programme. The promotion of this is predominately managed by the CCG.

The flu vaccination programme is targeted at people in the following groups:

- People with long-term conditions
- People ages 65 and over
- For children aged 2, 3 and 4 and in school years 1 and 2, the vaccination is available as a nasal spray, with no need for an injection.
- Carers
- Pregnant women

A multi-channel communications campaign is developed which includes targeted communication to each of the groups listed above.

A number of community outreach events have been held to talk to members of the community, particularly those in seldom – heard communities. For example an event was held at Age UK Walsall and in Walsall town centre.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓			✓				

Equality Objective(s):								
Grading:	Undeveloped	Developing	Achieving	✓	Excelling			

b) 2 - Improved patient access and experience

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

How does the CCG ensure all people can access healthcare services where no one is discriminated against and denied access on unreasonable grounds? Please give an example.

Evidence and impact (What has actually been done/achieved)

Extended GP access programme

All people registered with a Walsall GP regardless of their protected characteristic can book an appointment at one of the three hubs across Walsall through the Extended GP access programme.

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

How does the CCG ensure all people can access healthcare services where no one is discriminated against and denied access on unreasonable grounds? Please give an example.

The location these hubs was decided by reviewing data on the utilisation of urgent care, either at the urgent care centres or A&E by patients. The highest usage was from patients registered in the areas surrounding the 3 hub locations, as patients in these areas have low satisfaction with being able to get an appointment with their GP.

All premises used for the service are sites where large numbers of people would ordinarily access as they are large GP practice premises. These premises need to be accessible to people with all types of physical ability.

All people registered with a Walsall GP can access an appointment at this service. Currently people not registered cannot access the service as there is no access to their medical records, however we are working with the Provider to provide a work-around.

The service was launched on 23rd December and we are at early stages of reviewing results.

Homeless people are more likely to not be registered with a GP and will, currently not be able to access the service. Hubs are based in areas of high deprivation. All other people from disadvantaged groups can access this service. However, homeless people and unregistered patients are able to access care and treatment at the two Urgent Care Centres. Further work is being done around increasing access for homeless people.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s):

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

How does the CCG ensure that people are at the centre of the decisions about their care? Please give an example.

Evidence and impact (What has actually been done/achieved)

The CCG is commitment to engaging with all communities especially the Seldom Heard, and also involving patients as much as possible in their care including key decisions. Through its Engagement Strategy, the CCG carries out a range of engagement events to ensure patients voices are heard and inform the development or design of services. The CCG also works with its providers to ensure that where patients are given a choice that they are informed and supported sufficiently to make those choices.

Personal Health Budgets / Personal Health Plans

The CCG has put in place a number of initiatives to ensure that people are informed and supported to be involved in their own care, including the development of Personal health budgets (PHBs) – person-centred pathways for people with long-term conditions and continuing care, including children.

The CCG adheres to the National Framework for Continuing Healthcare (CHC) and Funded Nursing Care revised 2012 with accompanying Equality Analysis. The policy framework is intended to be inclusive in this respect with no individual being treated differently on the basis of their protected characteristic/group, condition or diagnosis. The CCG informs patients/significant others in writing of their eligibility outcome following assessment. Patients meeting the eligibility criteria are involved in

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

How does the CCG ensure that people are at the centre of the decisions about their care? Please give an example.

their plan of care and the offer of a Personal Health Budget is available to all who meet the eligibility criteria.

The process involves developing individualised care planning, sending out relevant information and conducting case reviews (where necessary) to ensure people are at the centre of the decision about their care.

- EQIA against policies, anyone who is eligible for CHC can access PHB – any protected characteristic can access it, even homeless people

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s):	
Grading:	Undeveloped Developing ✓ Achieving Excelling

2.3 People report positive experiences of the NHS

How does the CCG engage and involve people to listen to their views on the NHS? Please give an example.

Evidence and impact (What has actually been done/achieved)

The CCG has developed a communications and engagement plan to outline its approach to public engagement. It sets out how the patient voice will be incorporated in the commissioning cycle.

The approach includes having PPI lay representation at Governing Body and at sub-committee level. Patient representation is also sourced for various working groups as required. A patient advisory group has also been established to ensure public and VSC and Healthwatch Walsall input into the CCGs public engagement approach.

The Big Conversation

Patients are at the heart of what we do, and throughout 2016/17 the CCG worked hard to engage with the public, patients, service users and their families by holding a range of events to talk to local people about some of our challenges and to get their views on local NHS services (Urgent care (A&E, Urgent Care, Out of hours services), Stroke services, GP services and Community services through 'The Big Conversation' public engagement programme.

On the 24th January 2017, the CCG launched 'The Big Conversation'. This seven week engagement exercise included talking to local people about how the CCG can improve healthcare for patients, the challenges the NHS is facing, and what the CCG are doing about this. This engagement exercise marked the beginning of the conversation, with many people taking the time to share their views. The response received indicates how much people care for their local NHS services and how willing they are to help shape future plans.

When undertaking engagement activities, the CCG considered reaching out to all including young people, disabled people, ethnicity, sex, religion, marriage and civil partnership, however was not successful in engaging with homeless people. The demographic data also highlighted that the majority of participants were older white people.

Feedback gathered has been used to develop proposals for changes to some local health services and to shape the CCG's commissioning plans for 2017/2018.

2.3 People report positive experiences of the NHS

How does the CCG engage and involve people to listen to their views on the NHS? Please give an example.

Following this exercise, the CCG was approached by NHS England to present at a Patient and Public Involvement meeting to talk about this exemplary piece of engagement. [The Big Conversation](#).

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s): 1,2,3,5,8,9

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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2.4 People’s complaints about services are handled respectfully and efficiently

How does the CCG handle and monitor complaints ensuring action is taken? Please give an example.

Evidence and impact (What has actually been done/achieved)

Complaints policy and how this is applied to complaints received
 The customer care, concerns and complaints policy and procedure is linked to national documents including Department of Health Guidance February 2009 – “Listening, Responding, Improving – A Guide to Better Customer Care” Parliamentary and Health Service Ombudsman’s Principles February 2009 and The NHS Constitution. The policy accommodates people’s needs and requests, customer care may be accessed by anyone. Concerns can be raised by a representative, an MP or an advocate etc. as long as explicit consent has been gained from the patient. The CCG will liaise with other organisations such as DWMHPT, WHNHST or GP practices etc. on behalf of the patient or to re-direct the complaint to the appropriate organisation on their behalf with gained explicit consent. The Complaints team keeps the organisation informed and has issued internal communications advising staff on how to handle and direct complaints to the appropriate people. The customer care, concerns and complaints policy and procedure is due for review March 2018.

Here is an example of how a recent complaint has been dealt with:
 The CCG received repeated requests for assistance with securing GP allocation over a period of time. The complainant felt unsupported by previous attempts to gain GP services.

With consent we liaised with other organisations both internally and externally to resolve the issues raised. This resulted in the patient being allocated a practice, with plans in place to ensure the situation was not repeated.

Whilst dealing with the complaint, staff who took the calls treated the individual with courtesy and tried to provide appropriate support at all times. We ensured that if the individual was advised that there would be a return call, this was followed through.

It is important to not label individuals as ‘vexatious’ or ‘difficult’ in the first instance. We try at all times to keep the focus on the required outcome and not on the behaviour. We try not to make judgements about the cause of the behaviour.

If required we enable advocates for patients, who can contact the NHS complaints Advocacy Service to support the individual to make a complaint. This has been advised to the complainant if appropriate. Information can also be made available in other formats such as language or font.

2.4 People’s complaints about services are handled respectfully and efficiently								
How does the CCG handle and monitor complaints ensuring action is taken? Please give an example.								
Dealing with complaints effectively supports the organisation with successfully commissioning services by identifying possible areas of concern for development and also enables the CCG to support patients and members of the public to feel listened to and empowered to raise any concerns they may have.								
Protected characteristics (Equality Act 2010):								
Which of the relevant protected characteristics can the CCG show it has considered?								
Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):								
Grading:		Undeveloped		Developing		Achieving	✓	Excelling

c) 3 - A representative and supported workforce

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
<ul style="list-style-type: none"> What systems and processes are in place for fair recruitment at the CCG at all levels? Please give an example. How is the recruitment and selection process monitored and evaluated? Please give an example. 	
Evidence and impact (What has actually been done/achieved)	
<p>The CCG has a Recruitment Policy including monitored systems and processes in place for fair recruitment. The CCG has a recruitment policy which was ratified in January 2016. This policy is under review and should be finalised in March 2018. The current policy complies with NHS Employers and NHS Employment Check Standards (2008), and assists managers in the provision of a systematic, robust, effective framework for recruitment and selection in a non-discriminatory manner. All staff are required to complete a declaration of interest form.</p> <ul style="list-style-type: none"> Recruitment policy that was ratified in January 2016 NHS Recruitment Equality data unavailable to managers/recruiters until shortlisting Fair and transparent policy JD, Person Spec, criteria Conflict and interest DBS check <p>To meet recruitment obligations and meet legislation, the CCG outsources recruitment to Walsall Healthcare Trust to adhere to recruitment policies, and utilising their expertise to achieve economy of scales.</p> <p>The process is that at all levels a request to recruit form approval must be completed attached with a JD and person specification before any recruitment commences. All appointments have senior management approval. All JD’s and person specification are agreed in line with agenda for change (AFC) job evaluation processes and are evaluated as per the NHS national job profiles. All new roles must have an agreed JD and person specification using the CCG standard JD template which includes all the relevant points for that job to be evaluated by trained AFC job evaluators. This ensures all roles are banded in line with the national NHS job profiles and AFC pay banding scale points, therefore eliminating any equality and equal pay issues.</p> <p>The recruitment is managed by our colleagues at Walsall Healthcare Trust, who upload all the vacancies we have on NHS jobs – national system. The recruiting manager will have access to all</p>	

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

- **What systems and processes are in place for fair recruitment at the CCG at all levels? Please give an example.**
- **How is the recruitment and selection process monitored and evaluated? Please give an example.**

the applications. To ensure the process is fair and transparent, whilst the advert is live all applications are given a reference and personal details are removed. Even during shortlist this information is not available this is to eliminate any equality issues. This data is available on appointment only, however should the candidate have any specific interview requirements these are known to the recruiting manager/panel.

All Interview questions are pre-set, ensuring all candidates are asked the same questions. There is a set interview marking system in place including an appointable score. Should candidates achieve this score or above then the candidate that has achieved the highest score should be appointed.

Once a candidate is appointed this is then managed by Walsall Healthcare Trust as per the NHS jobs system and all the relevant employment checks including Disclosure and Barring Service (DBS) are completed.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s): 3, 4, 6

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

How does the CCG demonstrate its commitment to equal pay for equal work and how is this monitored and evaluated? Please give an example.

Evidence and impact (What has actually been done/achieved)

The CCG demonstrates its commitment to equal pay and follows the Agenda for Change (AFC) system, a national pay system for all NHS staff. The system allocates posts to set pay bands, using the Job Evaluation Scheme and allows the CCG to deliver fair pay based on the principle of 'equal pay for work of equal value'; provide better pay and career progression using the Knowledge and Skills Framework and to standardise HR policies for all staff. Through AFC, the CCG ensures its job descriptions and policies are gender balanced and non-biased therefore avoiding discrimination against any protected characteristics.

As covered in question 3.1, all job roles are subject to Agenda for Change national profiles, and any new roles that the CCG require are evaluated as described above. Should there be any issues with evaluating a role, then we can ask colleagues from other CCG's to review the role. To reduce any equal pay issues the CCG adheres to the NHS agenda for change pay bands and spine points which sets out the pay points from Band 1 to 9. These are set nationally.

Job roles at the CCG are matched against the national generic profiles to avoid discrimination and our staffs are paid pro rata regardless of their contracted hours. Staff are paid against their pay scale, dependent upon meeting the person specification for their role e.g. banding starts at the bottom of the pays scale dependent on experience thus complying with NHS Agenda for Change. The procedures used are transparent and monitored using processes and policies developed by the HR team, which are then reported to the Organisational and Development committee for evaluation. Processes and policies are continually revised and updated to meet the CCG's requirements. To

3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

How does the CCG demonstrate its commitment to equal pay for equal work and how is this monitored and evaluated? Please give an example.

ensure consistency checking, arrangements in place if required where a partner CCG could complete a consistency check.

Every role will have a pay band attached to it, this sets out the pay scale for that role. All new starters start at the bottom of the scale, should the candidate however have demonstrable experience or evidence that supports their current pay then discussions can be had to negotiate the salary on that pay band (this requires senior management approval). All staffing pay issues are discussed at REM & OD committee for final sign off.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s): 3, 4, 6

Grading: Undeveloped Developing Achieving ✓ Excelling

3.3 Training and development opportunities are taken up and positively evaluated by all staff

- How does the CCG support the development and training needs of its staff? Please give an example.**
- How does the CCG monitor the effectiveness of training through feedback from staff? Please give an example.**

Evidence and impact (What has actually been done/achieved)

The CCG is committed in supporting the development and training needs if its staff and currently have an Education Support and Continuing Professional Development Policy. This policy is being reviewed to allow the CCG to carry out an organisational training needs analysis (TNA) following appraisals which will ensure the CCG can develop an overall plan in advance for learning, training and development for the following year. In conjunction with mandatory training which all staff are required to be compliant, currently individual training needs are identified during the probation period and at Personal Development Reviews (PDRs) which sets out their annual learning and development objectives for the year e.g. minute taking.

As part of our Organisational Development plan the CCG is looking to review the training policy and organising further development sessions with all staff. On the whole, any training needs are identified as part of the annual PDR. Once all training needs are identified (including any adhoc requests) these are then presented at Organisational Development committee for approval. Recently it was identified there was a need for all administration and PA staff to undertake some minute taking training to standardise the minute taking and improve effectiveness when taking minutes. The CCG is also looking at organisational chair training for those that chair meetings. We are holding a staff development session in March – some protected learning time team building and to roll out the CCG values.

Monitored systems and processes are in place for fairness. The CCG monitor the effectiveness of training through feedback. Attendees from the recent the minute taking training completed training evaluation forms to see if the training was affective and if whether it could be used again.

Probation reviews take place up to 6 months from the start date, and staff are asked about how their feedback and thoughts on the induction and if they have any training needs

Protected characteristics (Equality Act 2010):

3.3 Training and development opportunities are taken up and positively evaluated by all staff								
<ul style="list-style-type: none"> <i>How does the CCG support the development and training needs of its staff? Please give an example.</i> <i>How does the CCG monitor the effectiveness of training through feedback from staff? Please give an example.</i> 								
Which of the relevant protected characteristics can the CCG show it has considered?								
Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):		3, 4, 6						
Grading:		Undeveloped	Developing	✓	Achieving	Excelling		

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source								
What systems and processes are in place to ensure that CCG staff are not exposed to abuse, harassment, bullying and violence at work? Please give an example								
Evidence and impact (What has actually been done/achieved)								
<p>The CCG has a Dignity and work policy that all staff have access to. Staff can raise issues of this nature with their manager, HR or Staff side/ staff council representatives. Other ways staff can raise their concerns are via the whistle blowing policy or speak up guardian. Staff also have the opportunity to participate in the staff survey (annual occurrence) to raise any concerns about bullying and harassment.</p> <p>The recent Staff survey results have highlighted some concerns around bullying and harassment. Part of the action plan will be to hold some awareness and training sessions around this issue which should create awareness and inform staff how they can raise their concerns. All bullying and harassment, and other incidents will be logged to ensure consistency of process, as well as analysing turnover data and information from exit interviews which raise any concerns. These will be periodically reviewed to assess trends and put in place measures to remedy this.</p>								
Protected characteristics (Equality Act 2010):								
Which of the relevant protected characteristics can the CCG show it has considered?								
Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):		3, 4, 6						
Grading:		Undeveloped	Developing	✓	Achieving	Excelling		

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives								
How does the CCG facilitate a work-life balance and ensure flexible working options are available for all staff? Please give an example								
Evidence and impact (What has actually been done/achieved)								
<p>The CCG's Flexible working policy ensures our commitment to staff by offering a work-life balance which applies to all staff and includes options such as core hours, working from home, job share and condensed week / fortnights. This policy is available on the CCG intranet, and staff are expected to make a formal request as per the policy and the manger must meet with the employee to discuss the request within the given timescale to ensure that any reasonable adjustments can be accommodated for whilst ensuring business continuity. Flexible working can be requested and reviewed at 1:1s or PDRs. The CCG also plans to send out communications to all staff so that they are aware of the policy and its processes to ensure to ensure consistency of requests and outcomes.</p>								
Protected characteristics (Equality Act 2010):								

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives								
<i>How does the CCG facilitate a work-life balance and ensure flexible working options are available for all staff? Please give an example</i>								
<i>Which of the relevant protected characteristics can the CCG show it has considered?</i>								
Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):		3, 4, 6						
Grading:		Undeveloped	Developing	✓	Achieving	Excelling		

3.6 Staff report positive experiences of their membership of the workforce								
<i>How does the CCG engage with its employees and use their feedback constructively and positively to improve morale and experience? Please give an example.</i>								
Evidence and impact (What has actually been done/achieved)								
<p>The CCG regularly engages with its employees to constructively gain their feedback through :</p> <ul style="list-style-type: none"> • Staff survey • Staff council • Exit interviews • Turnover data • Vision and Values workshops • Weekly staff briefing where staff development sessions are delivered at alternative weeks • Staff are given the opportunity to contribute to the weekly staff newsletter • Staff-side representatives attend the Organisational and Development Committee <p>The CCG conducts an annual staff survey and the outcome of the staff survey is presented to the Staff Council, following this and feedback from staff council an action plan is put together at the Organisational Development committee.</p> <p>Staff council is held monthly. This council is also used to approve amended or new HR policies. Any constructive feedback from departments is also discussed at staff council to make positive changes in the workplace in order to improve morale and the workplace experience.</p>								
Protected characteristics (Equality Act 2010):								
<i>Which of the relevant protected characteristics can the CCG show it has considered?</i>								
Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):		3,1						
Grading:		Undeveloped	Developing	✓	Achieving	Excelling		

d) 4 - Inclusive leadership

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations								
<i>How has the CCGs senior management and governing body promoted equality throughout the organisation and the local health economy? Please give examples</i>								
Evidence and impact (What has actually been done/achieved)								
<p>The CCG's leadership team is strongly committed to promoting equality within the organisation and within the wider health economy in Walsall, and takes an active role in the joint working with commissioners in Birmingham and the Black Country to ensure health inequalities are identified and</p>								

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

How has the CCGs senior management and governing body promoted equality throughout the organisation and the local health economy? Please give examples

addressed. The CCG is in active participation at Health and Wellbeing Board and contributed to the development of the Joint Strategic Needs Assessment (JSNA) with our partners from Walsall Council.

The CCG also has in place an Equality policy and strategy which staff and in particular commissioners follow. There are equality and diversity resources available to deliver and achieve the required compliance and to implement the CCG’s equality and diversity objectives. Equality and diversity compliance and assurance is regularly reported to the Audit and Governance committee. The CCG is also compliant with the Workforce Race Equality Standard (WRES).

There is an equality champion on the Governing Board, and members of the Governing Body and Senior Managers have received Equality Analysis and Due Regard training to ensure awareness of and compliance to the Equality Act 2010 responsibilities and the NHS Constitution. In addition, Governing Body members have also received awareness sessions on consultation and engagement requirements, process for consultation including Equality Impact Assessments (EIAs).

Training provided has enabled executive directors to respond to scrutiny and challenge from members at HOSC where a presentation of consultation and engagement proposals and plans was delivered. Governing Body members are trained and so able to challenge inclusiveness where necessary and minutes from the meeting Governing Body meetings reflect this.

Senior management and Board members have a good level of awareness of the need to consider equality and diversity when writing a policy, business cases or during change management. The Governing Body is able to make more informed decisions regarding change in service provision based on the Equality Impact Assessment.

Protected characteristics (Equality Act 2010):

Which of the relevant protected characteristics can the CCG show it has considered?

Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Equality Objective(s):						
Grading:	<table border="1"> <tr> <td style="background-color: red; color: white;">Undeveloped</td> <td style="background-color: yellow;">Developing</td> <td style="background-color: green; color: white;">Achieving</td> <td style="background-color: purple; color: white;">✓</td> <td style="background-color: blue;">Excelling</td> </tr> </table>	Undeveloped	Developing	Achieving	✓	Excelling
Undeveloped	Developing	Achieving	✓	Excelling		

4.2 Papers that come before the board and other major committees identify equality-related impacts including risks and say how these risks are to be managed

What processes are in place to demonstrate that the CCGs decision making committees have considered equality related impacts? Please give examples

Evidence and impact (What has actually been done/achieved)

The CCG undertook a series of consultations and engagement activities in 2107/18 including Urgent Care Centre Services, Acute Stroke Services, APMS Procurement, New GP surgery in the town centre, Changes to the CCG Policy on Procedures of Lower Clinical Value, CHC resource allocation policy. A number of papers were presented to Governing Body, Commissioning committee and Primary Care Commissioning Committee which set out the proposals and implementation plans for the consultation and engagement activity, including EIAs which has been carried out as part of the business cases. The committees were able to make recommendations, where for some projects it was decided that further work would be required before the project could be continued i.e. Continuing Healthcare (CHC). The Governing Body made some decisions that were a variation to its strategy based on the feedback from the public and the EIA. Equality Impact assessments have enabled the CCG to make commissioning decisions such as disinvest in or the reshape of services. The CCG also uses a risk register a means of identifying if there is an equalities concern.

4.2 Papers that come before the board and other major committees identify equality-related impacts including risks and say how these risks are to be managed								
<i>What processes are in place to demonstrate that the CCGs decision making committees have considered equality related impacts? Please give examples</i>								
Protected characteristics (Equality Act 2010):								
<i>Which of the relevant protected characteristics can the CCG show it has considered?</i>								
Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):								
Grading:		Undeveloped		Developing		Achieving	✓	Excelling

4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination								
<i>How does the CCG ensure managers proactively engage with their staff to value diversity and so creating an inclusive working environment? Please give an example.</i>								
Evidence and impact (What has actually been done/achieved)								
<p>The CCG is committed to equality and ensures that employees are aware of the responsibility to promote equality, diversity, inclusiveness and eliminate discrimination. Guidance and tools are readily available on the intranet for managers and staff, and training is provided for middle managers.</p> <p>Staff have also had the opportunity to be involved in the CCG’s vision and values workshops to create a diverse and inclusive work environment as well as helping to change culture. They can also liaise and raise issues with the Staff council, to which the CCG responds to.</p> <p>Managers must ensure they are compliant with their mandatory training, especially equality and diversity. As part of the Organisational Development plan we are looking to hold workshops for line managers to assist with HR matters such as equality and diversity, dealing with conflict and having difficult conversations.</p>								
Protected characteristics (Equality Act 2010):								
<i>Which of the relevant protected characteristics can the CCG show it has considered?</i>								
Age	Disability	Gender re-assignment	Marriage & Civil partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):								
Grading:		Undeveloped		Developing		Achieving	✓	Excelling