



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 FREDAs:

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	Achieving
	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
	2.1 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	Achieving
	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	Achieving
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
	3.6 Staff report positive experiences of their membership of the workforce	Achieving
	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

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

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

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.

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:

- Walsall Together operating model with its Trust Alliance partners
- **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 2019/20
- **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. One enhancement has been to have patient representatives involved during the procurement process
- **Primary Care Strategy, currently under development to deliver the best possible primary care service for Walsall patients. This includes**
 - **APMS contracts that are matched the national policy and guidance**
 - **High quality extended GP access**
 - **Giving GPs choice over Electronic Referral Service (ERS)(formerly Choose and Book), thus improving wait times at A and E.**
- **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](#).

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

- **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](#).

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.

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:

IAPT Service enhancement has been undertaken to increase support for patients with physical conditions to receive support from the service.

Extended Access Service

The CCG has given a strategic commitment to move appropriate services from secondary care into primary care; develop the provider market; deliver primary care at scale; increase access to primary care and improve the quality of services available for patients. Allied to this, is a range of system resilience schemes to reduce Accident and Emergency attendances and unscheduled care admissions.

It is a national requirement to put in place plans to have additional, pre-bookable or same day primary care appointments in evenings between 6.30 and 8 pm and weekends. There is funding to support this initiative and it is anticipated that the chosen provider will work at scale to offer these. The additional capacity would also be used to compliment the on-going development of new models of care, particularly practices working at scale to meet the needs & demands of their patient population.

For the winter of 2018-19 there is increasing evidence that the urgent care system will be under tremendous pressure and additional funding has been released to increase access to urgent care in a primary care setting to reduce Accident and Emergency department attendance and unplanned admissions during these periods. The vision for Walsall is to continue providing access to good quality clinical appointments for late evening and weekends within a Primary Care Setting that is responsive to the demands of the local population.

The GP Extended Access Service provides a commitment to improve out of hours access for patients by increasing capacity through a network of locality primary care access hubs working at scale. By September 2018 this will see access to general practice appointments for routine and urgent care 7-days a week with providers embracing new technology, new healthcare roles to manage ever increasing patient demands.

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

Due to the future direction of extended access in primary care it is the aim of this scheme to test out elements of the national extended access seven core requirements that are required to be met by 1 September 2018 that are detailed below;

- **Timing of appointments** - Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day; Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs; Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; Appointments can be provided on a hub basis with practices working at scale.
- **Capacity** - Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.
- **Measurement** - Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours
- **Advertising and ease of access** - Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service; All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services; Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.
- **Digital** - Use of digital approaches to support new models of care in general practice.
- **Inequalities** - Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.
- **Effective access to wider whole system services**- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

Local model

- Extended access service to be in line with the national criteria across Walsall by 1 September 2018
- The service is currently delivered by 3 hubs, with the view to have a 4th Hub in the East Area by Autumn 2018
- Provision of pre-bookable and same day consultations from 6.30-8.30pm weekdays, in addition to weekends 10.00-3.00pm. Also, Bank holidays operate from 11.00am to 1.30pm
- Access to an appointment at a hub is via direct booking with the providers contact number in addition to working towards direct bookings from GP practices
- Service funded through £3.34 per head of weighted population. Additional top up funding has also been received for infrastructure costs including, clinical and booking systems and advertising.
- Patients offered choice of appointments at their registered practice or a local hub

Hub Information

Hubs have been selected below based on existing GP infrastructure, proximity to practices and ease of access for patients travel requirements. We are working towards implementing a **4th Hub** within the **East area in Autumn 2018**.

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

HUB 1 (NORTH)	HUB 2 (SOUTH)	HUB 3 (WEST)
Pinfold Health Centre	Broadway Medical Centre	Darlaston Health Centre
Field Road, Walsall, WS3 3JP	213 Broadway, Walsall, WS1 3HD	Pinfold Street, Darlaston, WS10 8SY
Weekdays Monday to Friday 18.30pm-21.00pm	Weekdays Monday to Friday 18.30pm-21.00pm	Weekdays Monday to Friday 18.30pm-21.00pm
Weekends Saturday and Sundays 10.00am-3.00pm	Weekends Saturday and Sundays 10.00am-3.00pm	No weekends
Bank Holidays 11.00am-13.30pm	Bank Holidays 11.00am-13.30pm	Bank Holidays 11.00am-13.30pm

Intended outcomes

- Improving access to general practice and timely care through offering longer opening hours on weekdays, weekends and bank holidays for the local population for both routine and acute problems
- An accessible and responsive service that provides patient centered care delivered by a multi-disciplinary workforce
- General Practice working at scale
- A focus on quality and clinical outcomes
- Evidence of robust clinical leadership
- Use of local GPs whose knowledge of local services spans both in and out of hours provision
- Equitable access to the service across the whole of the Borough of Walsall
- Integration with the local health and social care system
- High levels of patient satisfaction with the service
- High levels of staff satisfaction, and improved recruitment and retention of staff
- Co-operation and communication with GP providers within Walsall.

Reduction in Emergency Department attendances for minor illness and injury at local hospitals

As part of a service review the CCG has improved access to IAPT services for patients.

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):		1,2,4						
Grading:		Undeveloped		Developing		Achieving	✓	Excelling

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.

Mental health and Dementia

Clinicians have expressed difficulty in encouraging some people from BAME communities to access services because of stigma and a misunderstanding of mental health issues and dementia. This is despite having interpreter services available. To improve on this the CCG commissioned a service to work with hard to reach groups or those who have difficulty in accessing mainstream services for a variety of reasons.

The Dementia & Mental Health Advisor: Hard to Reach Groups 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 advisor has supported clinicians to help people access services when previously they had declined.

In a recent case example, the advisor was asked by the Dudley and Walsall Mental Health Partnership Trust Memory Assessment Service to support a person whose first language was not English to agree to be assessed by the service. During the assessment process the family of the service user said they were opposed to applying for benefits such as Attendance allowance and Carer Allowance on religious grounds. The advisor was able to cite religious evidence to support the acceptance of benefits and the user and carer now benefit. As well as a formal dementia diagnosis, referrals were also made for a fire safety check, Lasting Power of Attorney and a pendent alarm. The family are now more aware of dementia and accept the diagnosis and the accompanying support.

A further case example involved a 58-year-old divorced Bangladeshi female who became socially isolated following a stroke. A language barrier prevented the service user from accessing services. The advisor was able to use a screening tool in the user's own language, refer for an occupational therapy assessment and equipment, refer to a culturally acceptable day-care provider and for practical help for shopping and meal preparation. She is also in receipt of talking therapies and is awaiting relocation to an area where she has friends.

More recently the Counter Terrorism Unit referred a person of interest to the advisor. The local authority's Community Cohesion Team had suggested the CCG's Dementia & Mental Health Advisor: Hard to Reach Groups service. The advisor worked with the 43-year-old man for his mental health and harmful negative thinking. He was expressing suicidal ideation following a very traumatic personal experience. The service user had failed to respond to previous offers of support but engaged with the advisor. The service user said the advisor's knowledge, empathy patience had made the difference. He is now involved with talking therapies, has support to eat better, volunteers with the homeless.

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. Examples of the CCG's plan for primary care were given in 1.1.

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.								
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):		1,2,4,5						
Grading:		Undeveloped	Developing	Achieving	✓	Excelling		

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)								
<p>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.</p> <p>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.</p> <p>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.</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):		1,2,4,5						
Grading:		Undeveloped	Developing	Achieving	✓	Excelling		

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)								
<p>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</p>								

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

identification of serious incidents are robust. This process and approach was reviewed by internal audit – rating the CCG as having significant assurance on this important area.

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 and embed learning.

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. The final investigation is reviewed at a Serious Incident closure meeting and the actions stress tested at a later date if required for assurance and evidence of embedding the lessons.

The CCG encourage GP Practices to report any issues of quality and safety to the Quality team through the Quality Concerns email which are reviewed and actioned accordingly. The Quality team forward on any concerns to the appropriate provider requesting an investigation is undertaken and logged for theming and trends. If there are any immediate concerns that compromise patient’s safety the Quality team will carry out an immediate visit to the area for review of the service for assurance and immediate actions.

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): 1,2,4,5

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.

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.

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):	1,2,4,5							
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)

To meet winter health needs, an additional GP Extended Hours hub was opened in November 2018 to ensure increased capacity and access to healthcare during this period.

- The service now also offers a triage over the phone.
- NHS111 can now book appointments for patients directly at each of the four hubs. GP surgeries will soon be able to book appointments at hub on patients’ behalf. (if a case is urgent but they cannot see the patient immediately).
- The service is being promoted to patients by GP surgery staff.
- The CCG continues to work with GPs to ensure homeless people are supported to register at GP practices.

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.

Extended GP access programme

All people registered with a Walsall GP can book an appointment at one of the three hubs across Walsall through the Extended GP access programme. 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 reviewed for their accessibility as they are large GP practice premises. It is a contractual requirement that 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 solution as we recognise this could affect some vulnerable patients.

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 unless they are registered with a GP. Hubs are based in areas of high deprivation. 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): 1,2,4,5

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

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.

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 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): 1,2,4,5

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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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 a communications and engagement strategy that outlines 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. We hold a quarterly Patient Participation Liaison Group (PPLG) meeting made up of representatives from across the Walsall network of Patient Participation Groups (PPGs) where PPG representatives, Commissioners and local voluntary sector organisations can request items to be discussed. We have also established a Patient Advisory Group with representation from local organisations, One Walsall and Healthwatch Walsall where members can provide input into the CCGs overall public engagement approach.

Patients are at the heart of what we do, and throughout 2018/19 the CCG has conscientiously engaged with the public, patients, service users and families via surveys, social media and events to better understand people’s health and social care challenges and to gauge their views on local NHS services (including Maternity services, Urgent Care, Out of Hours services, extended access GP services and a new model of care for learning disabilities). When undertaking engagement activities, the CCG considers reaching out to all including young people, disabled people, ethnicity, sex, religion, marriage and civil partnership, and the homeless.

The Big Conversation

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 is doing about these challenges. The feedback we

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.

gathered strongly supported the principle of joining up our health and care services. As a result, we have now developed plans to deliver this change and as part of that, we then engaged with the public on the development of our Walsall Together 'Outcomes Framework' model for the Integrated Care Partnership.

Walsall Together Outcomes Framework

During 2018 the CCG and [Walsall Council](#) launched a public engagement exercise to give Walsall residents the opportunity to give their views on the proposal of an outcomes framework for the Walsall Integrated Care Partnership – part of an ambitious and exciting programme which, from 2019, will see providers in the existing [Walsall Together](#) partnership working even more closely together to transform health and social care in Walsall.

The feedback from the engagement exercise demonstrated support for a change from *counting units of activity* to *measuring outcomes achieved* and to measure these outcomes not just for the people who are referred to individual services but for the whole population.

The CCG has already started to take some of the practical steps necessary to deliver this:

We have established seven integrated health and social care teams in our four localities.

We are piloting a new model of Multi-Disciplinary Team working.

We have created an integrated model of intermediate care, bringing together the health and social care teams which support the discharge of patients from hospital.

We have commissioned the Making Connections service, which aims to tackle loneliness and social isolation with an initial focus on older people.

Black Country Local Maternity System (LMS) 'Whose Shoes' events

Walsall CCG, as part of the Black Country LMS have been looking at how services are currently delivered and what needs to change to deliver the vision described in the national maternity review. They have also been reviewing feedback from women and families so that they can develop a plan for how local maternity services should be delivered by 2020/21.

As part of our commitment to engaging women and their families in the transformation of maternity services, 'Whose Shoes?' workshops have been organised across the Black Country, with a view to bring people that are involved in, or that have experienced maternity services, together to share their views, highlight recurrent themes and share best practice.

The Transforming Care Partnership (TCP) – engaging on services for learning disabilities in the Black Country

Walsall CCG, along with the other organisations involved in delivering TCP in the Black Country have worked with service users, their families and carers to develop a model of community care that works for them. However, before we make any final decisions about the future of specialist beds for service users, we are asking for feedback on our plans.

This public engagement exercise is seeking people's views on the community-based services that have been put in place in the Black Country and the impact on specialist inpatient assessment and treatment beds for adults with learning disabilities. We have reached out to the public via an online survey (provided with both full and easy-read supporting documents and with alternative formats available on request) and a number of public events being held in Walsall and the other boroughs of the Black

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.

Country, that have been promoted via system contacts, patient representative groups, mainstream and social media.

The survey focuses on plans that will support people to stay in the community near family and friends rather than living in hospitals for long periods of time.

Patient Participation Conference and the Patient Participation Charter

As well as engaging patients and the public on specific commissioning proposals, this year Walsall CCG also held a conference to engage the public and representatives from our existing network of PPGs on our overall approach to engagement and participation.

The aim of the event was to promote the role and benefits of PPGs to patients, public and health professionals, to create more understanding of the value of true patient participation also to promote the support available from the CCG and raise awareness of the wider health agenda.

As a result of this conference, an action was taken forward that a working group would be developed to create a Charter that set out the aims and ambitions for PPGs in Walsall and detailed the commitment of each stakeholder group to ensuring the success of these aims. A self-assessment survey was sent out to existing PPG members in early February to understand the local challenges, and a workshop was held in February 2019 with members of the public and representatives of the CCG, local voluntary sector organisations and Heathwatch Walsall, to pull together the final draft which was presented to the wider PPLG in March 2019 for review. A final document is scheduled for publication in June 2019.

NHS England IAF Indicator 50: Patient and Public Involvement

The CCG's submission to the 2018/19 IAF for Indicator 50 (Patient and Public Involvement) has demonstrated how we have built on our work from the previous year, and this was reflected in our provisional RAGG rating of Green Star, an improvement on last year's Green rating.

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):	1,2,4,5							
Grading:	Undeveloped	Developing	Achieving	✓	Excelling			

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)

The CCG's Complaints process had been designed to be as accessible as possible to patients, especially those from vulnerable groups.

- It is available in different formats.
- The CCG accepts complaints on through advocacy on behalf of someone if they have given their consent. The details of such an organisation are included on the CCG's complaints page as the CCG recognises such support is key.
- Complaints received aren't always for the CCG so these are redirected to the relevant organisation.

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.

The CCG is looking into carrying out a piece of engagement with seldom heard and hard to reach groups around accessibility of the complaints process. The results of which will be used to review / redesign the approach based on feedback received.

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.

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):		1,2,4,5						
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

- *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)

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.

- 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

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.

- During 2018/19 The CCG held various engagement activities with both staff and the staff council to update their recruitment policy. It is now a values based recruitment policy.
- Following an internal audit review for the appointment process for clinical leadership posts, recommendations have been applied so the process aligns to the Agenda for Change staff recruitment.

Taking on board advice from auditors around the interview process, the shortlisting sheet will now include supplementary questions to ensure a fair recruitment and selection process has been followed.

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.

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 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.

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.**

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, 5

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

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.

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): 3,5

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)

In line with the 2018 NHS pay progression system within the Agenda for Change framework, the CCG has reviewed and applied pay increment into their policy. From 1 April 2019 the new policy will ensure that any increment for new starters will be applied following a PDR, and existing staff will continue to have their PDRs and increment change.

The CCG is committed in supporting the development and training needs of 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 effective and if whether it could be used again.

- Additional questions around training opportunities were included in last year’s staff survey
- The Education Support and Continuing Professional Development policy is in its final stages of approval.

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.**

- From April 2019 the CCG's PDR cycle will now run from April to June and be followed by a training needs analysis so that the training budget can be managed and distributed fairly across the organisation.

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):

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): 3,5

Grading:	Undeveloped	Developing	Achieving	Excelling
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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)

In response to last year's staff survey, the 2018/19 staff survey included some additional questions to explore the underlying reasons from comments which highlights there are no significant issues.

The CCG is scoping unconscious bias training for staff to create awareness of what constitutes as bullying, harassment and violence at work.

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.

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.

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

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source								
<i>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</i>								
✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality Objective(s):		3,5						
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								
<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>								
Evidence and impact (What has actually been done/achieved)								
<p>The flexible working policy has been updated to ensure toil and flexible working arrangements are approved by line managers and applied fairly across the CCG.</p> <p>To address work balance and pressure, staff keep timesheets to claim any toil and also to identify if staff are working more hours than they should/need to be.</p> <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):								
<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, 5						
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 has held various staff engagement events to develop the CCG's values. The values are now displayed across the organisation.</p> <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 • Vison and Values workshops • Weekly staff briefing where staff development sessions are delivered at alternative weeks 								

3.6 Staff report positive experiences of their membership of the workforce

How does the CCG engage with its employees and use their feedback constructively and positively to improve morale and experience? Please give an example.

- Staff are given the opportunity to contribute to the weekly staff newsletter
- Staff-side representatives attend the Organisational and Development Committee

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.

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.

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): 3,5

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

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

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

A member of the CCG’s Senior leadership has passionately worked to support offenders within the Walsall area. Such individuals have historically experienced considerable health inequalities.

Examples of his work to support offenders includes:

- Attendance at a restorative justice meeting for sub-judicial disposals for children and young people involved in minor crime with police, Youth Justice Mental Health and NHS partners
- Membership of the West Midlands violence reduction board addressing the reduction of knife crime and the public health approach
- Teaching young people on GNVQ courses in health in the borough as part of their core formation, as well as teaching students, as part of the Widening Participation agenda, through local Higher Education providers
- Chair of the Strategic Partnership Board of the borough, which leads the equalities and improvement work of Walsall, overseeing the Walsall Plan for reducing inequalities and improving outcomes, including focusing on supporting ex-offenders in the community.
- Is a board member of the Walsall for All Partnership Board, which is a MHCLG sponsored equalities group, representing the NHS with community, third sector, faith and statutory partners in more effectively bringing together communities in the borough to reduce inequalities and improve community cohesion.

Within the CCG the following events were held to be inclusive of and support local communities.

- The CCG supported the “Creative arts project” of a local learning disabilities organisation. Giving members of the group the opportunity to display and sell their art at the CCG HQ. With staff purchasing a good number throughout the day.

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

- The CCG Held a 'Bring your child to work day,' which helped engage young people in the CCG.

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 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): 4

Grading:	Undeveloped	Developing	Achieving	✓	Excelling
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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)

As part of enhancing its approach to equality and enhancing the governance process, the CCG has developed a new equality analysis form. It is a requirement that all decisions include this form detailing the considerations made.

The form looks at Equality related impacts, human rights and health inequalities, requiring the completing manager to include details of any required mitigations to ensure equitable access.

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

In support of this process and form a programme of training sessions and workshops were provided to all relevant staff. These have enhanced managers understanding and awareness in this key area.

A specific session was provided for the CCG’s Governing Body and Directors / Senior managers attended the workshops and training sessions.

Examples of Equality Analysis (EIAs) completed include:

- Medicines Management review (restriction of the prescribing of over the counter medicines)
- Procedures of Limited Clinical Value
- Gluten free prescribing
- Crisis Car
- GP practice co-location

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.

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):	5							
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

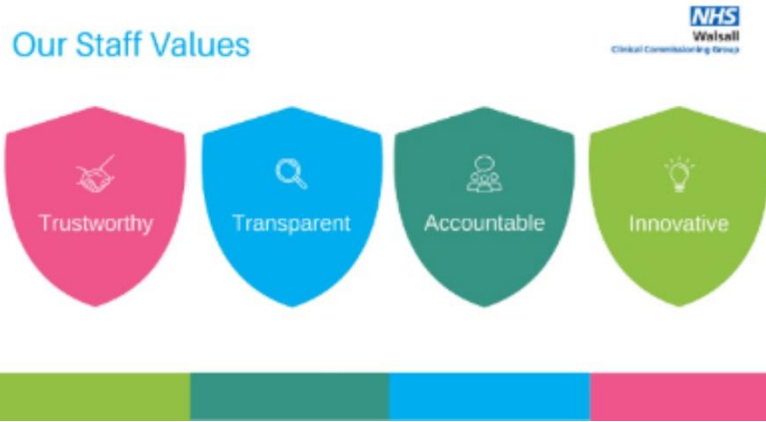
How does the CCG ensure managers proactively engage with their staff to value diversity and so creating an inclusive working environment? Please give an example.

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

The CCG is highly committed to ensuring managers are equipped and motivated to engage and support their staff. This is evidenced by the CCG’s values, which are a key part of delivering a supportive inclusive workplace. Over the last 2 years the CCG has taken /will take the following actions towards this:

4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

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.



- The CCG will be delivering unconscious bias training to managers and all staff.
- The CCG operates an open plan office arrangement which encourage communication flow between teams and other colleagues across the organisation. It also helps to foster team spirit and creates a more social environment for all employees.
- Values Champions are also in place to ensure these are adopted throughout the organisation.
- The CCG has been running a 'Star of the month' recognition scheme based on the values. Managers and staff can nominate someone who have gone above and beyond their duty to make a difference or have just done a good job.
- A Corporate Social Responsibility (CSR) policy has just been launched which encourages staff to volunteer some of their time in the local community to help make a difference.

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.

Staff have also had the opportunity to be been 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.

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.

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):		3,5						
Grading:		Undeveloped	Developing	Achieving	✓	Excelling		