NHS
Wolverhampton
Clinical Commissioning Group

Wolverhampton Clinical Commissioning Group Governing Body – Late Papers

Tuesday 14th March 2017 commencing at 1.00 pm

at Wolverhampton Science Park, Stephenson Room

A G E N D A

		8	Future Commissioning across the Black Country	Dr H Hibbs/Mr S Marshall	1 - 8
		10	Board Assurance Framework	Ms M Garcha	9 - 22
		11	Equality Delivery System2 (EDS2) Implementation Plan sign off	Ms M Garcha	23 - 74
			Date and time of next meeting ~ Tuesday 11 April 2017 at 1.00 pm		

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY MEETING
14 MARCH 2017

Agenda item 8

Title of Report:	**Future Commissioning Across the Black Country**
Report of:	Dr Helen Hibbs –Chief Officer
Contact:	Dr Helen Hibbs –Chief Officer
Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To update the Governing Body on matters relating to the Future Commissioning Across the Black Country
Public or Private:	This report is intended for the public domain.
Relevance to CCG Priority:	Update by the Chief Accountable Officer.
Relevance to Board Assurance Framework (BAF): • **Domain 1:** A Well Led Organisation • **Domain 2a:** Performance – delivery of commitments and improved outcomes • **Domain 2b:** Quality (Improved Outcomes) • **Domain 3:** Financial Management • **Domain 4:** Planning (Long Term and Short Term) • **Domain 5:** Delegated Functions	This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties. By its nature, this briefing includes matters relating to all domains contained within the BAF.

1. BACKGROUND AND CURRENT SITUATION

On Thursday 2 March 2017 we bought together the leadership teams of the four Black Country CCGs in a workshop to develop the principles for collaboration across the Black Country and agreed the framework for a more detailed set of proposals.

2. FUTURE COMMISSIONING IN THE BLACK COUNTRY

2.1 Introduction

Our four CCG governing bodies have agreed to explore the potential for collaborative commissioning arrangements across our STP footprint of the Black Country and West Birmingham. Following this shared direction, we agreed to establish a joint committee to oversee this work. On the 2nd March we bought together the leadership teams of the four CCGs in a workshop to develop the principles for this collaboration and agree the framework for a more detailed set of proposals.

The event was a really positive opportunity to look to the future and we can all see the potential for collectively using our resources to maximise the power of commissioning moving forwards. We agree that the future must be in combining efforts to use the new national contracts to create strong, local, place based, models of care and to deliver secondary care contracts (in both acute and mental health services) which hold the right incentives for the system across the Black Country to respond to our population needs.

We see the value in the relationships that we have with each other, our providers, our partner councils, our membership and with the people we serve, as a great asset moving forwards. The workshop was a chance to take stock on how successful we can be when we do work together and we are proud to have many examples of national best practice and people shaping emerging national policy in key areas.

At the meeting we agreed that the next step should be to establish a number of task and finish groups which will report to the joint committee. Three Accountable Officers subsequently met to draw together the ideas that arose from the meeting in order to summarise the proposed schedule and objectives for these groups, to take to our Governing Bodies for approval.

2.2 Considerations by the Accountable Officers:

2.2.1 Valuing our Staff

A clear outcome of the workshop was a shared recognition of the importance of all of our staff and the value that we place in their commitment to securing the best possible healthcare for our population.

So we have agreed the following actions in recognition of the importance of our staff:

- We will bring together our HR resources across the four CCGs to work together to establish a common HR approach to any collaborative arrangements we establish.
- We will develop a common talent management plan – to map the talent and aspirations of all staff across the four CCGs in order to have a plan, shared and understood with each individual, for each person as we develop our new arrangements
- HR leads will meet together on a regular basis and will report on these requirements to the three AOs.

2.2.2 Enabling collaboration

It is important that we provide consistent leadership across the four CCGs in order to enable our collaboration to be as effective as possible.

To this end, the AOs and Chairs have previously agreed:

- The Joint Committee will meet monthly in order to provide the forum with delegated decision-making
- The chair of the committee will rotate every 6 months amongst the chairs of the CCGs. The first chair will be Nick Harding
- The committee will provide the mechanism for any regulatory requirements for shared CCG reporting, assurance or decision-making on a Black Country and West Birmingham STP basis

In addition the AOs have agreed:

- To meet together fortnightly to provide the mechanism if needed for any shared operational decisions (such as the coordination of HR and PMO activities)
- That there is a need to appoint a project manager to support the work of the joint committee. The project manager role will be offered as an interim opportunity for one year to any suitable member of staff from any of the four CCGs to apply – the individual will retain their current terms and conditions and their existing JD as their permanent role and they will continue to be employed by their CCG. They will report to the chair of the joint committee and work jointly for the three AOs.

2.3 Priorities for Transformation

It was clear from both the previous paper considered by the governing bodies on future commissioning arrangements - and from the recent workshop - that the priority for all four CCGs is to implement the system changes that are necessary in order to create the best possible potential for delivering high quality, sustainable health and social care for our population.

The first system transformation priority is to create the right frameworks in each local system that will deliver our preferred local placed-based models of care.

Whilst this is the right priority for our local systems it is also a key priority for each of our CCG teams – as each CCG will expect to contract for many of its existing functions to be part of their local placed-based care model – and consequently many staff currently working in the CCGs can expect to be working as part of their local placed-based care system in the future. Consequently the three AOs have concluded that we should prioritise commissioning our local models of care before we plan to make any permanent changes to the organisational structure of the CCGs.

The previous paper also set out the potential to develop from these new placed-based arrangements in each local area an integrated Black Country and West Birmingham CCGs , which working alongside integrated acute and mental health services within the Black Country will create accountable care systems.

This leads to an indicative outline timetable for priorities as follows:

2.3.1	Apr17-Sept17:	Key focus on the design of our placed-based care models (and contracts) Collaborate on shared CCG activities Collaborate on strategic Black Country plans / reviews of key services Issue shared commissioning intentions to providers at end Sept
2.3.2	Oct17-Mar18:	Mobilise the placed-based care models with new contractual frameworks Collaborate on the commissioning of acute and move to a single contract for certain mental health services across the Black Country
2.3.3	Apr18-Sept18:	Mobilise new CCG arrangements: - including functions transferring into local placed-based systems and the creation of a single Black Country arrangement. Design Black Country acute and continue to work with mental health system contracts and accountable system arrangements.
2.3.4	Oct18-Mar19:	Mobilise single acute and mental health contracts Establish new Black Country accountable system structure

This sets out a realistic timetable, not just for redesigning how our CCGs work, but more importantly for creating a new structure to the way care is organised in each of our boroughs and across the Black Country and West Birmingham. An initial task of the joint committee will be to develop this timetable in more detail and to engage the rest of the system in this proposed way forward.

2.4 Task and Finish Groups

One outcome from the workshop was the recommendation to establish a series of time-limited task and finish groups to start this process of joint working. These task and finish groups that will report to the joint committee and make their initial recommendations setting out the way forward by the end of Q1, June 2017.

Each group will have an AO sponsor; a CCG manager to facilitate the initial meeting of the group; and relevant representation from all four CCGs.

The proposed initial six groups are as follows:

2.4.1 Communications and engagement
AO sponsor: Helen Hibbs
Manager: Mike Hastings
Purpose: To establish both standard communications relating to this agenda and any shared requirements for public engagement and/or consultation

2.4.2 Governance
AO sponsor: Paul Maubach
Manager: Sara Saville
Purpose: To organise the governance of the joint committee, clinical board and the task and finish groups; and to evaluate the consequences of CCG statutory duties on any future arrangements

2.4.3 Finance
AO sponsor: Andy Williams
Manager: James Green
Purpose: To develop a shared approach to financial planning and identify key financial risks to the Black Country system and consequential actions / review

2.4.4 Infrastructure including IM&T
AO sponsor: Helen Hibbs
Manager: Claire Skidmore
Purpose: To determine the opportunities for joint working on the use of IM&T, estates and the Black County digital roadmap

2.4.5 Systems design and contractual frameworks
AO sponsor: Paul Maubach
Manager: Neill Bucktin
Purpose: To establish the scope of services between local place and system-wide services; and develop the methodology for enabling each CCG to implement their placed-based model(s) of care

2.4.6 CCG collaboration
AO sponsor: Andy Williams
Manager: Sharon Liggins
Purpose: To explore the opportunities for either the sharing of 'back office functions' and/or to collaborate of common systems and processes to improve the effectiveness of the four CCGs on current activities

The detailed terms of reference for each task and finish group will need to be initially approved by the joint committee, in line with the outlines given here, before being submitted for sign-off by the governing bodies. However in order to continue the momentum that has been built from the workshop it will be our intention to start these groups as soon as possible.

3. CLINICAL VIEW

3.1.1 Clinicians were included in the Workshop and a Clinical Executive is being set up to provide clinical advice to the four CCGs.

4. PATIENT AND PUBLIC VIEW

4.1 Lay members from each CCG were involved in the initial discussions and communication and engagement is one of the key workstreams. A full engagement will be developed in due course.

5. RISKS AND IMPLICATIONS

5.1 Key Risks

5.1.1 Potential for distraction from CCG priorities during a period of change.

5.1.2 Need for increased manpower to enable task and finish groups to function appropriately.

5.1.3 Potential for confusion in communication across the four CCGs.

5.2 Financial and Resource Implications

5.2.1 As new models of care develop, there is a clear need for both capacity and capability to develop the programme of work which could be financially challenging.

5.3 Quality and Safety Implications

5.3.1 Within any new arrangements it will be essential to continue to monitor the Quality and Safety off all commissioned services.

5.4 Equality Implications

5.4.1 Equality Impact analysis will be carried out as appropriate.

5.5 Medicines Management Implications

5.5.1 There are no implications at this stage.

5.6 Legal and Policy Implications

5.6.1 These will be considered under the Governance Task and Finish Group.

6 RECOMMENDATIONS

- That the report be noted and approve the direction of travel.
- The Governing Body requests a progress report.

Name Dr Helen Hibbs
Job Title Chief Officer
Date: 9 March 2017

NHS
Wolverhampton
Clinical Commissioning Group

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**N/A**	
Medicines Management Implications discussed with Medicines Management team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	
Signed off by Report Owner (Must be completed)	**Dr Helen Hibbs**	**09/03/17**

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
Governing Body Meeting
14th March 2017

Title of Report:	**Q3 Board Assurance Framework, Progress with BAF & Risk Register Refresh**
Report of:	Manjeet Garcha, Director of Nursing and Quality
Contact:	Manjeet Garcha
(add board/ committee) Action Required:	☒ **Decision** ☒ **Assurance**
Purpose of Report:	1. Q3 BAF Report as per statutory requirement – to note 2. Current Red Risk Register (appendix 3)- to note 3. To update the decrease of risks on the current whole Risk Register (is not attached however is available on request) 4. To provide an update on the refreshed CCG Strategic Aims and Objectives (appendix 1) **to approve** 5. Dummy BAF and RR template (appendix 4) **to approve**
Public or Private:	This report is confidential due to the information contained within Appendix 2 – Domains Report and Appendix 3 – Extreme Red Risks.
Relevance to CCG Priority:	All CCG reporting templates are being aligned to the new strategic aims and objectives as below (once approved)
1. Improving the quality and safety of the services we commission	1a. Ensure on-going safety and performance in the system
2. Reducing health inequalities in Wolverhampton	2a. Improve and develop Primary Care in Wolverhampton 2b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions.
3. System effectiveness delivered within the CCG's financial envelope	3a. Proactively drive our contribution to the Black Country STP 3b. Greater integration of health and social care services across

	Wolverhampton 3c. Continue to meet our Statutory Duties and responsibilities 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton
~~**These will be deleted**~~	
• ~~**Domain 1 –** Better Health~~	~~How the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.~~
• ~~**Domain 2 –** Better Care~~	~~How the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.~~
• ~~**Domain 3 –** Sustainability~~	~~How the CCG is remaining in financial balance and is securing good value for patients and the public from the money it spends;~~
• ~~**Domain 4 -** Leadership~~	~~The quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.~~

1. BACKGROUND AND CURRENT SITUATION

1.1. The Board Assurance Framework and Risk Register have undergone a refresh following an audit by Pricewaterhouse Cooper in 2016.

1.2 As part of this work, strategic objectives were refreshed at the Governing Body development session in March. Please refer to ***Appendix 1.***

2. CURRENT SITUATION

The Risk Register remains a 'live' system, and continues to be monitored and managed by executives and risk owners in line with the Risk Management Strategy. Q3 BAF report has been delayed due to the changes, however, the work has commenced and with support from the Business Analysts Team a more automated function is being created. Currently Datix is the risk management system for the most up to date information, it does not show access to the history of the risk so the trending has been undertaken manually.

The following changes are being put into place.

2.1. Structure of the BAF

Previously the CCG's BAF was aligned to the four domains set out by NHSE in April 2016 as part of their Improvement and Assessment Framework for CCGs. This proved difficult to manage as the risks could not be easily aligned. The BAF could not be used effectively by the Governing Body to focus on the CCG objectives.

Following three Governing Body development sessions held in September, November and March, The CCG Strategic Aims and Objectives have been refreshed. These are now being added to the Datix System (pending some specialist permissions from the Company) and will be live as of 1st April 2017. The Risk Register has also been refreshed by individual executives.

A dummy version of the new proposed format is appended (appendix 4)

2.2 Lack of ownership

The current arrangements for how risk management is supported have been reviewed to take forward risk management in the CCG.

The structures of the risk management reports have been changed to include a summary dashboard. A summary dashboard will be prepared monthly for each Sub-Committee and will become a standing item on Committee agendas.

The Committees that will operationally review the risks are:

1. Quality and Safety Committee
2. Finance and Performance Committee
3. Primary Care Joint Commissioning Committee
4. Commissioning Committee
5. Corporate (executive group)

A staff briefing took place to explain the changes at the Staff Meeting on 8th February. Refresher training has been arranged for all risk handlers over the coming weeks before the end of March.

2.3 **Evidence of Scrutiny**

All risks are being allocated to Sub Committees of the Governing Body. These committees will review their red risks at each meeting, whether new to register or because the score has increased and review all overdue risks to satisfy itself that the risks are being managed appropriately and in a timely manner. Work is being undertaken to design a proforma to capture the discussion which will fall out of this process. This will be considered with the chairs of the Sub Committees.

Work to align risks to Sub Committees has been completed. This has included a cleanse of the risk register too and the total number of risks have been reduced from 121 to 87. Of these, there are 9 Extreme Red Risks.

Each quarter, the sub committees will undertake a deeper dive of the risk register to add, remove or reassess any key risks. The governance around this will be strengthened as the decisions of the deeper dives will be shared with the Audit and Governance Committee for added scrutiny. Audit and Governance Committee will assure the Governing Body that it is satisfied with the scrutiny afforded to the CCG risk management processes. The Governing Body will receive a report of the CCG's red risks at each meeting, together with a summary of the associated action plan, so that it can hold executives to account and be satisfied that risks are being appropriately managed. SMT will continue to undertake quarterly deep dives.

Terms of reference for each sub–committee are being revised. All committee meeting Chairpersons will be reminded of this important change. In addition all the CCG reporting templates will be reviewed to align with the new strategic objectives.

The CCG's Risk Management Strategy will be revised to reflect the new arrangements. In addition, it will be amended to include training and refresher frequency and induction for new members of staff.

2.4 Regular review and update of risks

The proposal to review risks at every sub-committee meeting will ensure that risks are reviewed monthly at a minimum, more often if required. Datix reviews will be aligned to the monthly meetings.

2.5 Number of risks on the risk register

Quarter 3, 2016/17

At the end of Quarter 3 there were 121 risks live on the Risk Register. 15 of these were Red.

Number of Risk Register Entries	4th Jan 2017
Open Risks	121
Red	15
Amber	65
Green Risks	41

Position as of 28th February 2017 (Matrix change)

The quantification system used in Datix has now been aligned to the National Patient Safety Agency Standards and the new scoring system is being used (see table below). This was shared with Executives on 2nd February and a CCG wide briefing session took place on 8th February. Quality Assurance Co-ordinators are providing training during March and April for all risk owners/managers.

Number of Risk Register Entries	28th Feb 2017
Open Risks	87
Extreme	9
High	47
Moderate	29
Low	2

There has been a significant reduction in the number of risks on the Risk Register since the end of Quarter 3.

There were 9 risks rated “Extreme” at the end of February. Details of these risks can be found within ***Appendix 3.***

Since the last update the

- The numbers of total risks have decreased from 121 to 87
- The number of red risks have decreased from 15 to 9 (alignment to new matrix)
- There are 47 risks rated as high, 29 as moderate and 2 as low

- Currently not able to quantify trend or closure of green risks as this piece of work is forensic, the executives are reviewing each and every risk with the risk owners and the Governing Body is requested to note that this will take some

CLINICAL VIEW

2.2. A clinical view has not been sought for the purpose of this report; however, if relevant, a clinical view is always sought via the appropriate committee membership.

3. PATIENT AND PUBLIC VIEW

3.1. Not applicable for the purpose of this report.

4. RISKS AND IMPLICATIONS

Key Risks

5.1 The CCG BAF and Risk Register on-going refresh work is critical, as failure to identify and manage risks is a risk to the achievement of the CCGs strategic objectives.

5.2 Financial and Resource Implications

There is still some on-going work to be carried out to address the risks identified in the review. The executive ownership of this portfolio sits with the Chief Nurse and the administrative tasks are split between two band 6 quality assurance officers. I.e. Datix administration and report compilation. Priority has been given to this work which has resulted in other work streams being delayed and further compounded by staff changes however; this is being monitored by the Head of Quality and Risk.

5.3 Quality and Safety Implications

Quality is at the heart of all CCG work and whilst no impact assessment has been undertaken for the purpose of this report, all risks have a patient safety and quality impact assessment.

5.4 Equality Implications
NA

5.5 Medicines Management Implications
NA

5.6 Legal and Policy Implications
Risk Management Strategy is being updated. Risk Management is a statutory requirement.

6.0 RECOMMENDATIONS

The Governing Body is requested to

- To **RECEIVE** and **DISCUSS** the Report
- **Note** the movement/progression of Red Risks
- **NOTE** the actions taken to date
- **NOTE** the on-going work with Risk Register and BAF format
- **APPROVE** the Strategic Aims and Objectives
- **APPROVE** the dummy BAF template

Appendix 1 Reconfirmed Strategic Objectives/Aims (to be agreed)
Appendix 2 Domains Report (due to the confidential nature of some of the risks this is not attached, however is available on request as appendix 2)
Appendix 3 Red Risks as of 28th February 2017
Appendix 4 New proposed BAF and RR format (to be agreed)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	**MGARCHA**	**March 2017**
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer	**Peter McKenzie**	**Feb 2017**
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	**MGARCHA**	**7.03.2017**

Wolverhampton Clinical Commissioning Group - Strategic Aims and Objectives 2017/2019

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	1a. Ensure on-going safety and performance in the system
2. Reducing health inequalities in Wolverhampton	2a. Improve and develop Primary Care in Wolverhampton 2b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions.
3. System effectiveness delivered within the CCG's financial envelope	3a. Proactively drive our contribution to the Black Country STP 3b. Greater integration of health and social care services across Wolverhampton 3c. Continue to meet our Statutory Duties and responsibilities 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton

Strategic Objectives expanded:

1a. Continually monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions.

2a. Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this.

2b. Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings.

3a. Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.

3b. Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an "Accountable Care System".

3c. Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.

3d. The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

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Appendix 3 – Risks Rated Extreme on Datix System as of 7th March 2017

ID	Title	Description	Manager	Handler	Principal objectives	Opened	Review date	Rating (current)	Residual Risk Level	Closed date
444	Demographic Growth	Potential that Demographic Growth targets for 2016/17 may not be met.	Steven Marshall	Andrea Smith	3a. Proactively drive CCG's contribution to the Black Country STP, 3b. Greater integration of health and social care services across Wolverhampton, 3c. Continue to meet statutory duties and responsibilities, 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton, Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;	22/09/2016	31/03/2017	20	Extreme	
466	Out of Hours Provider - inaccurate reporting of performance data	CRM meeting held with the provider on 27th January, highlighted issues in terms of significant amounts of data submissions being incorrect, including activity. Subsequent uploads onto Unify are also potentially incorrect as a result of the provider's inability to submit accurate performance data. This in turn discredits all the reported data in the Quality report, which has no triangulation, quality check or examination.	Manjeet Garcha	Steven Forsyth	1a. Ensure on-going safety and performance in the system	30/01/2017	29/03/2017	16	Extreme	
415	BCF Financial risk 16/17	Financial risks to the CCG of Funding the BCF, absorbing risk in line with risk share and potentially not delivering the reductions planned in NEL admissions. £3.2m QIPP has been allocated to BCF	Steven Marshall	Steven Marshall	3a. Proactively drive CCG's contribution to the Black Country STP, 3b. Greater integration of health and social care services across Wolverhampton, 3c. Continue to meet statutory duties and responsibilities, 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton	17/05/2016	31/03/2017	16	Extreme	
474	CHIS (Child Health Information Service) - current IT system not fit for purpose	Current IT system is not fit for purpose in relation to our data sharing agreement with GPs and Acute provider. There are issues around information from live births, vaccination scheduling and routine screening resulting in late invitations and queues for vaccinations. Currently the data extraction tool we use for the information CHIS require is not acceptable to them (Grafnet) and they wish to use another tool (Health Intelligence) that is not acceptable to RWT. As a result it appears that information flow is not as it should be and there is a risk that children will miss their vacs and screening.	Liz Corrigan	Liz Corrigan	1a. Ensure on-going safety and performance in the system	08/02/2017	31/03/2017	15	Extreme	
442	Progress against BCF Transition Plan	Failure to meet (RWT) targets within Q1 of Transition plan, in particular recruitment of staff means that the programme is not meeting its target reduction of non emergency admissions	Andrea Smith	Andrea Smith	3a. Proactively drive CCG's contribution to the Black Country STP, 3b. Greater integration of health and social care services across Wolverhampton, 3c. Continue to meet statutory duties and responsibilities, 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton	12/09/2016	31/03/2017	20	Extreme	
424	Wrottersley Park House Nursing Home	Multiple quality and safety concerns	Steven Forsyth	Molly Henriques-Dillon	1a. Ensure on-going safety and performance in the system	01/06/2016	30/03/2017	16	Extreme	
345	Children who display sexually harmful behaviour.	The Commissioner (S Fellows) made aware by colleagues in local authority and RWT that a potential gap exists regarding referral and treatment of children who display sexual harmful behaviour.	Sarah Fellows	Mags Courts	3a. Proactively drive CCG's contribution to the Black Country STP, 3b. Greater integration of health and social care services across Wolverhampton, 3c. Continue to meet statutory duties and responsibilities, 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton	04/12/2014	15/03/2017	16	Extreme	

425	Community Neighbourhood Teams	One of the main programmes of work for the redesign and modernisation of Community services is the development and co-location of integrated Community Neighbourhood teams. Partners under the Better Care Fund have approved the co-location Social and Health care colleagues to facilitate a truly integrated service to the local population. There are three teams planned and each team will be wrapped around Primary Care to support a shared care approach to care delivered closer to home. Original timescales for co-location were: Identification and agreement of estates – June 2016 Roll out of co-location – September 2016 It has become apparent that strategically, each partner is developing estates strategies in isolation. A further concern is that, at a strategic level, each partner doesn't appear to be aware of or taking account of the need to model for the integration and co-location of the Community Neighbourhood teams. Anecdotally, timescales within each partner organisation for completion of this work varies from 6-12 months during which it will be difficult to agree and mobilise the co-location of the teams. Currently, this risk is being managed at a work stream level with recent escalation to work stream leads. The strategic nature of the estates reviews is outside the remit of the ACC work stream and we are unable to influence at this level.	Karen Evans	Karen Evans	1a. Ensure on-going safety and performance in the system	01/06/2016	28/02/2017	15	Extreme
312	Mass Casualty Planning	The ability of the CCG to respond to any event where the casualty load generated is in excess of 100 patients	Dee Harris	Tally Kalea	3a. Proactively drive CCG's contribution to the Black Country STP, 3b. Greater integration of health and social care services across Wolverhampton, 3c. Continue to meet statutory duties and responsibilities, 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton	01/05/2014	16/12/2016	16	Extreme

APPENDIX 4 BAF AND RISK REGISTER FORMAT

Wolverhampton CCG Board Assurance Framework and Corporate Risk Register 2017/18

Mar-17 **Updates will commence as of 1st April 2017**

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	1a. Ensure on-going safety and performance in the system
2. Reducing health inequalities in Wolverhampton	2a. Improve and develop Primary Care in Wolverhampton 2b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions.
3. System effectiveness delivered within the CCG's financial envelope	3a. Proactively drive our contribution to the Black Country STP 3b. Greater integration of health and social care services across Wolverhampton 3c. Continue to meet our Statutory Duties and responsibilities 3d. Deliver improvements in the infrastructure for health and care across Wolverhampton

ID	Original date	Last Review Committee Date	Last Update Risk Amended	Link to Corporate Ojectives	Risk Description	Accountable Committee	Accountable Sponsor & Owner	Management Lead	P	I	Initial Risk Score Pxl Score before any controls are in	Key Controls	Gaps in controls	Gaps in assurance	(R)	P	(R)	I	Residual Risk Score (Pxl) score following contols put in place	Risk Trend	Internal Assurances Board Reports, minutes of meetings	External Assurances internal and external audit reports, CQC Reports	Actions to improve control, ensure delivery of principal objctive, gain assurance	Timescales date action will be completed	Comments

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NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Governing Body

14 March 2017

Agenda item 11

Title of Report:	**Equality Delivery System2 (EDS2)**
Report of:	Manjeet Garcha
Contact:	Juliet Herbert
(add board/ committee) Action Required:	☒ **Decision** ☒ **Assurance**
Purpose of Report:	To agree on self-assessment scores, sign off the Equality Delivery System2 (EDS2) Portfolio of evidence and agree to recommend that the EDS2 portfolio of evidence, along with an evidence library is published on the CCG's website by 31 March 2017.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	Equality, Inclusion and Human Rights
Relevance to Board Assurance Framework (BAF):	This report is relevant to all domains.
• **Domain 1:** A Well Led Organisation	This will assess the extent to which a CCG: • has strong and robust leadership; • has robust governance arrangements; • involves and engages patients and the public actively; • works in partnership with others, including other CCGs; • secures the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and • has effective systems in place to ensure compliance with its statutory functions; This element of the framework builds on several of the domains of the original assurance framework. Given the level of organisational maturity that the

	CCGs have now attained, NHS England will need to re-assess this element in detail when there has been a significant organisational change, such as to the leadership arrangements, or where particular problems have arisen
• **Domain 2a:** Performance – delivery of commitments and improved outcomes	Delivery of commitments and improved outcomes: a key focus of assurance will be how well CCGs deliver improved services, maintain and improve quality, and ensure better outcomes for patients. This includes their progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring that they are meeting standards for all aspects of quality, including safeguarding, and digital record keeping and transfers of care. This focus on quality, performance and outcomes will be continuous throughout the year, and will be underpinned by a set of delivery metrics, which will constitute the CCG scorecard, which is also intended to publication.
• **Domain 2b:** Quality (Improved Outcomes)	As above
• **Domain 3:** Financial Management	The monitoring of a CCG's financial management capability and performance will be continuous throughout the year, including an assessment of data quality and contractual enforcement. Immediate remedial action will be required when financial problems become evident. Such action could include the use of special measures and NHS England's statutory powers of direction.
• **Domain 4:** Planning (Long Term and Short Term)	The assurance of a CCG's plans will be a continuous process, covering not only annual operational plans, and related plans such as those relating to System Resilience Groups and the Better Care Fund, but also longer term strategic plans, including progress with the implementation of the Forward View. Progress towards moving secondary care providers from paper-based to digital processes and the extent to which NHS Number and discharge summaries are being transferred digitally across care settings will be specific measures during 2015/16, towards the ambition for a paperless NHS.
• **Domain 5:** Delegated Functions	Specific additional assurances will be required from CCGs which have taken responsibility for delegated functions. From April 2015 it will include primary care and may, in time, include other services. An annual review of the assurance of delegated functions will be required prior to the NHS England business planning process for 2016/17. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed

	rather than delegated function.
• **Domain 6:** Equality & Inclusion (Legal compliance)	EDS2 was developed by the NHS for the NHS to help NHS organisations, in discussion with their local partners and local people, review and improve their performance in respect of people with a protected characteristic. Using the EDS2 demonstrates the CCGs approach to meeting the Public Sector Equality Duty, at statutory requirement as set out in the Equality Act 2010.

1. BACKGROUND AND CURRENT SITUATION

1.1. The EDS for NHS organisation was formally launched November 2011. Following an evaluation of the implementation of the EDS in 2012, the EDS was refreshed and the EDS2 was launched 2013. EDS2 is a generic tool designed for both NHS commissioner and NHS provider.

1.2 At the heart of the EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves, which relates to the progress they are making against the outcomes. These outcomes relate to issues that matter to people who use, and work in, the NHS. They are grouped under four goals:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Please **Appendix 1** for more details.

2. MAIN BODY OF REPORT

2.1 The main purpose of the EDS2 is to help local NHS organisation, in discussion with local partners, people and stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (national and ethnic origin)
- Religion or belief
- Sex
- Sexual orientation

Other disadvantaged groups include people who are:

- Homeless
- Live in poverty
- Stigmatised groups i.e. prostitution
- Misuse drugs
- Geographically isolated
- Vulnerable persons

2.2

2.2 Human rights and principles 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**:

- **F**airness – at the heart of recruitment and selection processes**(EDS2 -Goal 3)**
- **R**espect – making sure complaints are dealt with respectfully**(EDS2 - Goal 2)**
- **E**quality – underpins commissioning **(EDS2 - Goal 1)**
- **D**ignity – core part of patient care and the treatment of staff **(EDS2 - Goal 2 & 3)**
- **A**utonomy – people should be involved as they wish to be in decisions about their care **(EDS2 - Goal 2)**

(EDS 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.

2.3 By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty (PSED). It ensures that NHS organisations can 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;

2.4 At this stage the CCG is required to have undertaken its internal grading. The Governing Body is requested to agree this. The next stage is for external verification to occur; which involves patients, public and key stakeholders. This will form the working plan for 2017/2018. For further information regarding grading, please see **Appendix 2**.

2.5 The EDS2 portfolio of evidence has been completed by the Equality and Inclusion Business Partner on behalf of the CCG. A series of interviews were conducted to obtain the information required to populate the template as well as specific emails being issued to members of staff who were identified as having evidence during the interviews.

You can view the EDS2 portfolio of evidence - **Appendix 3.**

2.6 The overall grading recommendation from Equality and Inclusion is detailed as follows:

Goal	Grading	Comments
1	Developing	Commissioning teams to be supported to improve their skills to undertake and evidence Equality Analysis. CCG teams to continue working with Providers to produce service user data disaggregated by relevant protected characteristics.

Goal	Grading	Comments
2	Developing	Ensure the complaints team are collecting diversity information from complainants in order to better understand any trends by protected characteristics CCG to continue engaging with local communities with evidence to demonstrate how local seldom heard communities are supported to engage with the CCG.
3	Developing	CCG to undertake a detailed analysis of its workforce profile (by protected characteristics), including data on recruitment, in order to better understand any levels of over/under representation. Utilise the above analysis to inform any staff development programmes and the direction of the CCGs organisational development strategy.
4	Developing	CCG to further develop the capture of evidence of senior leaders promoting inclusive values both within the CCG and in the wider healthcare system

3. CLINICAL VIEW

3.1. The clinical view has been taken into account for every commissioning decision.

4. PATIENT AND PUBLIC VIEW

As part of the equality impact assessment process, patient and public view is taken into account.

5. RISKS AND IMPLICATIONS

Key Risks

5.1. For the CCG to be fully compliant the EDS2 portfolio (appendix 3) of evidence must be published on their website by 31 March 2017.

Financial and Resource Implications

5.2. None for this report.

Quality and Safety Implications

5.3. The implications on Quality and Safety are intrinsic to the report.

Equality Implications

5.4. Equality Analysis implications are intrinsic to the report.

Medicines Management Implications

5.5. Not applicable.

Legal and Policy Implications

5.6 The Public Sector Equality Duty is a statutory duty of the Equality Act 2010. Any breaches of the duty could leave the CCG decision makers vulnerable to legal challenge.

5.7 There are also NHS England mandatory equality requirements that CCG's needs to ensure their providers are compliant. Any breaches here would compromise the equality compliance of the CCG.

6. RECOMMENDATIONS

6.1. Recommendations for approval by the Governing Body are to:

Review and discuss:

- **agree** on EDS2 self-assessment scores
- **approve** the EDS2 Portfolio of evidence and
- **agree** to recommend that the EDS2 portfolio of evidence is published on the CCG website including a library of evidence that are stand-alone documents
- **agree** quarterly updates

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 7th March 2017

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	Steve Forsyth	6 March 17
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	06 March 17
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	Peter McKenzie	06 March 17
Signed off by Report Owner (Must be completed)	**M Garcha**	**7th March 2017**

Appendix 1 – EDS2 18 Outcomes

The goals and outcomes of *EDS2*		
Goal	**Number**	**Description of outcome**
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
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
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
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

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Appendix 2 - EDS2 – Grading

The EDS grading process provides the CCG's Governing Body with an assurance mechanism for compliance with the Equality Act 2010 and enables local people to co-design the CCG's equality objectives to ensure improvements in the experiences of patients, carers, employees and local people.

The four EDS2 goals are:	
1.Better health outcomes 2.Improved patient access and experience 3.A representative and supported workforce 4. Inclusive leadership	"The main purpose of the EDS was, and remains, to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED)."

Goal 1: Better health outcomes				
	Undeveloped	Developing	Achieving	Excelling
Grading	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Goal 2: Improved patient access and experience				
	Undeveloped	Developing	Achieving	Excelling
Grading	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Goal 3: A representative and supported workforce 3.1 : Fair NHS recruitment and selection processes lead to a more representative workforce at all levels				
Grading	**Undeveloped**	**Developing**	**Achieving**	**Excelling**
	Staff members from all protected groups fare poorly compared with their numbers in the local population and/or the overall workforce OR evidence is not available	Staff members from only some protected groups fare well compared their numbers in the local population and/or the overall workforce	People from most protected groups fare well compared their numbers in the local population and/or the overall workforce	People from all protected groups fare as well compared their numbers in the local population and/ or the overall workforce
	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			
	Equal pay audits show that staff members from all protected groups fare poorly compared with the overall workforce OR equal pay audits are not carried out	Equal pay audits show that staff members from only some protected groups fare as well as the overall workforce	Equal pay audits show that staff members from most protected groups fare as well as the overall workforce	Equal pay audits show that staff members from all protected groups fare as well as the overall workforce
	1.3 Training and development opportunities are taken up and positively evaluated by all staff **1.4 When at work, staff are free from abuse, harassment, bullying and violence from any source** **1.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives** **1.6 Staff report positive experiences of their membership of the workforce**			
	Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available	Staff members from only some protected groups fare as well as the overall workforce	Staff members from most protected groups fare as well as the overall workforce	Staff members from all protected groups fare as well as the overall workforce

Goal 4: Inclusive leadership 4.1: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations				
Grading	**Undeveloped**	**Developing**	**Achieving**	**Excelling**
	There are no examples of a strong and sustained commitment	Only some of the examples show a strong and sustained commitment	Many of the examples show a strong and sustained commitment	All of the examples show a strong and sustained commitment
	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			
	None of the papers took account of equality-related risks and their management	Only some of the papers took account of equality-related risks and their management	Many of the papers took account of equality-related risks and their management	All of the papers took account of equality-related risks and their management
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination			
	Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available	Staff members from only some protected groups fare as well as the overall workforce	Staff members from most protected groups fare as well as the overall workforce	Staff members from all protected groups fare as well as the overall workforce

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NHS
Wolverhampton
Clinical Commissioning Group

EQUALITY DELIVERY SYSTEM 2 (EDS2)

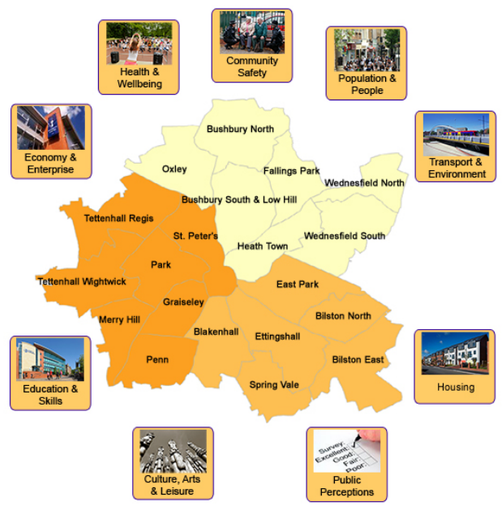
Evidence portfolio

Date of publication

31/03/17

- Introduction to EDS2
- Overview of CCG population information
- Overview of CCG health inequalities
- CCG approach to Equality

Arden&GEM



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Introduction to the Equality Delivery System2 (EDS2)

The 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, 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. Also, it is expected by NHS England (NHSE) that all CCGs will continue to implement it as a mandatory requirement. From April 2015, EDS2 implementation by NHS organisations was made mandatory in the NHS standard contract.

There are four sections: population health outcomes, 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 its population. Over time, the various improvements in health care services, social care, public health, wider environmental and economic factors have served to significantly improve the population's life expectancy and health status. This subsequently means that CCG's as commissioners of health care services have statutory and moral responsibility to put in place measures to improve potential patient and patient experience and satisfaction levels with, the healthcare services they commission for them.

The EDS2 framework was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS2 has four goals, supported by 18 outcomes as detailed in the table below. NHS Wolverhampton CCG has used the EDS2 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.

The **Equality Act 2010** requires all Clinical Commissioning Groups (CCGs) to annually publish information which demonstrates their performance and progress against the requirements of the Public sector Equality Duty (PSED), for people with characteristics protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (national and ethnic origin)
- Religion or belief
- Sex
- Sexual orientation

Other disadvantaged groups include people who are:

- Homeless
- Live in poverty
- Stigmatised groups i.e. prostitution
- Misuse drugs
- Geographically isolated

The EDS2 was developed by the NHS for the NHS to help NHS organisations, in discussion with their local partners and local people, review and improve their performance in respect of people with a protected characteristic.

The **EDS2 framework** identifies four over-arching goals with 18 outcomes.

1. Better health outcomes for all
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership.

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:

- **F**airness – at the heart of recruitment and selection processes (Goal 3)
- **R**espect – making sure complaints are dealt with respectfully (Goal 2)
- **E**quality – underpins commissioning (Goal 1)
- **D**ignity – core part of patient care and the treatment of staff (Goal 2 & 3)
- **A**utonomy – 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.

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;

The goals and outcomes of *EDS2*

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

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

Wolverhampton CCG Equality Objectives

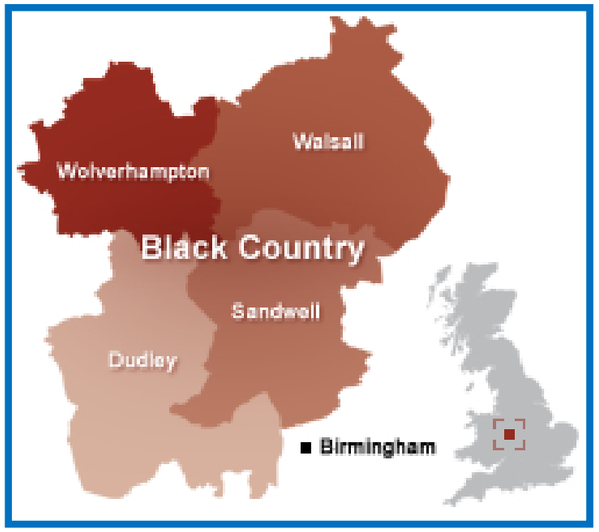
1. To ensure that Leadership and Governance arrangements persist in offering high level assurance of equality.
2. Equality approaches are effectively included in key mechanisms of commissioning (such as business case development, procurement, contracting).
3. Equality Analysis becomes part of our organisational processes so that projects, policies, strategies, business cases, specifications and contracts have all been developed in consideration of equality, diversity and human rights issues.
4. To apply Goals 1 and 2 of the Equality Delivery System to an average of at least three patient pathways for each year of the strategy, and to demonstrate year on year improvements for Goals 3 and 4 (Staff and Leadership).
5. To regularly review and update the strategic action plan and equality objectives (on at least an annual basis) to ensure that it is providing appropriate targets for development and improvement.
6. To ensure all CCG staff receive basic training to ensure awareness of Equality Act 2010 responsibilities and the NHS Constitution, and that specific training on Equality Analysis and the Equality Delivery System is targeted to all staff who are involved in these processes.
7. To ensure that Equality and Diversity forms an ongoing part of our leadership and organisational development programmes.
8. To ensure that Equality and Diversity approaches are fully included in our engagement of people who use services and in our work with strategic partners and other stakeholders.
9. Improve accessibility of information and communication for people from statutorily 'protected groups' and other disadvantaged

Vision

"Our vision is to provide the right care in the right place at the right time for all of our population. Our patients will experience seamless care, integrated around their needs and they will live longer with an improved quality of life"

Wolverhampton CCG wants everybody to receive the highest quality and appropriate care for their needs, delivered from the right service, when the patient needs it. The CCG have a range of strategies to help us achieve this. Some might mean the CCG look to change how services work in order to meet the current needs and expectations of local patients. Others, for example, will look to helping patients make the right decisions about getting care. An example of this is the CCG's 'choose well' campaign, which you may have seen on buses and in newspapers. This aims to inform patients of all the urgent and emergency care options available to them.

CCG region



Overview of CCG population information

Wolverhampton 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. As the leader of the local NHS, Wolverhampton CCG, are responsible for spending almost £1m a day on healthcare for the city's 262,000 registered patients. The CCG commission (buy and monitor) everything from emergency/A&E care, routine operations, community clinics, health tests and checks, nursing homes, mental health and learning disability services. As a commissioner, it is the role of the CCG to ensure that the services brought from the many providers of care, including The Royal Wolverhampton NHS Trust and Black Country Partnership Foundation Trust is of the highest quality and appropriate for the health needs of our city. Wolverhampton CCG, are a clinically-led organisation comprising of 46 member GP practices within the city. This means that local family doctors can use all their experience of the needs and wishes of local patients to make decisions about local health services.

Wolverhampton is one of the 4 local authorities in the Black Country sub-region. Wolverhampton has a documented history dating back to 985AD. In 2000, Wolverhampton was granted city status. The first Census in 1801 shows Wolverhampton's population as 12,500, in 1901 94,187 and by 1951 the population stood at 162,672. Wolverhampton is now one of the most densely populated local authority areas in England, with a population of 249,470 people (Census 2011) living in its 26.8 square miles, equating to a population density of 3,447 per square kilometre. The latest Indices of Deprivation (2010) indicates that Wolverhampton is more deprived than it was three years ago and represents a relative decline, from the 28th most deprived to the 20th most deprived local authority (out of 326 local authorities). The equalities profile of the borough focuses on the following:

Age Band	All people in this group	%
All categories	249,470	N/A
Aged 0 – 15	49,423	19.8
Aged 16 – 49	118,233	47.4
Aged 50 – 64	41,185	16.5
Aged 65+	40,629	16.3

- The child population fell from 49,501 in 2001 to 49,423 in 2011, a 0.15% fall
- The working-age population rose from 147,096 in 2001 to 159,418 in 2011, a 8.4% rise
- The older people population rose from 39,985 in 2001 to 40,629 in 2011, a 1.6% rise

Disability	All people in this group	Limited a lot or a little (%)	Not limited
All people	249,470	20.5	79.5
Male	123,441	18.8	81.2
Female	126,029	22.2	77.8
Aged 0 – 15	49,423	4.3	95.7
Aged 16 – 49	118,233	10.3	89.7
Aged 50 – 64	41,185	30.0	70.0
Aged 65+	40,629	60.7	39.3
White (British, Non-British)	169,682	23.3	76.7
Mixed	12,784	10.4	89.6
Asian	44,960	15.2	84.8
Black	17,309	16.6	83.4
Other" ethnicity	4,735	14.7	85.3

Gender	All people in this group	Male (%)	Female (%)
All people	249, 470	49.5	50.5
Aged 0 - 15	49,423	51.3	48.7
Aged 16 – 49	118,233	50.4	49.6
Aged 50 – 64	41,185	50.0	50.0
Aged 65+	40,629	44.1	55.9
White (British, Non-British)	169,685	48.8	51.2
Mixed	12,784	49.3	50.7
Asian	44.960	51.5	48.5
Black	17,309	49.0	51.0
"Other" ethnicity	4,735	57.4	42.6

Race (Ethnicity)	All people in this group	%
White British	160,945	64.5
White Non-British	8,737	3.5
Mixed	12,784	5.1
Asian	44,960	18.1
Black	17,309	6.9
"Other" ethnicity	4,735	1.9
Total *BME	88,525	35.5

Race (Ethnicity)	All people in this group	White British (%)	BME (%)
All people	249,470	64.5	35.5
Male	123,441	63.5	36.5
Female	126,029	65.5	34.5
Aged 0 – 15	49,423	55.3	44.7
Aged 16 – 49	118,233	58.6	41.4
Aged 50 – 64	41,185	74.8	25.2
Aged 65+	40,629	82.7	17.3

Religion	All People in this group	%
All people	249,470	N/A
Christian	138,394	55.5
No Religion	49,821	20.0
Sikh	22,689	9.1
Religion not stated	16,052	6.4
Hindu	9,292	3.7
Muslim	9,062	3.6
Other religion	3,057	1.2
Buddhist	1,015	0.4
Jewish	88	0.0

Marital Status	All people in this group	%
Single (Never married or never in a registered civil partnership	74,231	37.1
Married	87,288	43.6
Registered Civil Partnership	319	0.2
Separated (but still legally married or still in civil partnership	5,390	2.7
Divorced or formerly in a civil partnership which is now legally dissolved	17,078	8.5
Widowed or surviving partner from civil partnership	15,741	7.9

43.8% of all residents aged over 16 were either married or in a civil partnership

All information is based on the last census 2011 but provides a really good picture of the diverse community that Wolverhampton CCG serves.

Population Projections estimate the city's population will be 273,300 by 2037, an 8.9% rise from their baseline 2012 figure of 251,000. The balance of the population will change: an increase in the number of children, but fewer working-age people, and elder people. Slightly increasing birth rates, and inflow of migration greater than outflow, are important aspects of population growth, but decreasing mortality rates and longer life expectancies point to a steadily aging population overall. Services need to be planned to meet future need.

Overview of CCG health inequalities

A focus on reducing health inequalities

Unacceptable gaps in health exist across Wolverhampton. A baby born today in Bilston can expect to live seven years less than somebody born in Tettenhall. Improving the health of the entire city and reducing health inequalities is very important. The NHS has a key role to play in both treating people when they are ill or injured, and keeping people healthy. In partnership the CCG work with the Public Health team, who are within the City of Wolverhampton Council and together they work hard to promote healthy lifestyles and commission services that help people to make healthier lifestyle choices.

In order for Wolverhampton CCG to tackle the biggest health challenges in the city, three priorities have been identified which are:

1. Dementia - We are aiming to increase the numbers of dementia patients who are able to stay at home for longer, keeping them out of hospital.
2. Diabetes – The CCG aim to reduce the number of avoidable admissions to A&E.
3. Urgent Care – The CCG want to increase the number of people with the condition who are able to manage their conditions themselves – at home!

Wolverhampton CCG believe by improving outcomes for people in these areas, we will have the best chance at improving the city's health overall and reducing the health inequalities that remain.

"No decision about you, without you"

When the NHS changes were announced by the government in 2010, a key commitment was made to patients in Wolverhampton. This was that the local NHS would make decisions that were informed by the views of local people. This means the NHS has to get much better at listening to patients' views and using these to influence the decisions it makes. The CCG have a comprehensive engagement framework that enables us to talk and listen to local patient and community groups. We value the time people take to tell us their views and we use the information we gather to help us:

- determine the heath needs and wishes of local people;
- decide how we spend our money – including what we need to start and stop doing;
- monitor the quality of the services we commission;
- investigate concerns that people have raised through using services;
- ensure there are a range of ways patients can get involved;

Statement of commitment from the CCG

The CCG believes that equality and diversity should include addressing health inequalities as well as being embedded into all commissioning activity. Equality and diversity are central to commissioning plans, where everyone has the opportunity to fulfill their full potential. The CCG also believes that equality is about creating a fairer society and diversity is about recognising and valuing difference in its broadest sense.

46 GP practices in the city are members of the CCG and this provides the CCG with the opportunity to work with our patients to improve services and the overall health of the city. The CCG's GP practice membership will ensure the needs and priorities of our population are clearly identified and addressed by delivering the right care in the right place, at the right time by the right people.

"Right care, right place, right time within our financial envelope"

CCG Approach to equality

Wolverhampton 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.

The CCG will demonstrate its 'due regard' using a combination of activities. 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 a valuable requirement that is seen as an integral and important part of the mechanisms for ensuring the fulfillment of the aims of anti-discrimination legislation set out in the Equality Act 2010.
Firstly, through its contracts with its providers, the CCG will seek assurance that there is evidenced compliance to Equality Act 2010 legislation. This is mainly achieved by Service Condition Section 13 of the NHS Standard Contracts, which sets out the requirements according to organisation type. Using Clinical Quality Review Meetings (CQRM) for larger organisations, the provider submits appropriate and relevant evidence that ensures assurance for the CCG. All providers are expected to demonstrate they understand their service users, workforce and race profile and have self-assessed against the WRES standards, the CCG will wish to see how the providers intend to implement the standard and what the impact will be on any key disproportionate representations of their service users and workforce.

Overarching activities of the CCG

Operating Plan

NHS Wolverhampton CCG 2015-17 operating plan represents the **second and third year** of delivering the Five Year Strategic Plan for Wolverhampton. The intent and strategic direction remains the same, though there are many new elements that shape the local landscape and the national picture:

- Approval of our Better Care Fund plans
- The Dalton Review
- The Five Year Forward View
- The 2014/15 Operating Plan was produced prior to agreement of our Five Year Strategic Plan

This plan demonstrates the CCG understands the borough it serves and what needs to happen to ensure their statement of commitment.

Governing Body

The CCG aims to commission the highest quality, evidence-based care on behalf of its patients by investing in skills available locally and otherwise to design new and improved care pathways. The mission of the CCG is:

> We will be an expert clinical commissioning organisation, working collaboratively with our patients, practices and partners across health and social care to ensure evidence-based, equitable, high quality sustainable services for all our population.

Quality and Safety Committee

The Quality and Safety Committee (QSC) is established in accordance with paragraph 6.9.5(c) of NHS Wolverhampton Clinical Commissioning Group's constitution, standing orders and scheme of delegation. The QSC is accountable to the governing body and its remit is to provide the governing body with assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. It will deliver this remit in the context of the group's priorities, as they emerge and develop, and the risks associated with achieving them. The QSC has specific duties that includes - to monitor the group's delivery of the public sector equality duty (constitution 5.1.2(b);

Equality Impact Assessments (EIAs)

Delivering on equality and embracing diversity is only possible if we analyse the impact of services, policies, functions and decisions have on our communities and staff. Under the Public Sector Equality Duty of the Equality Act 2010, public services are required to analyse the impact on equality when exercising its functions. The equality analysis is important in order to consider the effect on different groups when decisions are made and identify practical steps to tackle any negative impact. The analysis helps public services to pay 'due regard' to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it
- Foster good relations between persons who share a relevant characteristic and those who do not share it

An EIA should be carried out from the earliest stages of consideration by the CCG to make any changes. It enables managers to address fundamental questions in considering and understanding how a proposal for healthcare changes, can help them to meet all customer requirements. It specifically seeks to address the following issues:

- Is there any direct discrimination?
- Is there any potential for indirect discrimination?
- What engagement has been carried out and who with?
- What was the outcome of any engagement and how has this informed the decisions made?
- Is any group disproportionately affected?
- What are the potential adverse impacts?
- What actions will be taken to mitigate any adverse impact?

This process has been embedded within the CCG's policy, practice and procedures from the scoping stage of commissioning. It has been and will be embedded in our work throughout 2015-17, so the CCG can scrutinise key changes in healthcare for any adverse impacts on local protected groups (both patients and staff). The CCG understand that EIAs supports them to consider protected groups in all of its planning and decision making processes, as required by the Equality Act 2010. The CCG undertake more detailed work to promote the use of EIAs for commissioned services, supported by relevant Health Impact Assessments and Health Equity Audits.

Equality Strategy and Equality Objectives

The CCG has a strategy and equality objectives for 2013 – 2017, due for a full review by October 2017. Equality and Diversity is central to commissioning plans, where everyone has the opportunity to fulfill their potential. The CCG strongly believes Equality is about creating a fairer society and Diversity is about recognising and valuing difference in its broadest sense. This strategy covers the relationships with service users, staff, and with other stakeholders. It builds upon the strong foundation for equality, diversity and human rights in the constitution and governance arrangements and it is key to how the CCG make decisions and how a contribution to strategic planning with partners is made. It sets out how the CCG will ensure equality considerations and valuing difference so that it becomes a systematic part of thinking, tone and approach. Our approach to equality and diversity will directly influence the relationships and transactions with individuals, groups and local communities; the way in which the CCG collects, analyses and interprets information and evidence; the collaborative arrangements with provider organisations; and finally the discipline adopted to reflect and consider if the CCG truly understand the consequences of their actions from the different perspectives of Wolverhampton people. This will apply particularly to those who are disadvantaged, vulnerable because of social determinants of ill-health. The current Equality objectives can be found on page 3 of this document. The equality objectives will not be 'static' for four years. They will evolve to stretch the ambition and achievements of the CCG.

Procurement

NHS Wolverhampton Clinical Commissioning Group (CCG) procures services from a range of providers. Contracts vary from small one-off purchases to large works or service contracts. When procuring services we ensure fair opportunity, competition and value for money. The form of procurement we use varies depending on the nature of the product or service being procured but can include Any Qualified Provider (AQP) competitive and non-competitive tendering. We follow public procurement regulations and guidelines when determining the form of procurement and approach. The regulations mean the CCG cannot favour providers simply because they are already in contract with us, an NHS organisation, located in our area, or employing local people. The CCG operate procurements in a fair and transparent way in accordance with the Principles and Rules of Co-operation and Competition published by the Department of Health. In line with the requirements set out in the Statutory Guidance for CCGs on managing conflicts of interest in CCGs published in July 2016 by NHS England, the CCG maintain a register of procurement decisions taken, which includes:

- the details of the decision;
- who was involved in making the decision;
- a summary of how any conflicts of interest in relation to the decision have been managed;

This enables the CCG to demonstrate that it is acting fairly and transparently and in the best interest of patients across Wolverhampton

Grading criteria

Essentially, there is just 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 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
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

Grading

Goal 1: Better health outcomes				
	Undeveloped	**Developing**	**Achieving**	**Excelling**
Grading	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Goal 2: Improved patient access and experience				
	Undeveloped	**Developing**	**Achieving**	**Excelling**
Grading	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Goal 3: A representative and supported workforce 3.1 : Fair NHS recruitment and selection processes lead to a more representative workforce at all levels				
	Undeveloped	**Developing**	**Achieving**	**Excelling**
Grading	Staff members from all protected groups fare poorly compared with their numbers in the local population and/or the overall workforce OR evidence is not available	Staff members from only some protected groups fare well compared their numbers in the local population and/or the overall workforce	People from most protected groups fare well compared their numbers in the local population and/or the overall workforce	People from all protected groups fare as well compared their numbers in the local population and/ or the overall workforce
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfill their legal obligations			
	Equal pay audits show that staff members from all protected groups fare poorly compared with the overall workforce OR equal pay audits are not carried out	Equal pay audits show that staff members from only some protected groups fare as well as the overall workforce	Equal pay audits show that staff members from most protected groups fare as well as the overall workforce	Equal pay audits show that staff members from all protected groups fare as well as the overall workforce
	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**			
	Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available	Staff members from only some protected groups fare as well as the overall workforce	Staff members from most protected groups fare as well as the overall workforce	Staff members from all protected groups fare as well as the overall workforce

Goal 4: Inclusive leadership 4.1: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations				
	Undeveloped	**Developing**	**Achieving**	**Excelling**
Grading	There are no examples of a strong and sustained commitment	Only some of the examples show a strong and sustained commitment	Many of the examples show a strong and sustained commitment	All of the examples show a strong and sustained commitment
	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			
	None of the papers took account of equality-related risks and their management	Only some of the papers took account of equality-related risks and their management	Many of the papers took account of equality-related risks and their management	All of the papers took account of equality-related risks and their management
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination			
	Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available	Staff members from only some protected groups fare as well as the overall workforce	Staff members from most protected groups fare as well as the overall workforce	Staff members from all protected groups fare as well as the overall workforce

As part of the management signing off process an assessment will be made for each outcome, according the grading information above. As *EDS2* is not a self-assessment tool and performance should be assessed and graded by NHS organisations in discussion with local people and the workforce, that would part of the process would follow on from publication. The use of independent third parties to help with the assessment and grading is encouraged. Some NHS organisations have usefully turned to neighbouring NHS organisations for peer review. But other third parties such as local Healthwatch organisations and national bodies such as Stonewall and the Black and Minority Ethnic Health and Social Care network can also be used.

Equality Delivery System 2 (EDS2) Evidence Portfolio

1. Better health outcomes

The NHS should achieve improvements in patient health, patient safety and public health for all, based on comprehensive evidence of needs and results

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 objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	Wolverhampton CCG aims to provide more personalised care, closer to people's homes. To achieve this, the CCG has set out an ambitious five year strategy to modernise care and look at different ways to deliver services for less. It might take two, three or even five years to bring about this change. Unfortunately, Wolverhampton faces a more immediate problem. Our expected spend is increasing quicker than the money we are due to receive. While we should balance the books this year, next year will be very tough and we need to act now in order to continue commissioning safe, high quality care. In November, the CCG set up a group to look at our entire portfolio of services to ensure they deliver the best possible care and value for patients. The group, including members of the CCG's senior team, GPs, lay members and patient representatives, looks at modern models and pathways of care and will make recommendations where it feels care can be delivered differently. The CCG's **Commissioning Intentions** demonstrates how the CCG will commission, procure, design and deliver services to meet the health needs of the population it serves. It shapes the strategic direction for 2016/17 and 2017/18. The 'You said we did' demonstrates how the CCG involve and listen to the community - https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did	Services that deliver the best possible care and value for patients, that is personalised and within the community closer to patient's homes. To ensure the views of the population it serves is taken into account the CCG undertake very comprehensive engagement initiatives. Because of how the engagement is carried out specific views are taken into account and provide focus for key actions. By adopting a more integrated approach it is aimed to prevent people having unnecessary stays in hospital We are working with all providers to strengthen the service user and carers' voice across service re-design and delivery including evaluation of initiatives across the life span to develop self-efficacy and quality of life.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	Commissioning decisions and activity are informed by patient and public insight, experience and involvement in order to reduce health inequality and to drive improvement. The CCG's *Communications and Engagement strategy* is available to all staff and is used to inform commissioning work. For primary care specifically, public and patient insight is sought and used through the work of an operational group to support both the work of the *Joint Commissioning Committee* and to support the CCG's broader role in supporting quality improvement in Primary Care. This work is underpinned by patient feedback (range of sources i.e. surveys, expert patients, PPGs, complaints, compliments, engagement events) that is used to drive improvement. The CCG's approach is based on proactive engagement on a routine basis rather than as an afterthought. At present, more work needs to be done to link this work to Health inequalities and this will continue as the CCG moves towards delegated commissioning. a) The Governing Body receive a report on patient insight activity each meeting and all reports include details of patient and public involvement. Specific reports relating to individual pieces of work are presented as and when they take place. b) Patient and Public insight has been used to develop our Primary Care Strategy and is reported through our formal processes including the *Joint Assurance and Engagement Group* and *PPG Chairs meetings*, *Patient Partners forums* and *quality review work*. We are seeking to move to greater involvement for patients in our operational work through the development of a *Patient Reviewers programme* who will support our work monitoring quality. c) The CCG works closely with Public Health to develop an overall understanding of population needs and health inequalities via the JSNA. This includes evaluation of Patient and public insight but not necessarily in a structured way. d) Specific work has taken place to understand access to Primary Care through a structured survey. This formed part of the wider engagement work on the Primary Care Strategy which focusses heavily on population need i.e. health information, feedback from the community & practice understanding of need resulting in care closer to home, in the right place at the right time. e) The CCG works closely with Primary Care to develop mechanisms to gather patient feedback. In particular, the CCG supports the collection of data through the Friends and Family Test and is working closely with New Models of Primary Care delivery to ensure patient needs are at the heart of services. The CCG supports the development and effective operation of Patient and Participation Groups across Primary Care and has encouraged their involvement in the	Commissioners understand their organisation's strategic approach and therefore how and why the use of patient and public insight, experience and involvement reduces health inequality and drives improvement. Commissioners seek and gather patient and public insight and experience data in order to inform their commissioning decisions, activity and evaluation. Commissioners use patient and public insight, experience and involvement to identify and fully understand all health inequalities and inequities. Commissioners use patient and public insight, experience and involvement to inform the development of possible solutions, decisions and activity, in order to reduce health inequality and drive improvement.	

			development of new services. Further work will be undertaken to understand and evaluate how effectively this is operating.		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	The CCG's **Commissioning Committee (CC)** was established by the Governing Body support them to discharge their respective responsibilities when commissioning services, according to NHS Wolverhampton Clinical Commissioning group constitution paragraph 6.4.1/6.4.2. https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf The CC is accountable to the governing body and its remit is to provide the governing body, Director of Strategy and Solutions and Executive Nurse with support in meeting the duties and responsibilities of the group as a commissioner of healthcare services, specifically: • acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to the NHS Commissioning Board, for which the CC will develop a Commissioning Policy(constitution 5.1.2(a)); • securing continuous improvement in the quality of services (constitution 5.2.4); • coordinating the work of the group as appropriate with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authorities, patients and their carers, the voluntary sector and others to develop robust commissioning plans (Prime Financial Policies 14.1);	A consistent way to deliver commissioning duties by developing and delivering annual work programmes giving appropriate focus to the following: • develop the commissioning strategy, commissioning plans and annual commissioning intentions, (https://wolverhamptonccg.nhs.uk/about-us/the-governing-body/board-papers/2014-1/november-1/1000-k-agenda-item-10c-gb-report-commissioning-intentions-register-2015-16-11-november-2014-1/file • anticipating and adapting as required for national and international policy, the group's safeguarding and other statutory responsibilities, local and national requirements and patient expectations; • oversee the annual contracting processes and any other programmes of healthcare service procurement; • review of commissioning policies; • develop service specifications for the commissioning of healthcare services; • consider service and system reviews and develop appropriate strategies across the health and social care economy to address any identified issues; • review progress against commissioning strategies and plans to ensure achievement of objectives within agreed timescales; • make recommendations as necessary to the governing body on the remedial actions to be taken with regard to key risks and issues associated with the commissioning portfolio;	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	The CCG's **Operation plan 2015 – 2017** represents the second and third year of delivering on the Five Year Strategic Plan for Wolverhampton. The intent and strategic direction remains the same, though there are many new elements that shape our local landscape and the national picture. https://wolverhamptonccg.nhs.uk/publications/operating-plan-1/1310-operating-plan-2015-2017-1/file A key part of the Operating plan is the Participation framework. Sitting at the top of the framework is Joint Engagement Assurance Group (JEAG), which includes multi-agency representation from stakeholders including patient groups, providers, public health, local authority, Healthwatch and strategy team. Its mission is to ensure the CCG is an accountable care organisation that delivers meaningful participation in commissioning. There are quarterly meetings with a diverse range of representative groups – including residents, patients participation groups, community groups, clinical/health professionals and Healthwatch and will report throughout the commissioning cycle to demonstrate the value of the CCG's participation work. There is also close working the city's Equality and Diversity Forum to reach the seldom heard.	Support the maintenance of the quality of care whilst working within the financially challenged health and care economy. To support the delivery of priorities, and strategic objectives. Deliver on the Participation framework (Page 7 of the plan).	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	The CCG's **Equality and Diversity Strategy 2013 – 2017,** is inclusive of the equality objectives. The strategy sets out the CCG's commitment, vision and approach to integrating equality and meeting all legal requirements. https://wolverhamptonccg.nhs.uk/images/docs/Wolverhampton-CCG-Equality-Strategy-11_10_20131.pdf	Better outcomes for the all the communities of Wolverhampton specifically those that belong to a protected characteristic.	

Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	**Equality Analysis** is an integral part of the commissioning process from the earliest point. Public services are required to **analyse the impact on equality** when exercising its functions. The equality analysis is important in order to consider the effect on different groups when decisions are made and identify practical steps to tackle any negative impact. The analysis helps public services to pay **'due regard'** to the need to: • Eliminate discrimination, harassment and victimisation • Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it • Foster good relations between persons who share a relevant characteristic and those who do not share it Equality triggers have been embedded into the project process from the scoping stage. The strategic process inclusive of equality is well documented and shared with all relevant staff. ***Link here for evidence/or evidence library*** An operational process map is being documented for approval as this part of the process isn't clearly understood by all. ***Link here for evidence/or evidence library*** There has been refresher training for relevant staff and a coaching approach was used in an effort to develop an understanding of; • Why Equality Impact and Risk Analysis are important • Better understanding • Responsibilities ***Link for evidence here – presentation/Handouts/or evidence library***	Equality and Inclusion is an integral and embedded part of the Equality Analysis and all staff including staff at senior Management levels knows what they should be doing when commissioning services and discharging its duty. It provides assurances to the CCG that this process/procedure supports meeting their legal and moral obligations as outlined in the Equality Act 2010.	
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	The CCG has articulated the local need for children and young people in their commissioning plan. Although this does not specifically state **Special Educational Needs and/or Disabilities (SEND),** commissioning children and young people's services in a more effective and efficient way will have a positive impact on children and young people with SEND. The JSNA is now final to further aid evidence of SEND need. *Awaiting link from Council.* Based on this information, a number of services are commissioned and routinely reviewed in conjunction with families. Service redesign of some services is planned to ensure that all services continue to meet the needs of the local changing SEND population so that any potential gaps can be identified.	The CCG understand the local SEND population and services are commissioned appropriately to ensure needs are met.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8 Article 14	The CCG commissions **Mental Health Services** in line with statutory guidance, constitutional requirements and national policy and good practice guidance. We have a range of stakeholder engagement forums and a number of governance processes that define our commissioning intentions and plans These are articulated in our operational plan and our Mental Health Strategy We have achieved the following re-commissioning and transformation : • Urgent MENTAL HEALTH care pathway • CAMHS care pathways • IAPT re-design • Learning Disability Community Services • Diagnostic Care pathways for ADHD and Autism	Recognised by NHSE as an outstanding CCG. Lead CCG for Mental Health Work Stream of the BCWB STP.	

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 examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/ achieved?)**	**Impact**	**Grading [Date]**
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	The Joint Strategic Needs Analysis (JSNA) supports the CCG to understand the make-up, health needs and health inequalities of the population its serves. This work stream within Wolverhampton develops two kinds of JSNA Products – JSNA Overview Report and Topic specific JSNAs. The topic specific JSNAs aim to establish the current and future health and social care needs of the local community for that topic. It provides an overview of services currently in place to meet those needs and helps to identify the gaps and actions which partners may need to take to improve the outcomes for that particular topic. An important part of the JSNA process in Wolverhampton is to identify and prioritise topics which are of utmost importance to stakeholders as well as the public to develop the topic-specific JSNAs. We would like to invite you to complete this survey to help us understand which topics are important to you.		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**You said we did** - Demonstrates what the CCG have done following engagement or consultation work. Listening and acting upon the feedback that patients and the public have taken time and effort to share is very important to the CCG. Wolverhampton CCG want to show how the CCG's decision-making has been enhanced by talking and listening to local people. https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did - Also linked to outcome 1.1	Real need is being addressed Increased patient involvement Individual needs are being met	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**Commissioning decisions** and activity are informed by patient and public insight, experience and involvement in order to reduce health inequality and to drive improvement. The CCG Monitors Secondary Care Providers in line with national contract obligations and their work to gather and use patient insight and this is regularly discussed through Quality Review Meetings and reported to the Governing Body via Quality and Safety Committee. Patient engagement in secondary care settings i.e. acute and mental health is improving and where possible joint working between the CCG and providers is encouraged. Significant issues are escalated as appropriate, but more work is required to explicitly link to health inequalities. There are linkages to Quality Review meetings and contracting mechanisms. Further work is required to link this to health inequalities specifically.	Commissioners require Provider Organisations to agree, understand and promote a strategic approach to using patient and public insight, experience and involvement to reduce health inequality and to drive improvement. Commissioners require Provider Organisations to use patient and public insight, experience and involvement to inform decisions, actions and evaluation throughout the Provider Organisation in order to reduce health inequality and to drive improvement. Commissioners require Provider Organisations to continually improve how they use patient and public insight, experience and involvement to reduce health inequality and to drive improvement.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**Patient Choice** allowances all patients regardless of background to choose where they have their NHS treatment? The NHS is offering more and more options to enable you to make choices that best suit your circumstances, giving you greater control of your care and hopefully better results. View what choices are currently available to NHS patients in the NHS Choice Framework on GOV.UK. Here information can also be found about when a patient can't choose, for example, if there is a need for emergency care or if you are a member of the armed forces. https://wolverhamptonccg.nhs.uk/your-health-services/patient-choice	Increased patient involvement	
Age Disability Gender Re-assignment Marriage & Civil Partnership	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8	The intermediate care team deliver the National Framework for **NHS Continuous Health Care (CHC)**. This is an end to end service, including a single point of referral, assessments, reviews and commissioning of care to meet identified needs. We collect the equality data as part of the assessment process. Patient's and, if they wish their families/carers, are fully involved in the process and are given choices as to how the care is delivered; including the option of a		

Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 5	Article 9 Article 10 Article 14	personal health budget to support their needs. We have a Care Home Framework within the city; which is a quality based NHS Contract that care homes could apply to join. Opportunities to join this will be provided on at least an annual basis via an AQP procurement exercise https://wolverhamptonccg.nhs.uk/your-health-services/2015-02-06-12-51-53/file		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**The Learning Disability Assessment and Treatment Service - Pond Lane** - is a hospital for adults with learning disabilities who are registered with a Wolverhampton GP and who need to go into hospital because of a mental health problem or a behaviour that is labelled as challenging. People are supported with their mental health problems by the specially trained team of staff – including nurses, psychiatrists, occupational therapists and psychologists. People stay at Pond Lane for a short time, and go home as soon as they are well enough. Things need to change because the Pond Lane site is isolated from the Trust's and other services for people with learning disabilities. This raises environmental, clinical and staffing concerns which have an impact on the delivery of the service to this very vulnerable group. The CCG in partnership with Black Country Partnership Foundation Trust (BCPFT) feel that a clinically safer and more viable service could be provided at BCPFT's other Learning Disability Inpatient services in Dudley, Walsall and Sandwell. All of these services are less isolated and provide a full Assessment and Treatment Service. They are all accessible by public transport. https://wolverhamptonccg.nhs.uk/images/NHS_Arden_8pp_Document_web.pdf https://wolverhamptonccg.nhs.uk/images/easy_read_consultation_lo_res__v5a.pages.pdf *A link to Consultation outcome* *A link to equality analysis*	Clinical safety will be improved through the provision of more robust clinical cover arrangements, particularly at night and at weekends and by nature of being on a larger site Single-sex accommodation will be able to be delivered as Black Country Plans with the Trust seek to have inpatient provision concentrated on only three sites Clinical effectiveness will be improved through delivering inpatient services over few sites, with more expertise focused onto three wards Patient experience will be improved due to the delivery of a safer, more clinically effective model of care Enhanced assurances around safeguarding Enhanced compliance with: • Winterbourne Concordat 2010 • The National Plan - Building the Right Support 2015 • Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition Service model for commissioners of health and social care services 2015 • NICE Guideline: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges • NICE Learning disabilities: challenging behaviour Quality standard • NICE Guideline: Mental health problems in people with learning disabilities: prevention, assessment and management 2016 • Equality Act 2010	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	Wolverhampton WCCG commissions (buys) **Musculoskeletal (MSK) services** on behalf of the population of Wolverhampton. MSK services diagnose, treat and care for conditions or injuries that affect muscles, tendons, ligaments, bones, joints and associated tissues for example arthritis, back pain, and osteoporosis. Such services can include treatment by a physiotherapist, rheumatologist or orthopaedic surgeon. Following a review in 2014/15 of the local MSK services, the CCG agreed to procure a Community Integrated MSK Service. The aim being for the service to provide a more streamlined, efficient, high quality service for patients, in a local community setting, also providing value for money for CCG. https://wolverhamptonccg.nhs.uk/images/docs/MSK_consultation_evaluation_report_FINAL.pdf *A link to equality analysis*	Provide a more streamlined, efficient, high quality service for patients, in a local community setting Provide a value for money service Patients managed within one integrated service with access to appropriate specialists/diagnostics and interventions Patients will receive education and advice on self-management where appropriate • Services closer to home, in the community, reducing the need to travel • Reduced visits to secondary care • Quicker access to diagnostics and treatments • Holistic approach/MDT approach to care management/treatment plans • Streamlined patient journey with easy access back into the service once discharged • Need for GP referral into different specialties' reduced resulting in a speedier patient journey	

				• Health economy – greater community provision and increased education/awareness • Future providers/staff – new opportunities, improved ways of working.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**Communications and Engagement Strategy** for the CCG, sets out the strategic vision. It builds on the legacy of strong communications and engagement which already exists and outlines the ambitions for patients, members and other stakeholders to work in partnership with the CCG to deliver improved health outcomes for the population of the CCG. Wolverhampton CCG is a diverse city with many residents who face complex and challenging health needs. The CCG would like to ensure all residents have a voice in local health services. The CCG have already made excellent links to many patients and community groups across the city and are very much committed to seeking the views of those groups who may not have been heard in the past. Page 10 of the document clearly identifies equality as a key driver for engagement. https://wolverhamptonccg.nhs.uk/publications/corporate-policies-1/493-communications-and-engagement-strategy-1/file	All residents have a voice	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	The **Interpreting Services** provide an interpreting service to be used by GP practices and Dentists within Wolverhampton CCG. **Linked to 2.1 and 2.2**	Procure a high quality service that meets the needs and requirements of Wolverhampton. Improved access and experience	
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	Children and young people with **SEND** are identified through the Education, Health and Care (EHC) Process and their health needs assessed and monitored via this process http://wolvesiass.org/wp-content/uploads/2016/02/Education-Care-Health-Plans-New-Editon.pdf The Designated Medical Officer is a Medical Director and works at the acute trust and is therefore able to communicate well with providers. Part of the DMO role is to co-ordinate the health advice for the EHC plans from both the acute trust and the CAMHS trust and to ensure advice is returned in a timely manner. The EHC plans will also specify other health needs which are not related to a child or young person's Special Educational Need. The CCG has formal oversight of all EHC plans requiring health input and therefore is involved in the moderation and review of these. Any issues in relation to the effectiveness of services are raised with relevant managers of services. Regular attendance at the EHC funding panels where wider demands are recognised and addressed enables us to see whether health needs are assessed and met in appropriate and effective ways particularly when taking the needs of the post 16 cohort into account. A specific focus group to review the Children's Continuing Care process will be developed.	Children and young people with SEND are assessed in a timely way to meet their needs.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**Mental Health -** The intermediate care team deliver the National Framework for NHS CHC. This is an end to end service, including a single point of referral, assessments, reviews and commissioning of care to meet identified needs. We collect the equality data as part of the assessment process. Patient's and, if they wish their families/carers, are fully involved in the process and are given choices as to how the care is delivered; including the option of a personal health budget to support their needs. We have a Care Home Framework within the city; which is a quality based NHS Contract that care homes could apply to join. Opportunities to join this will be provided on at least an annual basis via an AQP procurement exercise	Recognised by NHSE as an area of good practice. No complaints regards the service delivered Eligibility decisions upheld at NHSE independent review panels Monthly completion of quality dashboards and monitoring. Quarterly quality/contract review meetings 294 Nursing Home beds currently within the Framework in city	

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 examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/ achieved?)**	**Impact**	**Grading [Date]**
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 14	**Seamless care for patients – A new Strategy**, will explain how primary care will change and be delivered over the next few years. It will describe how more services will be delivered locally, meaning more opportunities for GPs and specialist nurses offering specialist care in the community; as well as increasing job satisfaction it will help to attract the necessary health care staff to Wolverhampton that will be needed to provide this service. It will also mean patients will gain more support in their own community and homes with less hospital visits. https://wolverhamptonccg.nhs.uk/news/blogs/221-seamless-care-for-patients-thanks-to-new-strategy	Integrated care	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 14	**Urgent and Emergency Care Services** - In summary, the plans describe how the many urgent and emergency care services will be brought together into a new purpose-built centre, based at New Cross Hospital which will be open all day, every day. This was successfully completed and opened in November 2015. The new Urgent and Emergency Care Centre building accommodates a number of services, including the new Emergency Department which was the first element of the urgent emergency care services. The second main element of the plans was the development of an Urgent Care Centre. The Walk in Centre at Showell Park and the GP Out of Hours Service came together to form the Urgent Care Centre based in the new Urgent and Emergency Centre on the first floor above the new Emergency Department in April 2016. This means that any patients who self-present to the Emergency Department will have the opportunity to speak to a nurse to determine if their care can be managed more appropriately in the Urgent Care Centre. https://wolverhamptonccg.nhs.uk/your-health-services/improving-urgent-care https://wolverhamptonccg.nhs.uk/news/193-improving-urgent-care	By centralising services in this way, we can help patients to access the right service at the right time. The new Urgent Care Centre will form part of the new Urgent and Emergency Care Centre currently being built at New Cross Hospital. Typically, it will provide treatment of minor injuries and illnesses for patients that do not require Accident and Emergency, but cannot wait until the next available appointment with their registered GP. The service will be provided to patients of all ages and cover conditions such as: • minor burns and bites • fever and raised temperatures • sickness and vomiting • irritation and rashes • breathing difficulties • cuts and scrapes A better use of resources.	
			Pond Lane - Linked to 1.2		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 14	**Referrals, choose and book, advice & guidance -** Development of Patient Choice Communications and Engagement campaign *Links to Patient Choice – Communication and Engagement Plan* *Link to Patient Choice banner* Presentation to PPG & Citizens Forum July 2016 https://wolverhamptonccg.nhs.uk/your-health-services/patient-choice CCG commissioned 13 A&G specialties with local provider RWT. These are available for GP's to use via e-RS (previously Choose and Book). e-RS has reporting functionality available to enable usage measurements **Linked to 1.2**	Public becoming more informed of NHS Constitutional right of Choice for 1st consultant led outpatient appointments GP's have better understanding of condition and therefore patients are referred more appropriately	
			Communications and Engagement Strategy – linked 1.2		

Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 14	**The Children in Care Council (CiCC)** 1. Statutory health assessments for all of our Looked After Children (LAC) should gather their views and feelings. Each assessment is quality assured against a national screening tool that requires the voice of the child to be captured. 2. Joint CCG and local authority quality assurance visits to placements where an issue has been identified. This would involve audit of documentation and wherever possible direct liaison with the child 3. LAC training delivered buy the Named Nurse for LAC (RWT) includes the importance of obtaining the voice of the child. 4. The Children in Care Council (CiCC) is a group of Looked after Children and Young People who help to shape the care system. The group is made up of young people aged 11 to 18 years old who meet at least once a month. 5. All reports that are presented to the Corporate Parenting Board are sent to the CiCC beforehand for their information and comments, ensuring they are aware of any issues that may impact or affect them in any way. Please see www.wolverhamptonlac.co.uk for further information. 6. Internal and external case files audits for commissioned services. 7. Mind of My Own (MOMO) is a multi-platform app that modernises the processes and systems used to involve children and young people in their care and protection. Please see http://www.mindofmyown.org.uk/ for further information. Currently this is used by social workers but it is hoped that in the near future this app may be available for children to use during statutory health assessments.	That Children Feel Listened To 1. Children and young people shaping the way health professionals and services work with them. 2. Children and young people are kept informed of issues being addressed, and are able to express their views. 3. That all professionals put the child at the centre of any decisions made throughout their journey through care. 4. Children are involved with policy changes, delivering training, interviewing new members of staff and getting the voices of Children and Young People heard. 5. All agencies, including the CCG have a good insight into the feelings of children ensuring they are aware and involved in key decisions made. 6. Assurance that the voice of the child is being captured. Identifying gaps and improving practise. 7. Enables young people to create a structured statement of their views in relation to events and situations they encounter while in care or receiving support from social care services.	
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	A pathway for obtaining health advice for young people aged 19-25 who have **SEND** is currently being developed with funding identified for GP advice along with a training session to ensure the advice provided is appropriate and meets the needs of the SEND agenda. An associated Business Case will also be developed for CCG consideration as to how this can be addressed if appropriate. A paper is currently being developed seeking commitment to assurance that we currently commission the breadth of health services identified in EHCPs of young people 19-25 years.	Children and young people with SEND will transition well between services by ensuring that the process is started within appropriate timescales and services are prepared for individuals.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 14	**Mental Health -** We work jointly with our LA colleagues to ensure that if a person no longer meets eligibility for CHC the transfer of responsibility is undertaken in a structured way; following the correct processes We have also introduced a transition programme for young people with complex care needs who may be eligible once they reach 18 for adult CHC We commissioned Changing Young Lives to co-produce improved pathways for young people moving into adult services	Defined process and procedures to manage transfers No individual is left without care whilst this is completed Improved planning for young people with complex health needs and timely consideration regards future needs and provision	

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 ensure patients are free from mistakes/mistreatment/abuse? Please give examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/ achieved?)**	**Impact**	**Grading [Date]**
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8	**Adult Safeguarding –** The CCG believes that living a life that is free from harm and abuse is a fundamental right of every person. It acknowledges its statutory responsibility to promote the welfare of children and young people and to protect adults from abuse and risk of harm. WCCG aims to commission services that promotes and protects individual human rights and which effectively safeguarded against abuse, neglect, discrimination or poor treatment. WCCG recognises that safeguarding adults and children is a shared responsibility and ensures appropriate arrangements are in place to co-operate with the local authority in the operation of the safeguarding boards. WCCG recognises and supports the need for robust and proportionate information sharing arrangements between health professionals and partner agencies to ensure the safety and wellbeing of children, young people and adults and in the interests of public safety. The CCG is currently developing a joint children and adults commissioning policy. https://wolverhamptonccg.nhs.uk/your-health-services/safeguarding https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/562-adult-safeguarding-policy-1/file	Protections for all service users	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8	**Children's Safeguarding –** The CCG believes that living a life that is free from harm and abuse is a fundamental right of every person. It acknowledges its statutory responsibility to promote the welfare of children and young people and to protect adults from abuse and risk of harm. WCCG aims to commission services that promotes and protects individual human rights and which effectively safeguarded against abuse, neglect, discrimination or poor treatment. WCCG recognises that safeguarding adults and children is a shared responsibility and ensures appropriate arrangements are in place to co-operate with the local authority in the operation of the safeguarding boards. WCCG recognises and supports the need for robust and proportionate information sharing arrangements between health professionals and partner agencies to ensure the safety and wellbeing of children, young people and adults and in the interests of public safety. The CCG is currently developing a joint children's and adults commissioning policy. https://wolverhamptonccg.nhs.uk/your-health-services/safeguarding https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/562-adult-safeguarding-policy-1/file	Protection for all service users	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 8 Objective 9	Article 2 Article 3 Article 5 Article 8	**Clinical Quality Review Meeting (CQRM) -** Wolverhampton CCG is the host commissioner of services delivered by various providers. As far as possible the Clinical Quality Review Meeting will be used by commissioners for clinical quality discussions with provider representatives in an attempt to minimise replication and burden to the provider as there are can be multiple commissioners. Representation will be required from both commissioning organisations and the contracted provider with a responsibility for reviewing the overall quality and performance of the commissioned service(s) to ensure patient care is delivered safely and focused on providing a positive experience for patients. Example terms of reference	Quality of service assurance Compliance with required standards, constitutions and legislation.	
			Pond Lane linked to 1.2 & 1.3		
Age Disability Race Religion or belief Sex	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9	Healthwatch are a member of the Health **SEND** work streams and invited to all meetings. Healthwatch have also arranged meetings with the Children's Commissioner and relevant service leads concerns have been raised. Quality Assurance visits are carried out. All providers are expected to clearly set out their Complaints management process and have Whistleblowing and		

Sexual Orientation		Article 10 Article 14	Safeguarding procedures in place. All providers are expected to follow safe recruitment processes.		

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 examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/ achieved?)**	**Impact**	**Grading [Date]**
Not completed by CCGs as this is a Public Health function					

2. Improved patient access and experience					
The NHS should improve accessibility and information, delivering the right services that are targeted, useful and useable in order to improve patient 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 examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/ achieved?)**	**Impact**	**Grading [Date]**
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 10 Article 14	**Patient Participation Group (PPG)** – ensures that the CCG listen to and engage with patients in the City, providing some assurance that the patient voice is included in all the work of the CCG and the patient viewpoint can be expressed at the Governing Body meetings. In order to do this we have an engagement framework to reach as many patient groups as possible. There are quarterly forums for PPG Chairs to meet and network - this is a good way for issues to be heard, not only about GP surgeries but other services too. Usually the practice manager starts the PPG by recruiting a variety of patients and holding a meeting to decide what direction the patients wish to take the group. A patient is usually elected chair and patients decide the agenda and eventually have ownership of the group. It's so important for patients, carers and public to be able to express their views on the health services available to them; even good quality services can be improved upon. These PPGs give vulnerable patients another voice – they can complete the PPG survey or contact the Chair directly and the issue is taken up by the group with the practice management or passed on to the relevant people. https://wolverhamptonccg.nhs.uk/news/blogs/190-blogs2	Patient voice	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 10 Article 14	The Quality Nurse Advisors role is to provide assurance to the CCG that the care delivered in **Care Homes** is safe, high quality, effective and responsive to the needs of the individual. The Quality Nurse Advisors assess care delivery by carrying out quality monitoring visits and analysing data received from care homes on the national safety thermometer and the monthly quality indicator submissions. The CCG developed best practice guideline that were based on need for example; poor record keeping and pressure injuries. The CCG has won an award for a tool to risk assesses and audit pressure injury.	Safeguarding Assurance of quality and safety	
			The **Interpreting Services linked to 1.2**		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 10 Article 14	**The Accessible Information Standard**, SCCI1605, which is mandatory from 1st April 2016, is the first part of a formal process to develop, assure and publish 'information standards' overseen by the Health and Social Care Information Centre (HSCIC). It directs and defines a consistent approach to identifying and meeting the information and communication support needs of patients, service users and carers where those needs relate to a disability, impairment or sensory loss. This includes (but is not limited to) people who are blind, Deaf, deaf-blind and /or who have a learning disability, aphasia, autism or a mental health condition which affects their ability to communicate. It provides some evidence that organisations have “due regard” for the needs of people from protected characteristic groups, promoting fairer access to services as is specified by the Public Sector Equality Duty (PSED), and can form part of the application and implementation of EDS2 (Equality Delivery System 2). The CCG has a legal and moral responsibility under the Equality Act 2010 to provide any of its documents, leaflets, electronic resources etc., in an alternative format if requested. Currently the CCG try to ensure all materials are written in ‘plain English’, but there is more that can be done to ensure the CCG approach is equitable and our materials are accessible to all. In June 2015 the Standardisation Committee for Care Information (SCCI) approved a new ‘accessible information standard’ (SCCI1605 Accessible Information). All organisations that provide NHS or adult social care must follow the	The CCG approach is equitable and materials are accessible to all. Legally compliant	

			accessible information standard by law (under Section 250 of the Health and Social Care Act 2012). Organisations must follow the standard in full by 31 July 2016, and there are some things to do before then; the changes apply both to materials produced by the CCG, but also GP practices, so the CCG will need to support them to ensure they are compliant with the new standards. The changes also have major implications for provider organisations and we will have a responsibility to ensure they are meeting the standard in the materials they produce for patients. The CCG issued briefings CCG staff and providers		
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	The **SEND** Local Offer provides information in a single place for children and young people with special educational needs (SEND) and their parents or carers http://www.wolverhampton.gov.uk/send/health Parents/carers are able to comment on the Local Offer in a 'You Said, We Did' format with the responses published to ensure that the site is continuously improving. Parents were proactively engaged in the initial designing of health pages for the Local Offer and ensuring that it is useful, useable and meets their needs. They continue to be involved when issues are raised via the Local Offer to comment on the responses to ensure that they are parent friendly. Routine Contract Review meetings to address any issues. Parents are actively involved in the Health Work-stream and as a result are able to discuss with commissioners and service leads any issues that has been reported to them regarding the services commissioned by the CCG.	Wolverhampton's work on the health component of the Local Offer has received national recognition in the Contact A Family good practice guide for parent participation. Families should be able to navigate the site so that all information in relation to SEND is accessible, up to date, comprehensive and transparent.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 10 Article 14	**Mental Health -** Discharge to Assess Programme is being developed to improve patient transfers when they no longer require acute care but are unable to return to their usual residence without support or require a period of care within a bed based provision (intermediate Care) This is a collaborative programme of work with the CCG, LA and acute trust that will ensure a system wide approach to the changes required.	This will minimise delayed transfers of care and individuals no longer requiring acute care will receive a period of assessment and support in the most appropriate setting to maximise their potential and minimise their long term care needs	

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 examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/ achieved?)**	**Impact**	**Grading [Date]**
			The Interpreting Services linked to 1.2 and 2.1		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 10 Article 14	**End of Life Cancer – "**Helping residents live well until they die, and die well where they choose" The aim of this strategy is to detail Wolverhampton's integrated approach to the design and delivery of a person centred, integrated, end to end, End of Life care service. The CCG believes this strategy will deliver a flexible, responsive, quality service to those approaching the end of their lives. It will provide reassurance that services will be wrapped around the patient at this difficult time and will facilitate person centred care encompassing the following elements: • Early identification of the dying person to ensure patients are receiving appropriate care • Advance care planning to facilitate the persons needs and wishes • Coordinated care to ensure people don't fall through gaps • Optimum symptom control based on clinical need • Choice to support preferred place of care and death • Workforce fit for purpose Future planning will see the beginnings of conversations with different ethnic groups. https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/1496-wolverhampton-integrated-end-of-life-care-strategy/file https://wolverhamptonccg.nhs.uk/news/288-health-and-social-care-set-to-work-together-to-deliver-improved-end-of-life-care-for-wolverhampton-patients https://wolverhamptonccg.nhs.uk/images/end_of_life_newsletter_patients_pub2.pdf Patients satisfaction survey - www.ncpes.co.uk	Integrated approach to a person centred, end to end and End of Life care service.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 10 Article 14	**Cancer Strategy 5 Year Plan –** There are 6 priorities 1. Prevention and Public Health 2. Earlier diagnosis 3. Patient experience 4. Living with and beyond cancer 5. Delivering a high quality service 6. Overall commissioning and provision and accountability https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/1496-wolverhampton-integrated-end-of-life-care-strategy/file		
			Patient and Public Partnership (PPG) – linked to 2.1		
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**SEND** - A key feature of the Education & Health Care process is that families should be at the centre of decisions made about their child's care. The extent to which families wish to exercise choice and control around their child's health needs varies and the CCG is currently considering its offer around personal health budgets. The Young People's Forum has been involved in working with other peers to engage with the market to ensure more personalised packages of care. Young people have also been involved in the interviewing of new members of staff as part of a children's Panel.	Families will feel part of the decisions regarding their children and empowered to voice their views. Families will take control of the services and support required. That professionals put the child/young person and their family at the centre of any decisions made. All agencies, including the CCG have a good insight into the feelings of children and their	

				families.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 10 Article 14	**Mental Health -** All individuals are encouraged whenever possible to be involved in the decision making as to where and how their care is delivered.	We provide a choice of provision when- ever possible We ensure that for individuals' who have family living out of area that they can chose a care home within their area, once we have established it deliver safe care We offer personal health budgets for all CHC eligible individuals living in the community and are currently working with Arden & Gem CSU to expand our PHB offer	

2.3 People report positive experiences of the NHS

How does the CCG engage and involve people to listen to their views of the NHS? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**Locality Patient Participation Groups (LPPGs)** The purpose of our three LPPGs is to support the overall aims of constituent Patient Participation Groups (PPGs). The groups will work with PPGs and their members to develop best practice for their PPG locally. The group will provide a forum for exchange of information and collaborative working on issues of concern. Priority issues will be taken forward to the Patient and Public Partnership by the locality representatives. All practices will be encouraged to develop PPGs and support will be available from the communications and engagement team, with actions including marketing to support recruitment, sharing information with the broader patient base via social media, etc. Patients will be able to use their experiences to develop and improve their local practice. They will be able to follow the DES format. Members will be encouraged to get involved in the wider Patient and Public Partnership. The PPGs, like Associates will be included in key communication messages. Practice-level feedback of experiences can be shared at the Patient and Public Partnership or in direct meetings with the PPG Chairs. All feedback and information will be collated, reviewed and included in JEAG reports to the Governing Body. This engagement will enable our PPGs to influence commissioning decisions. Joint Engagement Assurance Group (JEAG) sits at the top of our Participation Framework. Its mission is to ensure that the CCG is an accountable care organisation that delivers meaningful participation in commissioning. The JEAG will bring together communications and engagement leads from key partners in order to assess and review the communications and engagement activities taking place. It will ensure that the patient voice is heard in all sectors of the CCG and also report on the systematic adoption of the Engagement Cycle within the CCG's commissioning activities. JEAG Terms of reference		
			Patient Participation Group (PPG) – Linked to 2.1		
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**The Friends and Family Test (FFT)** is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/ http://content.digital.nhs.uk/workforce	Patient feedback obtained and used for service improvements.	
Age Disability Race	Objective 1 Objective 2 Objective 3	Article 2 Article 3 Article 5	The CCG has a mechanism for engagement with children and young people with **SEND** and their families via the SEND Partnership Board where there are parents and young people present to contribute to the shaping and designing of local SEND related policies, strategies and developments.	Numbers of compliments/complaints received.	

Religion or belief Sex Sexual Orientation	Objective 4 Objective 5	Article 8 Article 9 Article 10 Article 14	The parents were actively engaged with health services to co-produce the services pages on the Local Officer and continue to be involved with the responses provided to any queries raised by parents regarding the health services and ensuring that any updates are parent friendly. There are parents participating in the Health work-stream and actively involved in contributing specifically to the shaping of health services to meet the needs of the local population regarding SEND. A Young Persons SEND Board will also be developed to provide challenge where appropriate. There is good links with Parent Carers Forum and Changing Young Lives with regular attendance at meetings. Young people and their families have also been involved in developing transition plans for people with complex health needs and identified providers who were able to deliver services required jointly with the CCG.		
			The Children in Care Council (CiCC) – linked to 1.3		
			Communications and Engagement Strategy – Linked to 1.1		

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 examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	The CCG has a **Complaints Policy**, which can be found here found here – . This policy outlines the process by which complaints will be handled by the clinical commissioning group (CCG) when raised by a user of the service or their representative, or a member of the community who comes into contact with the service by other means or CCG employees. The CCG places high priority upon the handling of complaints and the organisation recognises that suggestions, constructive criticisms and complaints can be valuable aids to improving services and informing service redesign. Feedback from service users and their relatives is welcomed in line with our Public & Patient Engagement Strategy. The policy also has implications for providers of services to the CCG and they also have a duty to have a complaints policy structured in line with national policy. This policy applies to all complaints received by and made against the CCG. Also a Serious Incident policy can be found here. The purpose of this policy is to outline the CCG's governance arrangements for the performance management of serious incidents requiring investigation (SI's) and ensure that patient safety and other reportable incidents are appropriately managed within our commissioned services in order to address the concerns of patients and promote public confidence. The CCG will ensure incidents are investigated properly, that action is taken to improve clinical quality and that lessons are learnt in order to minimise the risk of similar incidents occurring in the future.	Clear understanding of how to complain and who is accountable Thorough investigations.	

Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4 Objective 5	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	**SEND** Feedback is routinely collated via Local Offer. Feedback is routinely collated via EHCP reviews. There is a clear complaints procedure in place for the CCG. All services are required to clearly articulate their complaints procedures. Issues can be addressed immediately via the Commissioner or at the Contract review meetings. Access to arbitration is available if required. The Friends and Family Test is used extensively.	Numbers of compliments/complaints received.	

3. A representative and supported workforce

The NHS should support the diversity of its workforce (whether paid or non-paid) to improve the quality of their working lives, enabling them to better respond to the needs of patients and local communities

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 examples
How is the recruitment and selection process monitored and evaluated? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	All roles are advertised through NHS Jobs and interviewed by panel interview.	Monitored systems and processes in place for fair recruitment	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	The CCG currently has various systems and processes in place for fair recruitment: • CCG Equality data report • Recruitment & Selection Policy • Equal Pay Audit • Job Descriptions, PS, scoring sheets & questions • Management of Change Policy • Induction	Monitored systems and processes in place for fair recruitment	

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 examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	All new or amended job descriptions are evaluated in accordance with Agenda for Change evaluation and job matching processes. This is provided by the CSU to ensure independent objectivity and consistency of application of process. Results of job matching and evaluation are available to staff and their representatives on request.	Monitored systems and processes in place for fair recruitment	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	Demonstration of commitment to equal pay: • Equal Pay Audit • NHS Agenda for Change Terms and Conditions • Starting salary statement • CCG Equality data report	Monitored systems and processes in place for fair recruitment	

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 examples How does the CCG monitor the effectiveness of training through feedback from staff? Please give examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/achieved?)**	**Impact**	**Grading [Date]**
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	The CCG support the development and training needs of staff , and monitors the effectiveness of this using various processes: • E&D training • Mandatory training • Learning & Development Strategy • Team & Organisation development events • Leadership programmes	Monitored systems and processes in place for fair recruitment	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	This is monitored and maintained by the CCG. Retrospective information on Statutory & Mandatory training is held by the CSU on ESR.	Monitored systems and processes in place for fair recruitment	

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 /violence at work? Please give examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/achieved?)**	**Impact**	**Grading [Date]**
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	**Zero Tolerance Scheme – Excluded Patients** The service will be available to patients who have been removed from a General Practice list due to violent, aggressive or behavioural problems and are resident within the boundary of Wolverhampton CCG. **Zero Tolerance Scheme service spec**	A General Medical Services through enhanced arrangements for Zero Tolerance patients.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	The CCG have a suite of policies: • Employee relations data • Harassment & Bullying policy • Staff Forums • Staff Surveys • Whistleblowing policy	Monitored systems and processes in place for fair recruitment	

Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	A new Bullying and Harassment Policy was implemented in April 2016. A case log is maintained by the CSU to ensure consistency of process and information can be available on request.	Monitored systems and processes in place for fair recruitment	

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 examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	The CCG ensure work-life balance is facilitated by; • Policy on flexible working • CCG equality data report • Carers leave; maternity & paternity; adoption policies • Reasonable adjustments	Monitored systems and processes in place for fair recruitment	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	Policies are in place and due for review in November 2017. A case log is maintained by the CSU to ensure consistency of process and information can be available on request.	Monitored systems and processes in place for fair recruitment	

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 examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age Disability Gender Re-assignment Marriage & Civil Partnership	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7	The CCG engage with employees to gain their feedback by: • Staff survey • Exit interviews • Turnover data • Bullying and harassment policy	Monitored systems and processes in place for fair recruitment	

Pregnancy & Maternity Race Religion Sex Sexual Orientation		Article 8 Article 9 Article 10 Article 14			
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	The CCG conducts an annual staff survey, the outcome of the staff survey is presented to Staff Forum and an action plan is put together. Staff Forum is held bi-monthly where representatives from each department come together to discuss any topics related to staff. This forum is also used to approve any changes or HR new policies. Charity raising and health and wellbeing initiatives are also discussed at this forum. Any constructive feedback from departments is also discussed at staff forum. Anonymous comments box in CCG facilities for staff to share any concerns anonymously. Please check with Helen Cook or Lisa Murray for any further information.	Monitored systems and processes in place for fair recruitment	

4 Inclusive leadership

NHS organisations should ensure that equality is everyone's business with everyone taking an active role

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	Leadership of WCCG agreed to, understand and promote their organisation's strategic approach to using patient and public insight, experience and involvement to reduce health inequality and to drive improvement. The CCG demonstrate evidence by; a) *Comprehensive Communications and Participation Strategy* details our approach in this area with the focus on how patient and public insight will drive quality. Future work will build on this to improve linkages to health inequalities Section1 Section 3 Section 4 Section 6 Section 7 b) Our operational arrangements detail that there will be a report on patient and public involvement to each meeting of the Governing Body. In addition, all reports to Governing Body and Committees include details of Patient and Public Insight activity and patient representatives sit on our *Quality and Safety, Commissioning and Primary Care Commissioning committees*. Communications & Engagement representatives attend *Programme Boards* and *Senior Management Team* meetings to ensure patient and public insight is considered throughout the project cycle and at senior levels. Key messages from patient and public insight are disseminated to all staff via staff meetings. The CSU *Communications and Engagement* lead is embedded in the Operations team and meets with the directorate management team weekly to provide updates on patient and public involvement. Regular operational meetings also take place with Governing Body Lay member, Associate Director of Operations, Chair and Communications &Engagement team	Leaders understand the strategic approach and therefore how and why the use of patient and public insight, experience and involvement reduces health inequality and drives improvement. Leaders are actively promoting the strategic approach and ensuring it is understood throughout the organisation The organisation has a documented, strategic approach describing how patient and public insight, experience and involvement is used to reduce health inequality and to drive improvement.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	Leaders ensure patient and public insight, experience and involvement informs decisions, actions and evaluation throughout the organisation in order to reduce health inequality and to drive improvement. a) Patient and Public insight has been used to develop our *Commissioning Intentions* for the year, our *Primary Care Strategy* as well as a number of procurement exercises (details attached) and is reported through our formal processes including the *Joint Assurance and Engagement Group*. We are seeking to move to greater involvement for patients in our operational work through the development of a *Patient Reviewers programme* who will support our work monitoring quality. b) The CCG works closely with Public Health to develop an overall understanding of population needs and health inequalities via the *Joint Strategic Needs Analysis* (JSNA), including sharing details of its development with the Governing Body. This includes evaluation of Patient and public insight but not necessarily in a structured way.	Leaders ensure patient and public insight experience and involvement informs the development of possible solutions, decisions made and actions taken throughout the organisation in order to reduce health inequality and to drive improvement. Leaders ensure patient and public insight, experience and involvement is used to identify and fully understand all health inequalities and inequities. Leaders ensure patient and public insight, experience and involvement informs evaluation of decisions and actions	

			c) Specific work has taken place to understand access to Primary Care through a structured survey. This formed part of the wider engagement work on the Primary Care Strategy. Work on Commissioning Intentions was subject to a 'You Said - We Did' report at the conclusion of the exercise. https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did	including the impact of these decisions and actions on health inequality and improvement. Leaders ensure all learning gained through using patient and public insight, experience and involvement to reduce health inequality and drive improvement is shared throughout the organisation.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	The CCG have Governing Body Development sessions completely dedicated to equality, inclusion and human rights.		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	Leadership of WCCG agreed to, understand and promote their organisation's strategic approach to using patient and public insight, experience and involvement to reduce health inequality and to drive improvement. The CCG demonstrate evidence by; a) *Comprehensive Communications and Participation Strategy* details our approach in this area with the focus on how patient and public insight will drive quality. Future work will build on this to improve linkages to health inequalities Section1 Section 3 Section 4 Section 6 Section 7 b) Our operational arrangements detail that there will be a report on patient and public involvement to each meeting of the Governing Body. In addition, all reports to Governing Body and Committees include details of Patient and Public Insight activity and patient representatives sit on our *Quality and Safety, Commissioning and Primary Care Commissioning committees*. Communications & Engagement representatives attend *Programme Boards* and *Senior Management Team* meetings to ensure patient and public insight is considered throughout the project cycle and at senior levels. Key messages from patient and public insight are disseminated to all staff via staff meetings. The CSU *Communications and Engagement* lead is embedded in the Operations team and meets with the directorate management team weekly to provide updates on patient and public involvement. Regular operational meetings also take place with Governing Body Lay member, Associate Director of Operations, Chair and Communications &Engagement team	Leaders understand the strategic approach and therefore how and why the use of patient and public insight, experience and involvement reduces health inequality and drives improvement. Leaders are actively promoting the strategic approach and ensuring it is understood throughout the organisation The organisation has a documented, strategic approach describing how patient and public insight, experience and involvement is used to reduce health inequality and to drive improvement.	
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	**Rated has having 'Outstanding Performance' awarded by NHS England – 22 July 2016** NHS England has assessed NHS Wolverhampton Clinical Commissioning Group (CCG), the organisation which plans and pays for our local healthcare, and awarded them an Outstanding rating in their 2015/2016 annual assessment. The CCG was recognised for making significant progress over the last year, particularly in the area of Finance where they have demonstrated very strong financial planning and performance across the 2015/2016 period as	Rigorous leadership Robust governance Assurance of quality services	

Religion Sex Sexual Orientation			well as robust forward planning for 2016/2017. Rigorous leadership, robust governance arrangements, engagement with patients and working in partnership, were also areas that were praised as part of the review. There was also evidence of outstanding work in staff and organisational development. Dr Helen Hibbs, Chief Officer of NHS Wolverhampton CCG said: "We have all worked very hard in the last year, pulling together to overcome many challenges and are absolutely thrilled that this work has been recognised by NHS England. We must now continue that work to make further improvements in our performance. Our key focus is now on continuing to implement our organisational development strategy in order to support our executive officers and the governing body to continue to perform at its best. We are working towards achieving full delegation of primary care in 2016/2017." https://wolverhamptonccg.nhs.uk/news/266-outstanding-performance-rating-awarded-by-nhs-england-to-wolverhampton-ccg		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	The **Senior Management** and **Governing Body** demonstrate their commitment to promoting equality throughout the organisation and the local health economy by ensuring that the potential equality implications of issues under consideration are addressed throughout decision making processes. In particular, the Governing Body has demonstrated its commitment during the year by increasing its understanding of its legal duties to engage with the whole community when making decisions that lead to a procurement of services. A dedicated development session with legal advice was held where the importance of engaging with all sectors of the community was re-confirmed.	Equality issues/implications and potential equality implications of issues under consideration are addressed throughout decision making processes	

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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 relating impacts? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	The NHS Wolverhampton Clinical Commissioning Group Constitution clearly states – in discharging its functions the group will meet the Public Sector Equality Duty and how this will be achieved. (Page 6/7 – 5.1.2) https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf	Equality relating impacts are considered throughout the project supported by the processes the Governing Body have put in place.	
Age Disability Gender Re-assignment Marriage & Civil Partnership	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	The CCG's Programme Management Office has processes in place to ensure equality impact assessments take place throughout the project lifecycle. Additionally, decisions to disinvest in services require further consideration of the equality implications of any decisions. All reports to committees and the Governing Body include a section requiring report writers to set out the equality implications of their reports.	There is a processes in place to ensure equality impact assessments take place throughout the project lifecycle	

Pregnancy & Maternity Race Religion Sex Sexual Orientation					

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 examples					
Protected characteristics	**Equality objective**	**Human Rights**	**Evidence (What has actually been done/achieved?)**	**Impact**	**Grading [Date]**
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 4 Objective 7 Objective 8	Article 2 Article 3 Article 8 Article 14	**Linked to 3.6**	Proactive staff engagement and kept informed.	

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NHS Wolverhampton CCG – Equality Delivery System2 Covering Note

Appendix 4

Some of the information was submitted to on the 24 February 2017 and 6 March 2017, and this report had to be written and submitted by the 7 March 2017. So whilst the recommended overall grading is 'Developing', the late information has been included in the evidence portfolio template but I have been unable to make an assessment of the recommended grade.

The late information will be assessed prior to the publication deadline of the 31 March 2017 and therefore should not have any impact on the recommended grading of 'Developing'.

Juliet Herbert
Equality and Inclusion Business Partner
7 March 2017

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