

# **Equality & Inclusion Annual Report**

## 2017 – 2018

David King  
EIHR Manager  
March 2018

## **Foreword**

This report has been produced to set out a summary of the activity Wolverhampton Clinical Commissioning Group (CCG) has undertaken during the 2017/18 financial year with regard to Equality, Inclusion and Human Rights (EIHR). This report includes details of how the CCG has met its obligations under the Equality Act 2010 and the Public Sector Equality Duty, including the specific publication duties.

This report has been produced by the Arden & Greater East Midlands Commissioning Support Unit EIHR team on behalf of the CCG.

The report is split into the following sections:

- An overview of the CCG's approach to Equality
- The CCG's NHS Equality Delivery System 2 (EDS2) template update
- An update on the CCG's newly adopted Equality Objectives

Included within the CCG's EDS2 template is an overview of the population the CCG serves and relevant health inequalities that exist for the CCG's patients.

Additional information and reports can be found via the following link:

<https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2018>

This includes the CCG's NHS Workforce Race Equality Standard (WRES) publication history.

***'Wolverhampton Clinical Commissioning Group is fully committed to promoting equality of opportunity, eliminating unlawful and unfair discrimination and valuing diversity'***

Wolverhampton Clinical Commissioning Group (WCCG) 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. WCCG also believes that equality is about creating a fairer society and diversity is about recognising and valuing difference in its broadest sense.

Forty six GP practices in the city are members of the CCG and this provides us with the opportunity to work with our patients to improve services and the overall health of the city. Our 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.

This annual report sets out how the Clinical Commissioning Group has performed in meeting its legal duties set out in the Equality Act 2010 and the Human Rights Act 1998.

## **Summary of Progress**

While the report and EDS2 table sets out in detail the CCG's activity and demonstrates that it is meeting its legal duties, this section highlights areas of particular good practice. The CCG's progress is in line with other CCGs and has fully met the requirements of the Public Sector Equality Duty in ensuring services are delivered equitably. The CCG has self assessed its progress as a mix of developing and achieving, in line with the principles of the EDS2 framework. It is intended that the CCG will seek a public / lay review of the relevant evidence and outcomes during 2018 with a view to gaining independent feedback. NHS England has announced a full review of EDS2 and the CCG will thus have due regard to the outcome of these changes in further work. The CCG's Equality Objectives are interlinked with the EDS2 and set out key areas of focus for the CCG however these areas can be set out as follows:

- Enhancing access to services for vulnerable groups
  - Homeless people
  - Those with language or communication support needs
- Ensuring that patient's transition between services including between NHS and Local Authority support is seamless and effective
- Robust assurance around Equality, Inclusion and Human Rights from those who provide services on the CCG's behalf
  - Access to services
  - Information for patients – provide in appropriate formats
  - Services are available when needed
  - Complaints / concerns are identified and lessons learned are acted on
- CCG staff are engaged, supported and protected
- The CCG is a visible system leader within the black country, setting best practice and ensuring the best outcomes for patients.

As a key foundation in delivering these areas of work, the CCG has established a strong robust Equality Analysis process that ensures that all decisions made by the CCG are undertaken with all the information, relevant impacts understood and any negative impact is mitigated where possible. This places the CCG in a strong position to ensure equitable high quality services for all patients. Evidence of this best practice approach can be seen in the published Equality Impact Assessments on the CCGs website. Further examples of specific services can be found in this report (EDS2 section) and previous reports, demonstrating year on year improvement.

The CCG is also pleased to note the positive feedback from staff received in the annual staff survey, the CCG has built a positive culture, with visible accessible leaders and supportive policies as showcased under Goal 3 and 4 of the EDS2 section. This combined with the findings of the NHS Workforce Race Equality Standard illustrate that the CCG's Organisational focused activity on Equality is to continue the current approach as there are no key issues outstanding.

# EQUALITY DELIVERY SYSTEM 2 (EDS2)

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

If you require this document in an alternative version such as 'Easy to read', Large print, Braille or help in understanding it in your community language please email us at:

*Evidence portfolio*

*Date of publication*

*30/03/18*



## 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 CCGs 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 EDS2 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.

- Better health outcomes for all
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership.

### **Human Rights**

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 (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
	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

## 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

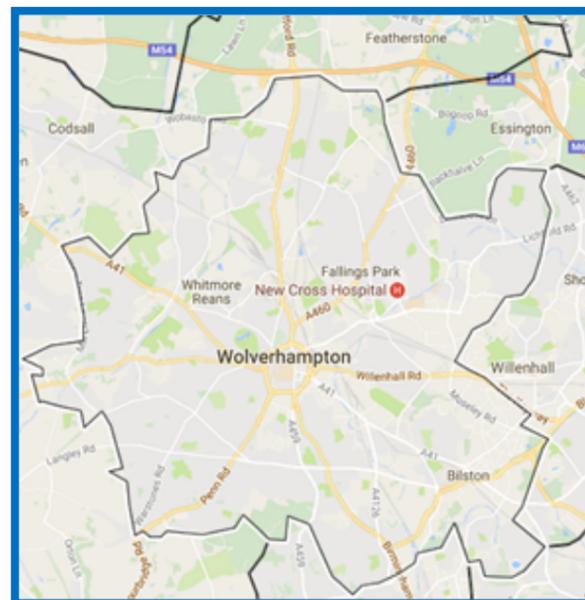
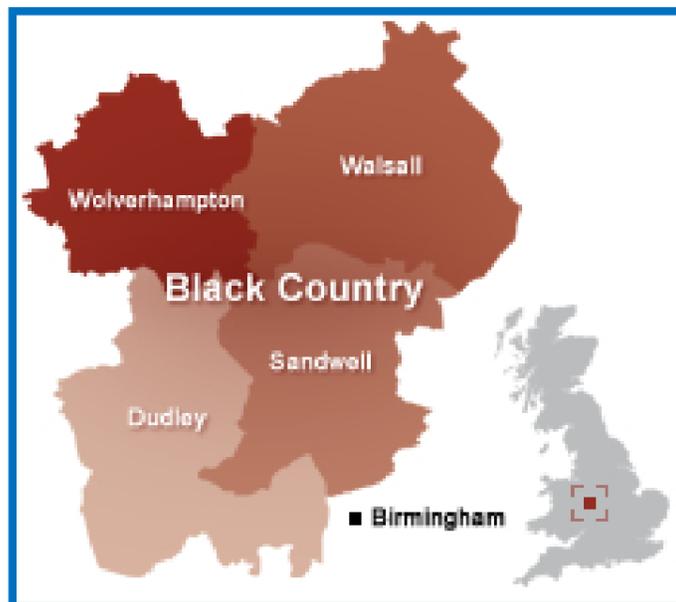
1. The CCG to work towards a comprehensive understanding of the barriers to accessing services experience by patients. To work to reduce the barriers identified with partner organisations and stakeholders.
2. The organisation will ensure that Due Regard is given to the needs of the CCG's population during service change, including vulnerable groups, through effective engagement focused to the profile of the population affected by particular changes.
3. The organisation will use the findings from the NHS Workforce Race Equality Standard, Workforce Disability Equality Standard and the Staff Survey reporting requirement to inform a broader action plan to develop inclusive supportive values and competencies across the workforce.
4. The CCG's Leadership will, as system leaders continue to visibly champion improved outcomes for vulnerable groups and tackling health inequalities across Wolverhampton and the Black Country.

## 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 help 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 four 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:

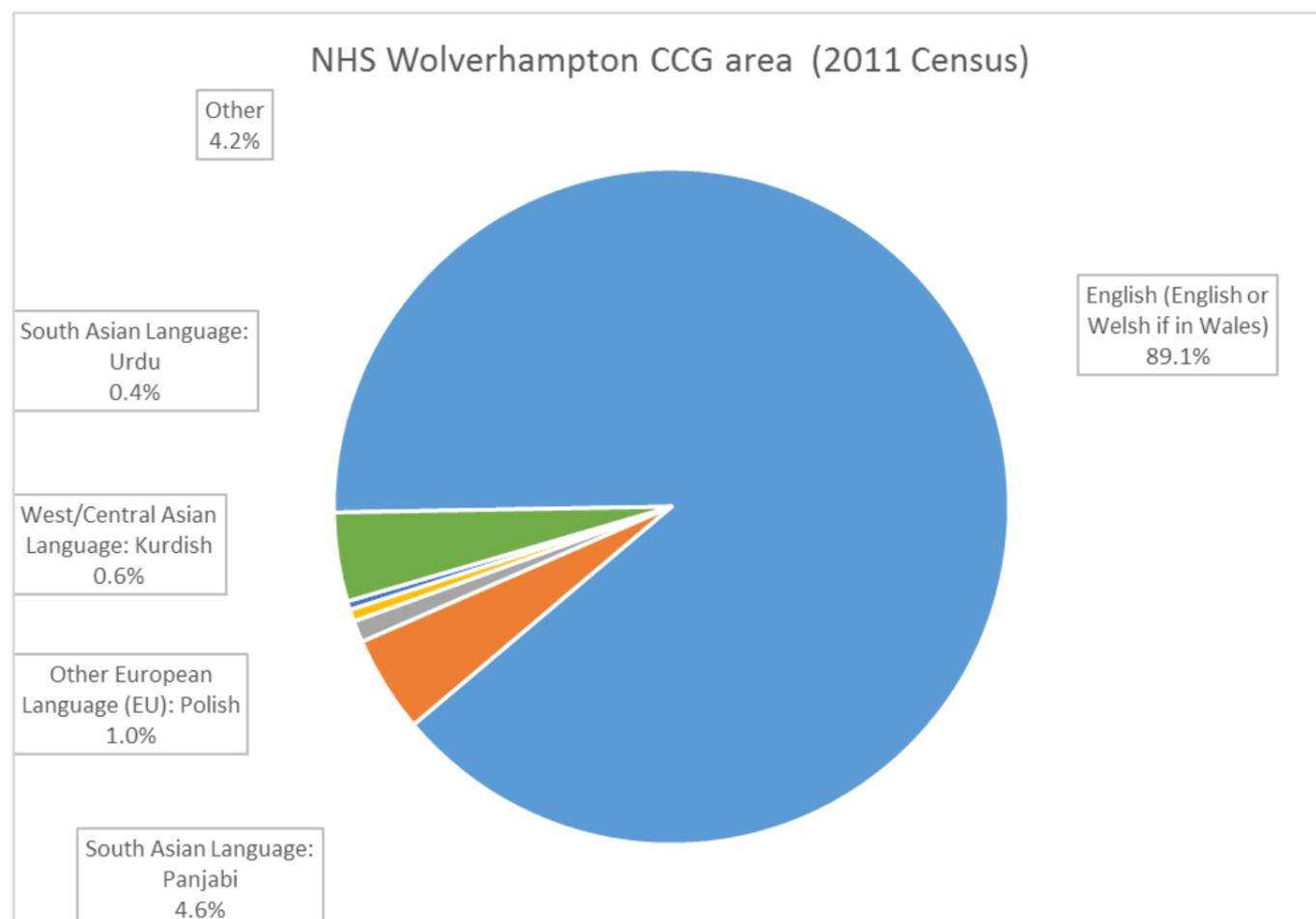
**Table 1: The ethnicity profiles of England and NHS Wolverhampton CCG's area based on the 2011 Census (all usual residents)**

Ethnicity	England		NHS Wolverhampton CCG	
	n	%	n	%
White	45281142	85.42%	169682	68.02%
Asian British	4143403	7.82%	44960	18.02%
Black British	1846614	3.48%	17309	6.94%
Mixed	1192879	2.25%	12784	5.12%
Other	548418	1.03%	4735	1.90%
<b>Total</b>	<b>53012456</b>	<b>100.00%</b>	<b>249470</b>	<b>100.00%</b>

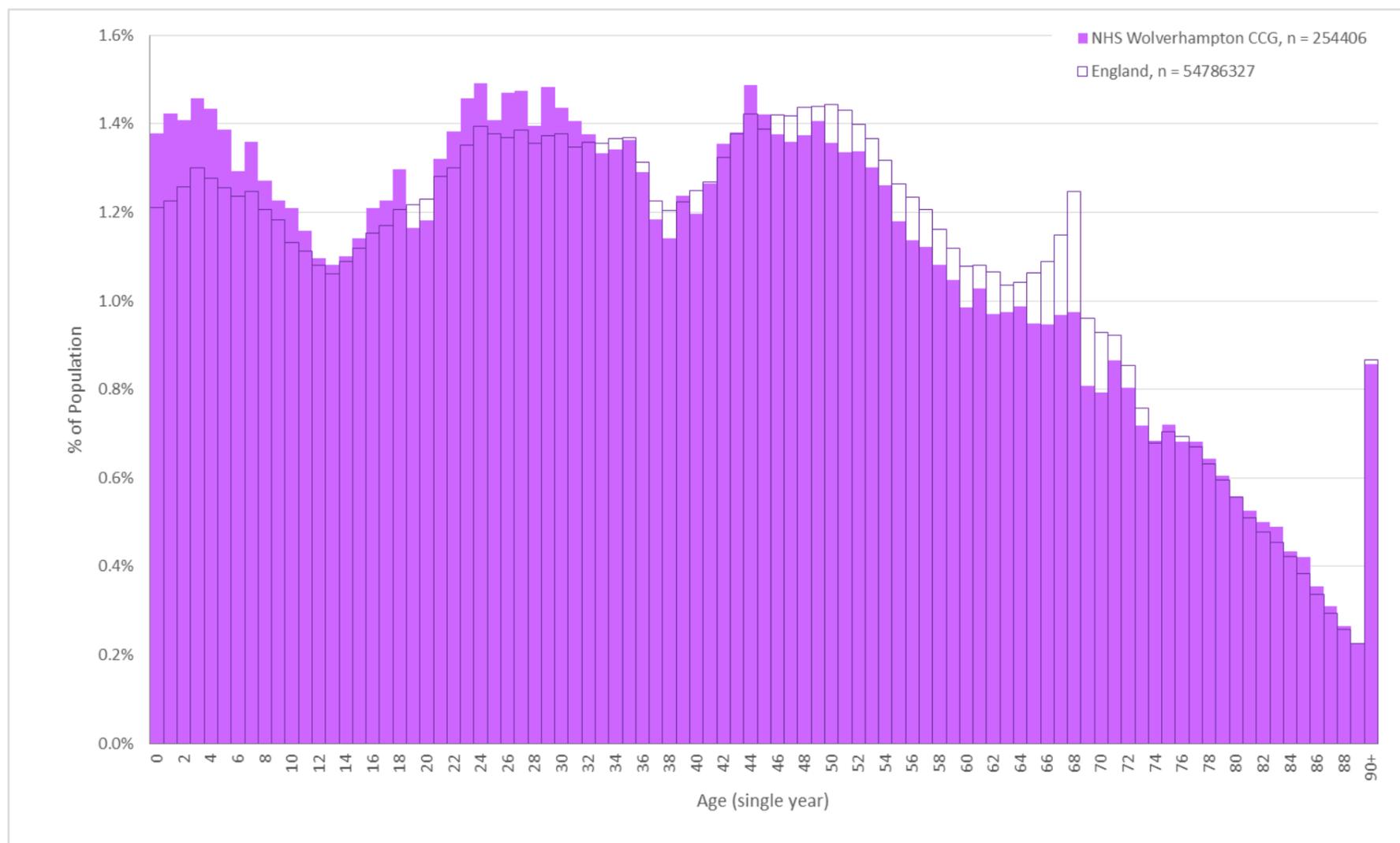
**Table 2: The disability profiles of England and NHS Wolverhampton CCG's area based Census (all usual residents)**

Disability	England		NHS Wo	
	n	%	n	%
Day-to-day activities not limited	43659870	82.36%	196226	
Day-to-day activities limited a little	4947192	9.33%	25381	
Day-to-day activities limited a lot	4405394	8.31%	23919	9.74%
<b>Total</b>	<b>53012456</b>	<b>100.00%</b>	<b>245526</b>	<b>100.00%</b>

Language profile of the CCG based on 2011 Census:



Age range of CCG population – 2015 ONS data:



All information is based on the last census in 2011 but provides a clear 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 elderly. 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 – The CCG aim 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 health 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 the Five Year Strategic Plan

This plan demonstrates the CCG understands the borough it serves and identifies changes required to ensure their statement of commitment is delivered.

Comment [KD(A&GC1): Update

## 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 the impact of services, policies, functions and decisions on the community and staff is analysed. 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 and 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 understands that EIAs support 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

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 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, 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. The CCG's 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 the community. This will apply particularly to those who are disadvantaged, vulnerable because of social determinants or ill-health. The current Equality objectives which inform the CCG's strategic direction can be found on page 3 of this document.

## Procurement

The CCG procures services from a range of providers. Contracts vary from small one-off purchases to large works or service contracts. Whilst procuring services, the CCG ensure fair opportunity, competition and value for money. The form of procurement used varies depending on the nature of the product or service being procured but can include Any Qualified Provider (AQP) competitive and non-competitive tendering. The CCG 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 the CCG, an NHS organisation, located in the 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

## 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
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	Article 2 Article 3 Article 5 Article 8 Article 14	<p>Wolverhampton CCG aim 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 may take time to bring about this change.</p> <p>The CCG's <b>Commissioning Intentions</b> (CI) 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 2017/18 and going forward The 'You said we did' demonstrates how the CCG involve and listen to the community - <a href="https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did">https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did</a></p> <p>This report highlights the engagement findings and recommendations during an engagement exercise completed during June 2017, on the CCG's proposals to develop, inform and guide the Wolverhampton Clinical Commissioning Group (WCCG) CI 2018/19. Work in 2017/18 will inform the financial year 2018/19. Results of the findings from the engagement results will be made available to the CCG Programme Boards. The Boards may suggest recommendations which may be reviewed by the CCG Governing Body later on in the year. The WCCG Governing Body should then confirm how the evidence gathered will influence the WCCG CI for 2018/19 based on the recommendations from the programme boards.</p> <p>The objectives are:</p> <ul style="list-style-type: none"> <li>• To promote (along with other communications plans) the WCCG as an effective custodian of the local NHS that makes decisions in the best interests of local people.</li> <li>• Inform commissioning decisions using the engagement cycle and CCG Communications and Participation Strategy, to ensure they are focussed on the needs of service users and communities</li> <li>• Influence commissioning of local services beyond health and care to make a real impact upon wider determinants of health</li> <li>• To define and provide a range of communications and participation products and methods to help people to: <ul style="list-style-type: none"> <li>○ learn about proposals in detail to help them form an opinion, and know how they can feedback,</li> <li>○ to share their opinion with us.</li> </ul> </li> </ul>	<p>By ensuring that a joined up approach is used in the commissioning of services the CCG ensures that services do meet the needs of the local population. The CCGs use a robust Equality Analysis process to ensure that service design, commissioning and redesign take account of the needs of the population.</p> <p>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.</p> <p>By adopting a more integrated approach it is aimed to prevent people having unnecessary stays in hospital.</p> <p>The CCG 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.</p>

The setting of CIs is an annual activity that seeks to ensure that commissioners have a clear oversight for delivering their on-going vision for improving local health outcomes, and to let providers know of the contractual changes that will be implemented in the forthcoming year.

CIs for Wolverhampton CCG have been clearly aligned to the following:

- Operating Plan
- Five year forward view
- Primary Care Strategy
- Primary and Community element of the Better Care Fund
- Link to the evidence as set out in the newly refreshed Joint Strategic Needs Assessment (JSNA) for Wolverhampton.

A thorough communications and participation plan was put together and monitored by the Commissioning Intentions Group to inform clinicians and staff within our organisations, partner organisations, patient/community groups and the public about the engagement exercise and how to get involved to share with us their views.

The Commissioning Dept were asked to provide key themes for discussion with the stakeholders.

#### Communications and Participation approach

A variety of engagement methods were used to share information about the CCG CI and encourage people to share their feedback. Below details each method:

##### 2.1 Scheduled CCG meetings

Date/time	Meeting
06 October 2016	Planning
03 November 2016	Planning
17 January 2017	Planning
06 April 2017	Planning
25 July 2017	Planning
07 September 2017	Planning

##### Public events

Date/time	Venue	Present
Wednesday 14 June, 9am – 3.30pm	Asda, Molineux Way, Jack Hayward Way, WV1 4DE	public and interested stakeholders
Thursday 15 June, 9am – 3.30pm	Morrisons, Black Country Route, Bilston, WV14 0DZ	public and interested stakeholders
Friday 16 June, morning	Sainsbury's Superstore, Rookery Street, Wednesfield, WV11 1UP	public and interested stakeholders
Friday 16 June, afternoon	Co-op, Low Hill. WV10 9UN	public and interested stakeholders

##### Direct messages (electronic and paper based)

Type	Date	Reach
Advertise events – emails, press release, web, social media	May/June 2017	To patient partners, PPG Chairs, stakeholders and Citizens Forum, public

<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p>Commissioning decisions and activity are informed by patient and public insight, experience and involvement in order to reduce health inequality and to drive improvement.</p> <p>The CCG's <i>Communications and Engagement strategy</i> 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 <i>Joint Commissioning Committee</i> 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, further work needs to be done to link this work to health inequalities and this will continue as the CCG moves towards delegated commissioning.</p> <p>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 the Primary Care Strategy and is reported through formal processes including the <i>Joint Assurance and Engagement Group</i> and <i>PPG Chairs meetings, Patient Partners forums</i> and <i>quality review work</i>. The CCG are seeking to move to greater involvement for patients in our operational work through the development of a <i>Patient Reviewers programme</i> 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 and 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 development of new services. Further work will be undertaken to understand and evaluate how effectively this is operating. <a href="https://wolverhamptonccg.nhs.uk/publications/corporate-policies-1/493-communications-and-engagement-strategy-1">https://wolverhamptonccg.nhs.uk/publications/corporate-policies-1/493-communications-and-engagement-strategy-1</a></p> <p>The CCG has put in place a range of contract monitoring requirements to ensure that services are delivered on its behalf in a way that genuinely meets the needs of diverse communities. These contract requirements are set out in sections 1.2 and 2.1. By doing so the CCG ensures that local accountability is maintained and that patients can access services in an equitable manner.</p>	<p>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.</p> <p>Commissioners seek and gather patient and public insight and experience data in order to inform their commissioning decisions, activity and evaluation.</p> <p>Commissioners use patient and public insight, experience and involvement to identify and fully understand all health inequalities and inequities.</p> <p>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.</p>
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p>The CCG's <b>Commissioning Committee (CC)</b> was established by the Governing Body, who supports them to discharge their respective responsibilities when commissioning services, according to NHS Wolverhampton Clinical Commissioning group constitution paragraph 6.4.1/6.4.2. <a href="https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf">https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf</a> - Appendix H5</p> <p>This also includes terms of reference for the various committees.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• 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));</li> <li>• securing continuous improvement in the quality of services (constitution 5.2.4);</li> <li>• 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);</li> </ul>	<p>A consistent way to deliver commissioning duties by developing and delivering annual work programmes giving appropriate focus to the following:</p> <ul style="list-style-type: none"> <li>• develop the <i>commissioning strategy, commissioning plans</i> and <i>annual commissioning intentions</i>, (<a href="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">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</a>)</li> <li>• 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;</li> <li>• oversee the annual contracting processes and any other programmes of healthcare service procurement;</li> <li>• review of commissioning policies;</li> <li>• develop service specifications for the commissioning of healthcare services;</li> <li>• consider service and system reviews and develop</li> </ul>

				<p>appropriate strategies across the health and social care economy to address any identified issues;</p> <ul style="list-style-type: none"> <li>• review progress against commissioning strategies and plans to ensure achievement of objectives within agreed timescales;</li> <li>• 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;</li> </ul>
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p>The CCG's <b>Equality and Diversity Strategy 2013 – 2017</b>, 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.</p> <p><a href="https://wolverhamptonccg.nhs.uk/images/docs/Wolverhampton-CCG-Equality-Strategy-11_10_20131.pdf">https://wolverhamptonccg.nhs.uk/images/docs/Wolverhampton-CCG-Equality-Strategy-11_10_20131.pdf</a></p> <p>The CCG has now published new Equality Objectives for the period 2018-2021, these help set the direction for the next three years. Updates will be published on progress made against them on the CCG's website.</p> <p><a href="https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2016">https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2016</a></p>	<p>Targeted action to improve outcomes for patients and maintain a supported diverse workforce.</p>
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p><b>Equality Analysis</b> is an integral part of the commissioning process from the earliest point. Public services are required to <b>analyse the impact on equality</b> 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.</p> <p>The analysis helps public services to pay <b>due regard</b> to the need to:</p> <ul style="list-style-type: none"> <li>• Eliminate discrimination, harassment and victimisation</li> <li>• Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it</li> <li>• Foster good relations between persons who share a relevant characteristic and those who do not share it</li> </ul> <p>Equality triggers have been embedded into the project process from the scoping stage.</p> <p>The strategic process inclusive of equality is well documented and shared with all relevant staff.</p> <p>An operational process map is being documented for approval, to ensure clarity by all.</p> <p>There has been refresher training for relevant staff and a coaching approach was used in an effort to develop an understanding of;</p> <ul style="list-style-type: none"> <li>• Why Equality Impact and Risk Analysis are important</li> <li>• Better understanding</li> <li>• Responsibilities</li> </ul>	<p>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.</p> <p>It provides assurances to the CCG that this process/procedure supports meeting their legal and moral obligations as outlined in the Equality Act 2010.</p>
<p>Age Disability Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p>The CCG has articulated the local need for children and young people in their commissioning plan. Although this does not specifically state <b>Special Educational Needs and/or Disabilities (SEND)</b>, 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.</p> <p>The JSNA is now final to further aid evidence of SEND need.</p> <p>Based on this information, a number of services are commissioned and routinely reviewed in conjunction with families.</p> <p>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.</p>	<p>The CCG understand the local SEND population and services are commissioned appropriately to ensure needs are met. As a result outcomes improve for this group and Due Regard is given to the needs of this group of patients across services.</p>

<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p>The CCG commissions <b>Mental Health Services</b> in line with statutory guidance, constitutional requirements, national policy and good practice guidance.</p> <p>The CCG have a range of stakeholder engagement forums and a number of governance processes that define our commissioning intentions and plans.</p> <p>These are articulated in the CCG operational plan and the Mental Health Strategy</p> <p>The CCG have achieved the following re-commissioning and transformation :</p> <ul style="list-style-type: none"> <li>• Urgent MENTAL HEALTH care pathway</li> <li>• Children &amp; Adolescent Mental Health Services (CAMHS) care pathways</li> <li>• Improving Access to Psychological Theory (IAPT) re-design</li> <li>• Learning Disability Community Services</li> <li>• Diagnostic Care pathways for Attention Deficit Hyperactivity Disorder (ADHD) and Autism</li> </ul>	<p>Recognised by National Health Service England (NHSE) as an outstanding CCG.</p> <p>Lead CCG for Mental Health Work Stream of the Black Country &amp; West Birmingham (BCWB) Sustainability Transformation Plan (STP).</p> <p>By ensuring parity of esteem the CCG ensures that high quality services are delivered and meet the needs of a range of patients equitably.</p>
	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p>Wolverhampton Clinical Commissioning Group have commissioned a new social prescribing pilot project in partnership with Wolverhampton Voluntary Sector Council. Social prescribing is a way of linking patients in primary care with sources of support within the community.</p> <p>It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.</p> <p>WV Social Prescribing Link Workers do?</p> <ul style="list-style-type: none"> <li>• Accept referrals from GPs and other professionals within the GP practice</li> <li>• Build relationships with a range of health workers and voluntary and community sector providers;</li> <li>• Support people to connect with alternative sources of social and emotional support within their locality</li> <li>• Work with health teams to identify common issues that can be supported by the voluntary and community sector</li> <li>• Provide a holistic and integrated approach to support vulnerable individuals to improve their health and wellbeing</li> </ul> <p>This service can support:</p> <ul style="list-style-type: none"> <li>• Patients with long term conditions that could benefit from individualised support</li> <li>• Patients who are lonely</li> <li>• Patients who show mild symptoms of anxiety and/or depression</li> <li>• Circumstances where a medical solution or intervention is unlikely to be successful or satisfactory.</li> <li>• Patients who frequently access NHS services for non medical reasons</li> <li>• Who this service is unable to support:</li> <li>• Patients under the age of 18</li> <li>• Patients for whom a medical intervention is required</li> </ul>	<p>The service has ensured that patients have access to additional support that helps provide a route to ensure all patients needs are met not just those medically treatable. With the current pressure to local authority and voluntary sector budgets the need for additional support is increased. In addition it assists GPs in navigating the complex and changing landscape of support which might otherwise limit their ability to address patient's non-medical needs.</p> <p>At the end of the pilot the CCG will review how the outcomes have been met, the benefit to patients and GPs and consider the options for further funding.</p>

## 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
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	Article 2 Article 3 Article 5 Article 8 Article 14	<p>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.</p> <p>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.</p> <p>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.</p> <p>We would like to invite you to complete this survey to help us understand which topics are important to you.</p> <p><a href="http://www.wolverhampton.gov.uk/jsna">http://www.wolverhampton.gov.uk/jsna</a></p>	The JSNA provides the CCG with baseline data that allows it to review the population profile and take due regard to health inequalities in its decision making.
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	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>You said we did</b> - 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.</p> <p>Wolverhampton CCG want to show how the CCG's decision-making has been enhanced by talking and listening to local people.</p> <p><a href="https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did">https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did</a> - Also linked to outcome 1.1</p>	By publishing this document the CCG demonstrates that it is taking account of feedback and how it has been used in the decision making. As a result those engaged with can feel more confident that their opinions are listened to and influence decision making.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Commissioning decisions</b> and activity are informed by patient and public insight, experience and involvement in order to reduce health inequality and to drive improvement.</p> <p>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.</p> <p>The CCG applies the following contractual requirements around E and D to ensure that the needs of individual patients are met appropriately.</p> <p>1. Equality and Diversity Compliance:</p> <p>a) Demonstrate full compliance with Equality and Human Rights Legislation in line with the EIHR protocol. (Detail set out in requirements 1, 2, 4 and 6 of the Equality, Inclusion and Human Rights Recommendations for Providers Contracts 2017 – 19).</p> <ol style="list-style-type: none"> <li>Equality Act 2010</li> <li>Public Sector Equality Duty (PSED), including the duty to publish information in relation to the equality profiles of service users and the workforce.</li> <li>Evidence of Equality Analysis and Due Regard processes.</li> <li>Action plans and progress in addressing issues identified.</li> </ol> <p>b) Demonstrate compliance with NHS Contractual requirements (requirements 3, 5, and 7 of the Equality, Inclusion and Human Rights Recommendations for Providers Contracts 2017 – 19).</p> <ol style="list-style-type: none"> <li>Equality Delivery System2 (EDS2)</li> <li>Workforce Race Equality Standard (WRES)</li> <li>Workforce Disability Equality Standard (WDES)</li> </ol> <p>Action plans and an update on progress in addressing issues identified.</p>	<p>The contract requirements ensure that a diverse range of patients can access services. For example providers have to give proactive assurance of the physical accessibility of their service and that they have arrangement for interpreting and translation in place. In addition the CCG requires providers to include in their report details of the profile of patients who are accessing services. By reviewing this year on year trends can be identified and key priorities reviewed.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>As a result the CCG can be confident that all patients including those from vulnerable groups are able to access services and should any issues arise, these will be identified</p>

			<p>These contractual requirements ensure that providers are required to evidence to the CCG how they are meeting their legal duty and are delivering the best possible outcomes for all patients. In particular the provider must satisfy the CCG that vulnerable group's needs are met and that access to services is equitable.</p> <p>Further work is required to link health inequalities specifically to Clinical Quality Review Meetings (CQRMS), and the contracting mechanism.</p> <p><a href="https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf">https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf</a> - Quality and Safety Committee Appendix H3</p>	so that they can be addressed.
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p><b>Patient Choice</b> supports patients to choose where they have their NHS treatment. The NHS is offering more and more options to enable patients to make choices that best suit their circumstances, giving greater control of their care and hopefully better results.</p> <p>View what choices are currently available to NHS patients in the <a href="#">NHS Choice Framework</a> 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 a member of the armed forces.</p> <p><a href="https://wolverhamptonccg.nhs.uk/your-health-services/patient-choice">https://wolverhamptonccg.nhs.uk/your-health-services/patient-choice</a></p>	Increased patient involvement and increased choice supports the CCG in delivering the best quality person centred care
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p><b>The Learning Disability Assessment and Treatment Service - Pond Lane</b> - 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 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.</p> <p>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.</p> <p><a href="https://wolverhamptonccg.nhs.uk/images/NHS_Arden_8pp_Document_web.pdf">https://wolverhamptonccg.nhs.uk/images/NHS_Arden_8pp_Document_web.pdf</a> <a href="https://wolverhamptonccg.nhs.uk/images/easy_read_consultation_lo_res_v5a.pages.pdf">https://wolverhamptonccg.nhs.uk/images/easy_read_consultation_lo_res_v5a.pages.pdf</a></p> <p><b>Pond Lane linked to 1.3</b></p>	<p>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.</p> <p>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.</p> <p>Clinical effectiveness will be improved through delivering inpatient services over few sites, with more expertise focused onto three wards.</p> <p>Patient experience will be improved due to the delivery of a safer, more clinically effective model of care.</p> <p>Enhanced assurances around safeguarding.</p> <p>Enhanced compliance with:</p> <ul style="list-style-type: none"> <li>• Winterbourne Concordat 2010</li> <li>• The National Plan - Building the Right Support 2015</li> <li>• 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</li> <li>• NICE Guideline: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges</li> <li>• NICE Learning disabilities: challenging behaviour Quality standard</li> <li>• NICE Guideline: Mental health problems in people with learning disabilities: prevention, assessment and management 2016</li> <li>• Equality Act 2010</li> </ul>

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	Article 2 Article 3 Article 5 Article 8 Article 14	<p>Wolverhampton WCCG commissions (buys) <b>Musculoskeletal (MSK) services</b> 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 care. The service commenced in April 2017 and performance is good; waiting times are between 4-6 weeks and patient feedback has been positive.</p> <p><a href="https://wolverhamptonccg.nhs.uk/images/docs/MSK_consultation_evaluation_report_FINAL.pdf">https://wolverhamptonccg.nhs.uk/images/docs/MSK_consultation_evaluation_report_FINAL.pdf</a></p>	<p>Provide a more streamlined, efficient, high quality service for patients, in a local community setting.</p> <p>Provide a value for money service.</p> <p>Patients managed within one integrated service with access to appropriate specialists/diagnostics and interventions</p> <p>Patients will receive education and advice on self-management where appropriate;</p> <ul style="list-style-type: none"> <li>• Services closer to home, in the community, reducing the need to travel</li> <li>• Reduced visits to secondary care</li> <li>• Quicker access to diagnostics and treatments</li> <li>• Holistic approach/MDT approach to care management/treatment plans</li> <li>• Streamlined patient journey with easy access back into the service once discharged</li> <li>• Need for GP referral into different specialties' reduced resulting in a speedier patient journey</li> <li>• Health economy – greater community provision and increased education/awareness</li> <li>• Future providers/staff – new opportunities, improved ways of working.</li> </ul>
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	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Communications and Engagement Strategy</b> 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.</p> <p>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.</p> <p><a href="https://wolverhamptonccg.nhs.uk/publications/corporate-policies-1/493-communications-and-engagement-strategy-1/file">https://wolverhamptonccg.nhs.uk/publications/corporate-policies-1/493-communications-and-engagement-strategy-1/file</a></p>	<p>The CCG has worked to ensure that it provides the opportunity to comment and shape services across the CCG's population base.</p>
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	Article 2 Article 3 Article 5 Article 8 Article 14	<p>The <b>Interpreting Services</b> provide an interpreting service to be used by GP practices and Dentists within Wolverhampton CCG.</p> <p><b>Linked to 2.1 and 2.2</b></p>	<p>Procure a high quality service that meets the needs and requirements of Wolverhampton.</p> <p>Improved access and experience.</p>
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p>Children and young people with <b>SEND</b> are identified through the Education, Health and Care (EHC) Process and their health needs assessed and monitored via this process <a href="http://wolvesiass.org/wp-content/uploads/2016/02/Education-Care-Health-Plans-New-Editon.pdf">http://wolvesiass.org/wp-content/uploads/2016/02/Education-Care-Health-Plans-New-Editon.pdf</a></p> <p>The Designated Medical Officer (DMO) is a Medical Director, whom 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.</p>	<p>Children and young people with SEND are assessed in a timely way to meet their needs.</p>

Comment [KD(A&GC2]: Update

			<p>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.</p> <p>Regular attendance at the EHC funding panels where wider demands are recognised and addressed enables the CCG 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.</p> <p>A specific focus group to review the Children's Continuing Care process will be developed.</p>	
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 8 Article 14</p>	<p><b>Mental Health</b> - The intermediate care team deliver the National Framework for NHS Continuing 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. Patients 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.</p> <p>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.</p>	<p>High quality services are delivered offering the best possible outcome for all patients including diverse and vulnerable groups. Outcomes include:</p> <ul style="list-style-type: none"> <li>• CCG Recognised by NHSE as an area of good practice.</li> <li>• Monthly completion of quality dashboards and monitoring.</li> <li>• Quarterly quality/contract review meetings.</li> </ul>
<b>Protected characteristics</b>	<b>Equality objective</b>	<b>Human Rights</b>	<b>Evidence</b> <b>(What has actually been done/ achieved?)</b>	
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 14</p>	<p><b>Seamless care for patients – A new Strategy</b>, 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.</p> <p><a href="https://wolverhamptonccg.nhs.uk/news/blogs/221-seamless-care-for-patients-thanks-to-new-strategy">https://wolverhamptonccg.nhs.uk/news/blogs/221-seamless-care-for-patients-thanks-to-new-strategy</a></p>	<p>Patients can access care effectively and will not be required to travel long distances or spend time as inpatients unnecessarily.</p>
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 14</p>	<p><b>Urgent and Emergency Care Services</b> - In summary, the plans describe how 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.</p> <p>The second 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 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.</p> <p><a href="https://wolverhamptonccg.nhs.uk/your-health-services/improving-urgent-care">https://wolverhamptonccg.nhs.uk/your-health-services/improving-urgent-care</a></p> <p><a href="https://wolverhamptonccg.nhs.uk/news/193-improving-urgent-care">https://wolverhamptonccg.nhs.uk/news/193-improving-urgent-care</a></p>	<p>Enhanced urgent care services improve outcomes for patients, reducing waiting times and where care can be effectively provided elsewhere they can be triaged effectively.</p>
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective 1 Objective 2 Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 5 Article 14</p>	<p><b>The Children in Care Council (CiCC)</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. LAC training delivered by the Named Nurse for LAC (RWT) includes the importance of obtaining the voice of the child.</li> </ol>	<p>The CCG gains assurance that this group of patient's needs are met.</p>

			<p>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.</p> <p>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 <a href="http://www.wolverhamptonlac.co.uk">www.wolverhamptonlac.co.uk</a> for further information.</p> <p>6. Internal and external case files audits for commissioned services.</p> <p>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 <a href="http://www.mindofmyown.org.uk/">http://www.mindofmyown.org.uk/</a> for further information.</p> <p>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.</p>	
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p>A pathway for obtaining health advice for young people aged 19-25 who have <b>SEND</b> 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.</p> <p>An associated Business Case will also be developed for CCG consideration as to how this can be addressed if appropriate.</p> <p>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.</p>	High quality appropriate dedicated services are available for this group.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Mental Health</b> – The CCG 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.</p> <p>The CCG have also introduced a transition programme for young people with complex care needs who may be eligible once they reach 18 for adult CHC.</p> <p>We commissioned Changing Young Lives to co-produce improved pathways for young people moving into adult services.</p>	Patients experience a structured transfer and are not left with a care gap or left waiting for information.

**1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse**

**How does the CCG ensure patient safety is a priority and ensures patients are free from mistakes/mistreatment/abuse? Please give examples**

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Adult Safeguarding</b> – 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.</p> <p>The CCG aims to commission services that promotes and protects individual human rights and effectively safeguard against abuse, neglect, discrimination or poor treatment. The CCG 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. The CCG 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.</p> <p>The CCG is currently developing a joint children and adults commissioning policy.  <a href="https://wolverhamptonccg.nhs.uk/your-health-services/safeguarding">https://wolverhamptonccg.nhs.uk/your-health-services/safeguarding</a>  <a href="https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/562-adult-safeguarding-policy-1/file">https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/562-adult-safeguarding-policy-1/file</a></p>	By ensuring effective and robust safeguarding processes are in place the CCG ensures that relevant patients are protected and kept safe.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Children’s Safeguarding</b> – 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.</p> <p>The CCG aims to commission services that promotes and protects individual human rights and effectively safeguard against abuse, neglect, discrimination or poor treatment. The CCG 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. The CCG 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.  <a href="https://wolverhamptonccg.nhs.uk/your-health-services/safeguarding">https://wolverhamptonccg.nhs.uk/your-health-services/safeguarding</a>  <a href="https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/562-adult-safeguarding-policy-1/file">https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/562-adult-safeguarding-policy-1/file</a></p>	By ensuring effective and robust safeguarding processes are in place the CCG ensures that relevant patients are protected and kept safe.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Clinical Quality Review Meeting (CQRM)</b> – The CCG is the host commissioner of services delivered by various providers. As far as possible the CQRM 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 can be multiple commissioners.</p> <p>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.</p>	Quality of service assurance.  Compliance with required standards, constitutions and legislation.
			<b>Pond Lane linked to 1.2 &amp; 1.3</b>	
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p>Healthwatch are a member of the Health <b>SEND</b> 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.</p> <p>Quality Assurance visits are carried out.</p> <p>All providers are expected to clearly set out their Complaints management process and have Whistleblowing and Safeguarding procedures in place.</p>	

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
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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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p>The CCG relies upon those organisations who provide services on its behalf to deliver services in line with the agreed specification and the principles of equitable access. To ensure these services are delivered in such a way. The CCG places a number of contractual requirements on the providers to ensure it can check – these are included below:</p> <ul style="list-style-type: none"> <li>c) Demonstrate full compliance with Equality and Human Rights Legislation in line with the EIHR protocol. <i>(Detail set out in requirements 1, 2, 4 and 6 of the Equality, Inclusion and Human Rights Recommendations for Providers Contracts 2017 – 19).</i> <ul style="list-style-type: none"> <li>v. Equality Act 2010</li> <li>vi. Public Sector Equality Duty (PSED), including the duty to publish information in relation to the equality profiles of service users and the workforce.</li> <li>vii. <u>Evidence of Equality Analysis and Due Regard processes.</u></li> <li>viii. Action plans and progress in addressing issues identified.</li> </ul> </li> <li>d) Demonstrate compliance with NHS Contractual requirements <i>(requirements 3, 5, and 7 of the Equality, Inclusion and Human Rights Recommendations for Providers Contracts 2017 – 19).</i> <ul style="list-style-type: none"> <li>iv. Equality Delivery System2 (EDS2)</li> <li>v. Workforce Race Equality Standard (WRES)</li> <li>vi. Workforce Disability Equality Standard (WDES)</li> </ul> </li> </ul> <p>Action plans and <u>an update on progress</u> in addressing issues identified.</p> <p>These contractual requirements ensure that providers are required to evidence to the CCG how they are meeting their legal duty and are delivering the best possible outcomes for all patients. In particular the provider must satisfy the CCG that vulnerable group’s needs are met and that access to services is equitable.</p> <p>In addition the CCG will review provider’s complaints reports, lessons learned and any complaints made by patients to the CCG. By doing so the CCG ensures that it is aware of any issues and that remedial action is taken. On occasion there will be an equality related issues within a reported Serious Incident or Never event, in such a case the remedial action agreed in response will have due regard to that issue.</p>	<p>By ensuring through robust monitoring and complaints analysis the CCG can be assured that patients are able to access services and that an individual’s needs are taken into account.</p>
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p>The Quality Nurse Advisors role is to provide assurance to the CCG that the care delivered in <b>Care Homes</b> 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.</p> <p>The CCG developed best practice guidelines 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.</p>	<p>The CCG is assured that care home resident’s needs are met and that services are effective and appropriate. Where issues do arise these are addressed robustly and lessons learned developed.</p>

	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>The Interpreting Services linked to 1.2</b></p> <p>High quality interpreting services are key to ensuring that patients can access services effectively. The CCG has put in place a contract that ensures that interpreters are available when required for GP and Dental appointments. The provider is required to ensure that such interpreters are fully qualified to the required standard and subject to DBS checks and other requirements.</p> <p>Where organisations provide services on behalf of the CCG they are also required under their contract to have interpreting and translation services in place to meet the needs of patients when required.</p>	Access to such services ensures due regard to the accessible information standard and ensures that barriers in accessing NHS services are removed.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Accessible Information Standard (AIS)</b></p> <p>The CCG has fully committed to following the principles of the NHS Accessible Information Standard. It also monitors the compliance of those organisations that provide services on its behalf. Through the Quality Schedule and through complaints / feedback the CCG proactively works to ensure access for all patients to services, working with GPs and providers.</p> <p>Within the schedule for each contract the CCG includes a range of requirements including around the AIS.</p> <p>These requirements ensure that services provided on the CCG's behalf are accessible and that each provider is meeting their legal duties and the requirements of holding an NHS contract.</p>	<p>The AIS is key to ensuring that all patients can access services especially those who have additional communication needs.</p> <p>The CCG's implementation of the AIS has ensured that communications it makes are accessible to all patients and through its contract monitoring process it is assured that both Primary Care and Commissioned services also have fully implemented the AIS.</p> <p>By starting with primary care services, the CCG ensures that when a patient is referred onto other services their communication needs are known and can be met.</p> <p>The contract requirements ensure that a diverse range of patients can access services. For example providers have to give proactive assurance of the physical accessibility of their service and that they have arrangement for interpreting and translation in place. In addition the CCG requires providers to include in their report details of the profile of patients who are accessing services. By reviewing this year on year trends can be identified and key priorities reviewed.</p>
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p>The <b>SEND</b> Local Offer provides information in a single place for children and young people with special educational needs (SEND) and their parents or carers <a href="http://www.wolverhampton.gov.uk/send/health">http://www.wolverhampton.gov.uk/send/health</a></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Routine Contract Review meetings to address any issues.</p> <p>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 have been reported to them regarding the services commissioned by the CCG.</p>	<p>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.</p> <p>Families should be able to navigate the site so that all information in relation to SEND is accessible, up to date, comprehensive and transparent.</p>

Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<b>Mental Health</b> - Discharge to Assess Programme has been 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, Local Authority and acute trust that will ensure a system wide approach to the changes required.	This minimises 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.
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**2.2 People are informed and supported to be as involved as they wish to be in decisions about their care**

**How does the CCG ensure that people are at the centre of the decisions about their care? Please give examples**

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>End of Life Care</b> – “Helping residents live well until they die, and die well where they choose”</p> <p>The aim of this strategy is to detail Wolverhampton’s integrated approach to the design and delivery of a person centered, 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 centered care encompassing the following elements:</p> <ul style="list-style-type: none"> <li>• Early identification of the dying person to ensure patients are receiving appropriate care</li> <li>• Advance care planning to facilitate the persons needs and wishes</li> <li>• Coordinated care to ensure people don’t fall through gaps</li> <li>• Optimum symptom control based on clinical need</li> <li>• Choice to support preferred place of care and death</li> <li>• Workforce fit for purpose</li> </ul> <p>Future planning will see the beginnings of conversations with different ethnic groups.</p> <p><a href="https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/1496-wolverhampton-integrated-end-of-life-care-strategy/file">https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/1496-wolverhampton-integrated-end-of-life-care-strategy/file</a></p> <p><a href="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/news/288-health-and-social-care-set-to-work-together-to-deliver-improved-end-of-life-care-for-wolverhampton-patients</a></p> <p><a href="https://wolverhamptonccg.nhs.uk/images/end_of_life_newsletter_patients_pub2.pdf">https://wolverhamptonccg.nhs.uk/images/end_of_life_newsletter_patients_pub2.pdf</a></p> <p>Patients satisfaction survey - <a href="http://www.ncpes.co.uk">www.ncpes.co.uk</a></p>	Integrated approach to a person centered, 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 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Cancer Strategy 5 Year Plan</b> – There are 6 priorities;</p> <ol style="list-style-type: none"> <li>1. Prevention and Public Health</li> <li>2. Earlier diagnosis</li> <li>3. Patient experience</li> <li>4. Living with and beyond cancer</li> <li>5. Delivering a high quality service</li> <li>6. Overall commissioning and provision and accountability</li> </ol> <p><a href="https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/1496-wolverhampton-integrated-end-of-life-care-strategy/file">https://wolverhamptonccg.nhs.uk/publications/quality-and-safety-policy-1/1496-wolverhampton-integrated-end-of-life-care-strategy/file</a></p>	

			<b>Patient and Public Partnership (PPG) – linked to 2.1</b>	
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>SEND</b> - A key feature of the Education &amp; Health Care process is that families should be at the centre of decisions made about their child's care.</p> <p>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.</p> <p>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.</p> <p>Young people have also been involved in the interviewing of new members of staff as part of a children's Panel.</p>	<p>Families will feel part of the decisions regarding their children and empowered to voice their views.</p> <p>Families will take control of the services and support required.</p> <p>That professionals put the child/young person and their family at the centre of any decisions made.</p> <p>All agencies, including the CCG have a good insight into the feelings of children and their families.</p>
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Mental Health</b> - All individuals are encouraged whenever possible to be involved in the decision making as to where and how their care is delivered. This ensures that where a patient has capacity, they can be involved in their care choices. A key aspect of this is ensuring patients make informed decisions, to do this every effort is made to explain the position appropriately to the patient with due regard to their communication needs.</p>	<p>We provide a choice of provision when ever possible.</p> <p>We ensure that for individuals who have family living out of area that they can choose a care home within their area, once we have established it delivers safe care.</p> <p>We offer personal health budgets for all CHC eligible individuals living in the community and are currently working with Arden &amp; Gem CSU to expand our PHB offer.</p>

### 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
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Locality Patient Participation Groups (LPPGs)</b></p> <p>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.</p> <p>Priority issues will be taken forward to the Patient and Public Partnership by the locality representatives.</p> <p>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.</p> <p>Members will be encouraged to get involved in the wider Patient and Public Partnership.</p> <p>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 the Joint Engagement Assurance Group (JEAG) reports to the Governing Body. This engagement will enable our PPGs to influence commissioning decisions.</p> <p>The 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.</p> <p>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.</p>	<p>LPPGs provide an opportunity for patient feedback to shape service design.</p>

			<p><b>Patient Participation Group (PPG)</b> – 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 <a href="#">engagement framework</a> 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.</p> <p>Usually the practice manager starts the PPG by recruiting a <u>variety of patients</u> 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.</p> <p>It is 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.</p> <p><a href="https://wolverhamptonccg.nhs.uk/news/blogs/190-blogs2">https://wolverhamptonccg.nhs.uk/news/blogs/190-blogs2</a></p>	Effective engagement with patients is key to ensuring that services genuinely meet the needs of all patients. The CCG makes effective use of the PPG network to ensure patients have a voice on decisions.
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>The Friends and Family Test (FFT)</b> 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.</p> <p><a href="https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/">https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/</a></p> <p><a href="http://content.digital.nhs.uk/workforce">http://content.digital.nhs.uk/workforce</a></p>	Patient feedback obtained and used for service improvements.
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p>The CCG has a mechanism for engagement with children and young people with <b>SEND</b> 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.</p> <p>The parents were actively engaged with health services to co-produce the services pages on the Local Offer 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.</p> <p>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.</p> <p>A Young Persons SEND Board will also be developed to provide challenge where appropriate.</p> <p>There are good links with Parent Carers Forum and Changing Young Lives with regular attendance at meetings.</p> <p>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.</p>	Numbers of compliments/complaints received.
			<b>The Children in Care Council (CiCC) – linked to 1.3</b>	
			<b>Communications and Engagement Strategy – Linked to 1.1</b>	

## 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
Age Disability Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 9 Article 10 Article 14	<p>The CCG has a <b>Complaints Policy</b>. 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 &amp; Patient Engagement Strategy.</p> <p>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.</p> <p>This policy applies to all complaints received by and made against the CCG.</p> <p>Also a Serious Incident policy. 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 the CCG's 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.</p> <p><a href="https://wolverhamptonccg.nhs.uk/contact-us/how-to-complain">https://wolverhamptonccg.nhs.uk/contact-us/how-to-complain</a></p>	<p>Clear understanding of how to complain and who is accountable.</p> <p>Patient complaints are investigated thoroughly and the CCG ensures that it works with providers to ensure that any lessons learned are put into practice.</p>

**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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	<p>The CCG is strongly committed to a fair and effective recruitment process that delivers a workforce as representative of the population it serves as possible.</p> <p>The advertisement of posts and recruitment process is managed primarily through the established NHS Jobs Portal which ensures that applicants have equitable access to jobs. Within the initial process a range of support processes exist which directly inform the recruiting manager of any adjustment or support need from a candidate.</p> <p>The approach is set out in the CCG’s <b>Recruitment and Selection Policy</b>. Additional supporting policies include:</p> <ul style="list-style-type: none"> <li>• <b>Recruitment Policy</b></li> <li>• <b>E&amp;D Policy</b></li> <li>• <b>Flexible working policy</b></li> <li>• <b>Special leave policy</b></li> <li>• <b>Sickness absence policy</b></li> <li>• <b>Bullying and harassment policy</b></li> <li>• <b>PDR policy</b></li> <li>• <b>Training and development</b></li> </ul> <p>The CCG has committed to have due regard to the Workforce Race Standard (WRES) and use it as a force for driving change, both as an employer and as a Commissioner of services.</p> <p>The CCG will review both the template submissions and the action plan of each provider for which it is lead commissioner to gain assurance that the health economy as a whole is taking action in this important area. See BSC’s own performance against the WRES standard:</p> <p>The CCG’s template can be found via the following link:  <a href="https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2016">https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2016</a></p>	<p>By establishing and maintaining a robust effective recruitment process which takes account of the needs of applicants the CCG can be confident that the recruitment process is supporting its aims in this area.</p> <p>The CCG’s annual survey provides a level of validation and a snapshot of the CCG’s position on its journey towards having a fully representative workforce.</p>

**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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 10 Article 14	<p>The CCG is committed to being as representative as possible across relevant protected characteristics in relation to the population it serves.</p> <p>The CCG is committed to ensuring that equal pay for work of equal value is maintained through the effective use of the NHS Agenda for Change (AfC) pay scale and inclusive recruitment, retention and selection procedures. This is shown in the CCG's Commitment Statement on Equal Pay.</p> <p>All of the CCG's internal workforce policies have been developed, and continue to be updated, in line with current legislative requirements including the Equality Act 2010. These policies cover the recruitment, selection and appointment process as well as all aspects of working for the CCG.</p> <p>The CCG carries out regular reviews of the workforce demographics though in view of the CCG's size this data cannot be published without risking identifying an individual.</p> <p>All new or amended job descriptions are evaluated in accordance with Agenda for Change evaluation and job matching processes. This is provided by Arden &amp; GEM 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.</p> <p><a href="http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/agenda-for-change-pay">http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/agenda-for-change-pay</a></p>	The approach taken gives staff assurance that the CCG is committed and working to deliver this aim. 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; <ul style="list-style-type: none"> <li>• Equal Pay Audit</li> <li>• NHS Agenda for Change Terms and Conditions</li> <li>• Starting salary statement</li> <li>• CCG Annual Equality Report</li> </ul>	CCG demonstrates its commitment to equal pay and that this is monitored and evaluated.

### 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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 14	<p>The CCG is strongly committed to ensuring that such opportunities are taken up and that all staff feel their development is being supported.</p> <p>The results of the CCG's annual staff survey provide a measure of that success. By supporting its staff the CCG increases staff wellbeing and maintains confidence – helping staff retention.</p> <p>The CCG support the development and training needs of staff, and monitors the effectiveness of this using various processes;</p> <ul style="list-style-type: none"> <li>• Equality Analysis Training</li> <li>• Mandatory training on Equality and Diversity</li> <li>• Learning &amp; Development Strategy</li> <li>• Team &amp; Organisation development events</li> <li>• Leadership programmes</li> </ul>	Fair and equitable access to training is provided. By supporting its staff the CCG increases staff wellbeing and maintains confidence – helping staff retention.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	Staff survey data is monitored and maintained by the CCG. Retrospective information on Statutory & Mandatory training is held by Arden & GEM CSU on ESR.	CCG gains assurance on the equitability of training takeup.

### 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
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	<p><b>The CCG has in place a Zero Tolerance Scheme – Excluded Patients</b> this is in place to ensure that where patients are abusive to staff, this can be managed and staff are protected. 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.</p>	Staff are protected from harassment by patients and their families.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion	Objective 4 Objective 5 Objective 6 Objective 7	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9	<p>The CCG have a suite of policies to ensure staff are protected and supported;</p> <ul style="list-style-type: none"> <li>• Employee relations data</li> <li>• Harassment &amp; Bullying policy</li> <li>• Staff Forums</li> <li>• Staff Surveys</li> <li>• Whistleblowing policy</li> </ul>	By setting out the required standards the CCG ensures staff are aware of their rights and responsibilities and should anyone have a concern they have a clear route to raise it.

Sex Sexual Orientation		Article 10 Article 14		
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	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. Relevant cases are monitored by the CCG's HR Business Partner along with any action taken.	Staff are clear on their rights and responsibilities and the relevant route to raise concerns.

### 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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	As part of its commitment to its staff and offering genuine work life balance the CCG has adopted the following policies: <ul style="list-style-type: none"> <li>• <b>Flexible Working Policy</b></li> <li>• Carers leave; maternity &amp; paternity; adoption policies</li> </ul> <p>By supporting staff to be flexible the CCG ensures roles are open to those with caring responsibilities or disabilities and ensures that reasonable adjustments can be accommodated</p>	The approach taken helps the CCG in delivering a positive achieving culture.

### 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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex	Objective 3 Objective 4	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	The CCG engage with employees to gain their feedback by; <ul style="list-style-type: none"> <li>• Staff survey</li> <li>• Exit interviews</li> <li>• Turnover data</li> </ul>	CCG gains assurance that staff are feeling supported.

Sexual Orientation				
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 new HR 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.	CCG gains assurance that staff are feeling supported.

## 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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 8 Article 14	<p>The CCG leadership are strongly committed to promoting Equality within the organisation and within the wider health economy. Taking an active role in the joint working across the black country the CCG's leadership works to ensure health inequalities are identified and addressed.</p> <p>Leadership of the CCG have committed 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.</p> <p>The CCG demonstrate evidence by;</p> <p>a) <a href="#">Comprehensive Communications and Participation Strategy</a> 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</p> <p>Section 1 Section 3 Section 4 Section 6 Section 7</p> <p>b) The CCG's 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 the <a href="#">Quality and Safety, Commissioning and Primary Care Commissioning committees</a>. Communications &amp; Engagement representatives attend <a href="#">Programme Boards</a> and <a href="#">Senior Management Team</a> 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 Arden &amp; GEM CSU <a href="#">Communications and Engagement</a> 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 &amp; Engagement team.</p>	<p>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.</p> <p>Leaders are actively promoting the strategic approach and ensuring it is understood throughout the organisation.</p> <p>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.</p>
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 8 Article 14	<p>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.</p> <p>a) Patient and Public insight has been used to develop the CCG's <a href="#">Commissioning Intentions</a> for the year, the <a href="#">Primary Care Strategy</a> as well as a number of procurement exercises (details attached) and is reported through our formal processes including the <a href="#">Joint Assurance and Engagement Group</a>. The CCG are seeking to move to greater involvement for patients in its operational work through the development of a <a href="#">Patient Reviewers programme</a> who will support the CCG's work monitoring quality.</p> <p>b) The CCG works closely with Public Health to develop an overall understanding of population needs and health inequalities via the <a href="#">Joint Strategic Needs Analysis (JSNA)</a>, 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.</p>	<p>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.</p> <p>Leaders ensure patient and public insight, experience and involvement is used to identify and fully understand all health inequalities and inequities.</p> <p>Leaders ensure patient and public insight, experience and involvement informs evaluation of decisions and actions</p>

			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. <a href="https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did">https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did</a>	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	Objective3 Objective 4	Article 2 Article 3 Article 8 Article 14	The <b>Senior Management</b> and <b>Governing Body</b> 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.

#### 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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 8 Article 14	The CCG's 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)  <a href="https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf">https://wolverhamptonccg.nhs.uk/images/docs/Constitution_with_Appendices.pdf</a>	The CCG demonstrates its commitment to Equality from the top down.
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	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.	The CCG can be assured and is able to routinely demonstrate that every decision it makes is subject to robust equality analysis to which due regard is shown.

### 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
Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion Sex Sexual Orientation	Objective 3 Objective 4	Article 2 Article 3 Article 8 Article 14	<p>In addition to the policies and procedures set out in section 3, the CCG has gained support from Arden &amp; GEM CSU EIHR team to run training sessions for all staff.</p> <p>Fairness at work and good job performance goes hand in hand. Tackling discrimination helps to attract, motivate and retain staff and enhances an organisation's reputation as an employer. Eliminating discrimination helps everyone to have an equal opportunity to work in an environment of mutual respect and dignity.</p> <p>Working together as a team is a fundamental element to any organisation; it is evident that staff at the CCG want to feel more comfortable and confident when they have something to say. The feedback also suggests the need to be listened to, especially those who would normally be quiet in discussion matters.</p> <p>The CCG will continue to engage with staff through the annual staff survey and review the responses to ensure that all can work in an inclusive working environment.</p> <p>By providing training and support the CCG gains assurance that managers and staff are supported to work in culturally competent ways, eliminating discrimination and ensuring patients and staff benefit.</p> <p><b>Linked to 3.6</b></p>	By providing training and support the CCG gains assurance that managers and staff are supported to work in culturally competent ways, eliminating discrimination and ensuring patients and staff benefit.

## **Equality Objectives 2018-2021**

Wolverhampton CCG has developed the following objectives for launch on the 1<sup>st</sup> of April 2018 with a three year timeframe. These objectives will form part of the CCG's strategic direction around equality, supporting action plans are being developed and updates will be published during the timeframe of the objectives on the CCG's website.

- 1. The CCG to work towards a comprehensive understanding of the barriers to accessing services experienced by patients. To work to reduce the barriers identified with partner organisations and stakeholders.**
- 2. The organisation will ensure that due regard is given to the needs of the CCG's population during service change, including vulnerable groups, through effective engagement aligned with the profile of the population affected by particular changes.**
- 3. The organisation will use the findings from the NHS Workforce Race Equality Standard, Workforce Disability Equality Standard and the Staff Survey reporting requirement to inform a broader action plan to develop inclusive, supportive values and competencies across the workforce.**
- 4. The CCG's leadership will, as system leaders, continue to champion improved outcomes for vulnerable groups and tackle health inequalities across Wolverhampton and the Black Country.**

Objective 1: has been developed to support and identify the work the CCG undertakes to enhance access to services for all patients, particularly those from vulnerable groups. This objective requires joint working between the CCG, relevant provider organisations and GP practices. It also requires on-going engagement with patient groups to ensure barriers are identified and resolved. Success will be measured through evidence of service change / enhancements that have addressed health inequalities.

Objective 2: recognises that the NHS is currently in a period of substantial change and that the impact of such changes is felt particularly by vulnerable groups. The CCG will use the findings of completed equality analysis to inform service change and ensure that it works with partner organisations to improve outcomes for vulnerable groups.

Objective 3: This objective has been designed to build on the CCG's internal focused organisational development and will evidence success through the CCG's relevant action plans, achieved goals and annual EDS2 progress against goal 3 of EDS2.

Objective 4: This objective is linked to the CCG's actions as system leader, involvement in the STP for the black country and actions of the leadership. Evidence of success will include STP activity and evidence from goal 4 of EDS2.

Updates against these objectives can be found on the CCG's Equality page and in these annual equality reports.

**Wolverhampton Clinical Commissioning Group**  
**Technology Centre**  
**Wolverhampton Science Park**  
**Glaisher Drive**  
**Wolverhampton**  
**WV10 9RU**

**Email: [wolccg.wccg@nhs.net](mailto:wolccg.wccg@nhs.net)**

**Telephone: 01902 44487**