

# **Equality & Inclusion Annual Report**

## 2018 – 2019

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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 2018/19 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 review of the relevant evidence and outcomes during 2018 with a view to gaining independent / public 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

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*Evidence portfolio*

*Date of publication*

*30/03/19*



## 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.

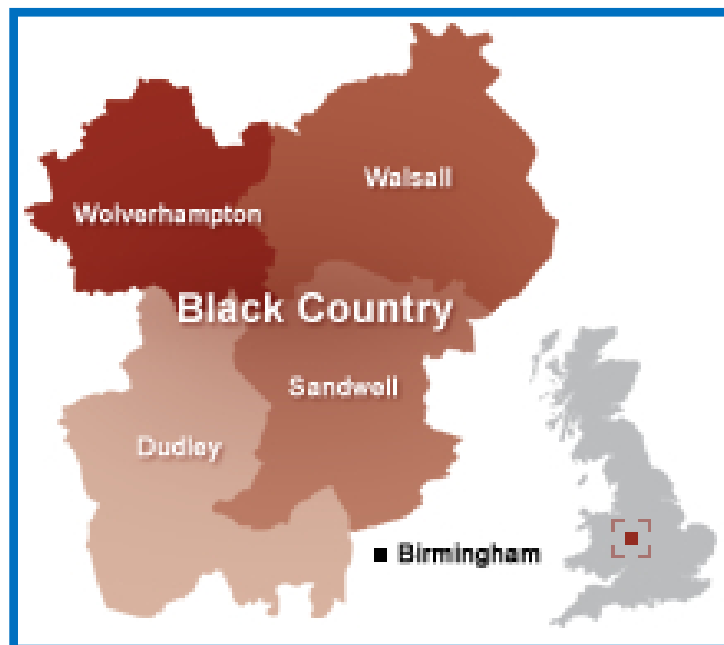
## Vision

"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:

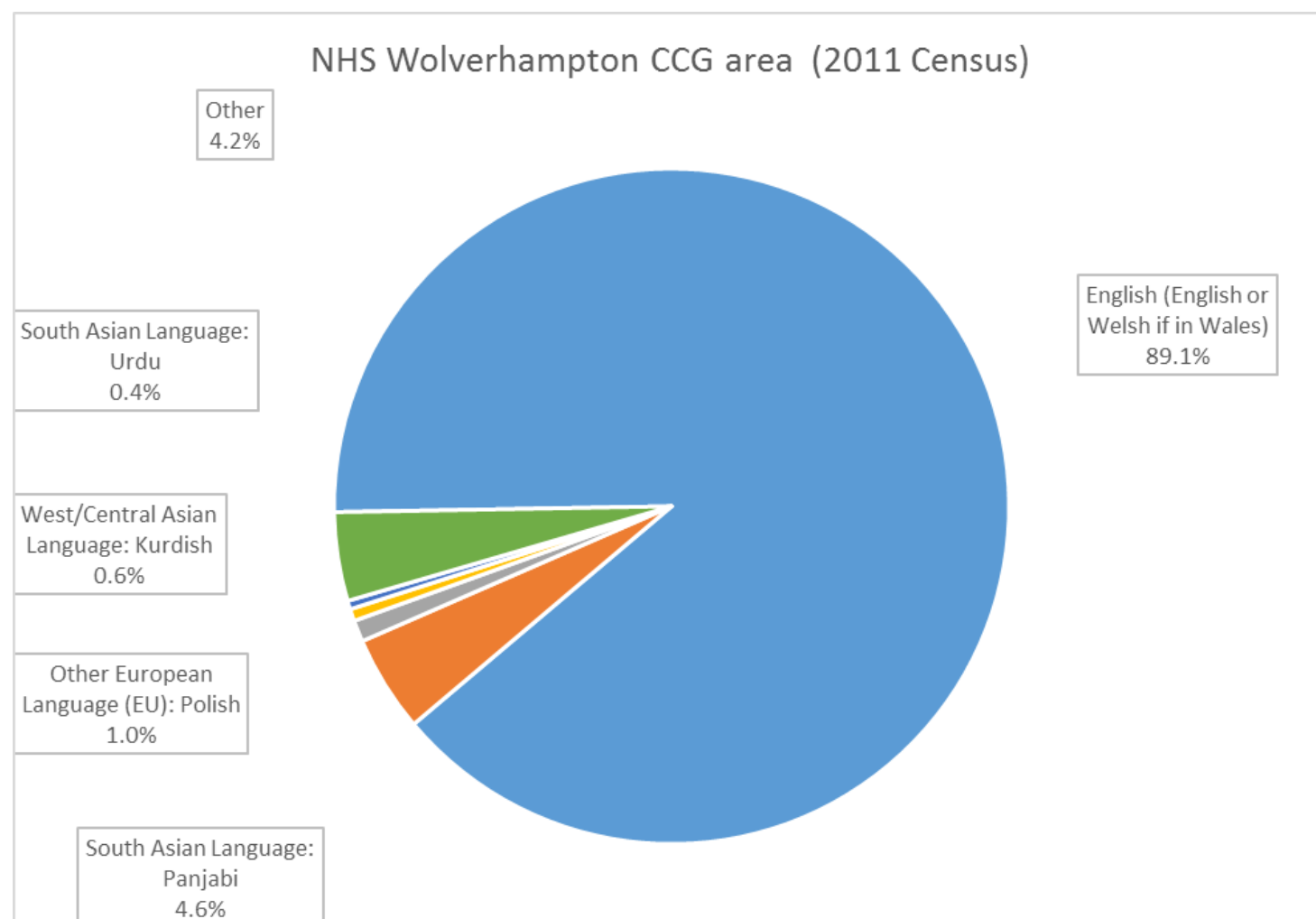
**Table 1: The ethnicity profiles of England and NHS Wolverhampton CCG's area based on the 2011 Census (all usual residents)**

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>

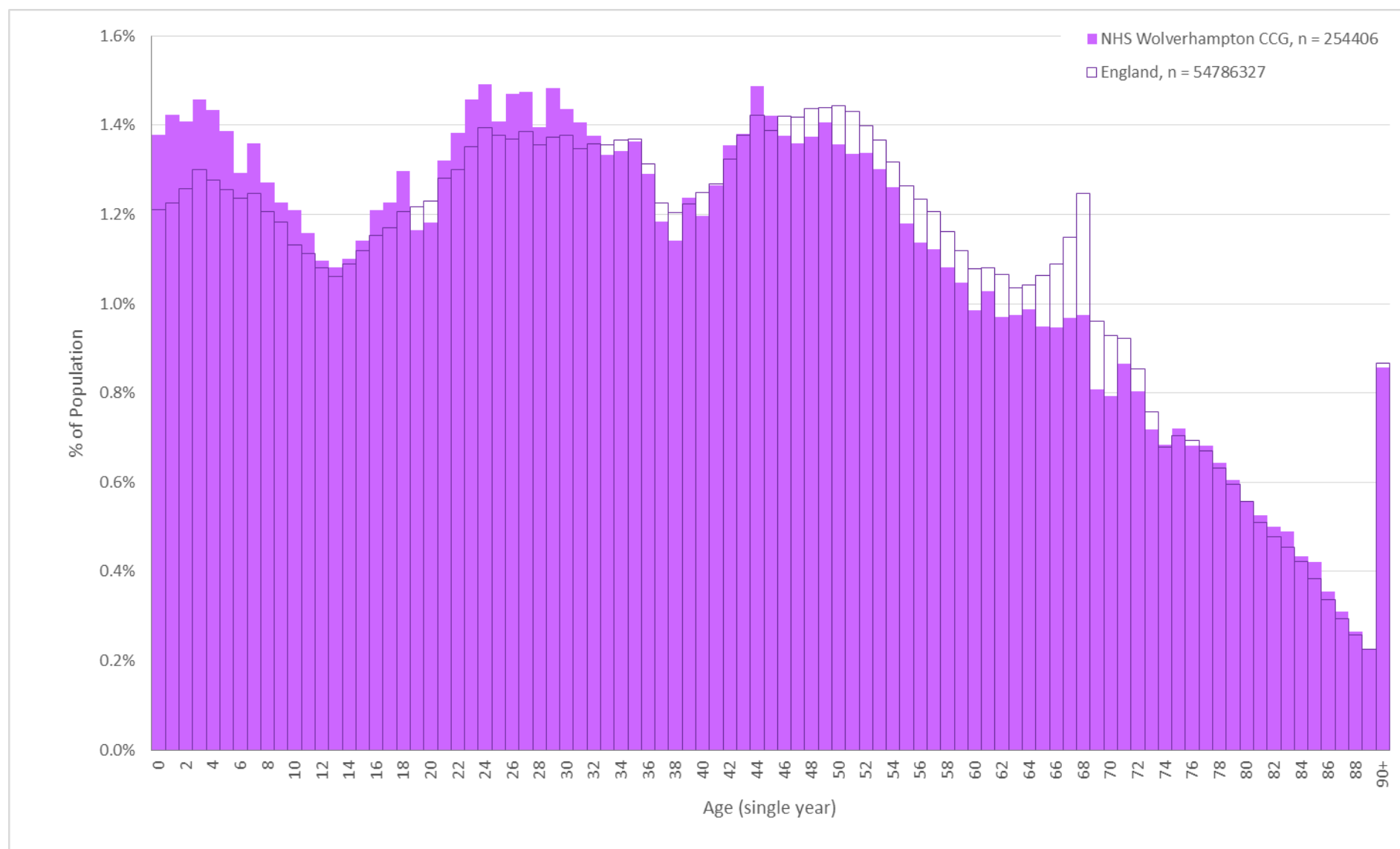
**Table 2: The disability profiles of England and NHS Wolverhampton CCG's area based Census (all usual residents)**

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**

In 2014, along with our partners, the CCG established our five year strategy for the Wolverhampton Health Economy. This set out our vision to commission the **right care, in the right place at the right time** based on improving outcomes for our population by:-

- Decreasing potential years lost to ill health;
- Improving health for those with Long Term Conditions;
- Reducing avoidable admissions to hospital;
- Increasing the number of older people who are supported to live independently at home;
- Improving people's experience of receiving health care; and
- Ensuring consistent outcomes, seven days a week.

This ambitious strategy was and continues to be supported by clear delivery priorities around the development of primary care, continued integration with social care, reconfiguration of urgent and emergency care and the continued improvement of mental health services underpinned by a focus on reducing health inequalities across the population. These priorities were translated into Operational plans, refreshed on an annual basis.

Planning Guidance for 2016/17 introduced the requirement for NHS Organisations to come together with Local Authorities to develop Sustainability and Transformation Plans (STPs) across the footprint of a health and social care economy up to 2021. Wolverhampton is part of the Black Country STP footprint and our Operational Plan for 2017/19 outlines how the CCG will contribute to the delivery of plans across the Black Country. The STP, agreed in November 2016 aims to **materially improve the health, wellbeing and prosperity of the population through providing standardised, streamlined and more efficient services**. It identifies many of the key challenges and priorities we set out to build on in our five-year strategy and provides a clear programme of action across the Black Country based around the following priorities: -

- Implementing local place-based models of care that deliver improved access to better coordinated community and primary care that provides greater continuity for patients who can and should receive integrated services in an out of hospital setting;
- Extending Collaboration between Acute service providers to create a coordinated system of care across the Black Country to reduce variation, improve quality and deliver organisational efficiencies;
- Building on existing plans to transform mental health and learning disability services;
- Addressing the significant challenges faced in maternal and infant health through the development of a single maternity plan;
- Working together on key enablers such as digital infrastructure, public sector estate utilisation and workforce transformation to deliver modern patient centred services and commissioning functions; and
- Acting in partnership with the West Midlands Combined Authority and other partners to address the wider determinants of health including employment, education and housing. Wolverhampton Clinical Commissioning Group 3

The STP will build on existing plans and strategies by recognising both opportunities for organisations to work more closely together to deliver benefits for patients and where local action is most appropriate. There is a clear focus on innovation, particularly where it supports collaboration to reduce variation. This plan outlines the areas Wolverhampton CCG will focus on during 2017/18 and 18/19 to deliver our organisational vision through the broader aims of the STP and the Black Country Footprint.

### 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 include monitoring the group’s delivery of the public sector equality duty (constitution 5.1.2(b)).

### Equality Analysis (formerly Equality Impact Assessments)

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 EA 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>Key priorities identified within the <a href="#">CCG's Operational Plan</a> include the following – illustrating how meeting the needs of vulnerable groups is prioritized.</p> <ul style="list-style-type: none"> <li>• Improving Mental Health and Learning Disability support <ul style="list-style-type: none"> <li>○ Maximise regional, system wide approach.</li> <li>○ Improve bed utilisation and stop out of area bed use</li> </ul> </li> <li>• Improving Maternal and Infant Health, to achieve a sustainable model of maternal and neonatal care, improving outcomes for mothers and babies across the Black Country</li> </ul> <p>We recognise that in order to deliver our ambitious strategic plans, we will need to ensure that key enablers, including the use of technology, how we use our estate and the skills of our workforce are all aligned to our delivery plans. Our vision to commission the right care in the right place at the right time will only be possible if we deliver our plans to ensure that we have the most appropriately skilled people available to deliver care in high quality, accessible locations using the technology available to them in the right way. We will continue to work to ensure that these key enablers are in place throughout 2017/18 and 2018/19.</p> <p>The CCG's <b>Commissioning Intentions</b> (CI) <a href="#">The Commissioning Intentions report</a> highlights the engagement findings and recommendations during four public CI engagement events which took place during June 2017, on the CCG's proposals to develop, inform and guide Wolverhampton Clinical Commissioning Group (WCCG) CI 2018/19.</p> <p>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><b>Skin (Dermatology) services in Wolverhampton - 2019</b> We are currently asking for Wolverhampton residents' views about dermatology (skin) services. This is an opportunity for you to have your say and help shape the future design of community dermatology services in Wolverhampton. You can have your say by completing the survey: <a href="https://www.surveymonkey.co.uk/r/WGZY2BK">https://www.surveymonkey.co.uk/r/WGZY2BK</a> or attending our focus group. The survey will close on Sunday 24 February 2019. We will use the feedback we receive to inform the decisions we make on how community dermatology services are provided in Wolverhampton. More information can be found <a href="#">here</a>.</p> <hr/> <p><b>Prescribing over the counter medicines - 2018</b> In August 2018 we engaged with members of the public on reducing prescribing of over the counter medicines for minor, short-term health conditions. We set up a survey to ask people their views on whether medications that are available to buy over the counter should continue to be available on prescription. We promoted the survey via our online channels and attended two groups across the city to do some targeted engagement. 180 people completed the survey. You can read the summary report <a href="#">pdf here (402 KB)</a></p> <p>To support and implement the changes, we have distributed posters and leaflets to GP practices to be displayed in their waiting areas. You can also view them here: <a href="#">pdf leaflet (162 KB)</a> <a href="#">image poster (160 KB)</a></p>	<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> <ul style="list-style-type: none"> <li>• Transforming Care Partnership</li> <li>• Transforming Care Together</li> <li>• MERIT vanguard</li> <li>• Better Births</li> <li>• Healthy Pregnancy Pathway</li> <li>• Neo-natal care pathway</li> <li>• Maternal mental health pathway</li> </ul> <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>

### Medicines of Limited Clinical Value - 2018

In August 2018 we asked for your views about the future of medicines with limited clinical value. We created a survey and attended two groups across the city to do some targeted engagement with people who are already on long term medication of some description, to understand their views. 93 people completed the survey. You can read the summary report [pdf here \(223 KB\)](#)

### Sickle Cell and Thalassaemia

The survey closed on 21 August 2017. Thank you to all who participated in our engagement exercise. Some of the help and support for Sickle Cell and Thalassaemia is paid for by the CCG. Some of it is paid for by other NHS organisations. We asked you about the help and support that the CCG may need to pay for. We asked for your views (via a survey) as patients and members of the public about the following:

- The information that is available to the public about Sickle Cell and Thalassaemia.
- The advice and counselling that parents are offered as part of the screening process
- The long-term support offered to people with the conditions

We also asked people who are affected by Sickle Cell and Thalassaemia what they think is important to help them keep healthy and how that support could be provided. Some will have used the services which are available or know someone who has. We would like you to tell us your views about those services to help us decide which ones work best. For more information [click here](#).

The key objectives are:

- 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.
- 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
- Influence commissioning of local services beyond health and care to make a real impact upon wider determinants of health
- To define and provide a range of communications and participation products and methods to help people to:
  - learn about proposals in detail in to help them form an opinion, and know how they can feedback,
  - to share their opinion with us.

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.</p> <p><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>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>
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<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 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 <a href="#">commissioning strategy</a>, <a href="#">commissioning plans</a> and <a href="#">annual commissioning intentions</a>, (<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 appropriate strategies across the health and social care economy to address any identified issues;</li> <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 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.  <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>As part of the development of these objectives the CCG engaged with its Patient Participation Group network to gain further feedback on the approach. As a result the CCG has ensured that these are inclusive of patient feedback.</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. 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>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>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>	
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 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 review of community health local offer will ensure that services for this group fully meet the needs of this patient cohort. The involvement of patients from this group in this review is key to ensure that their views are heard and appropriate services commissioned.</p> <p>As part of this involvement the CCG will work with patients from this group in a range of settings and forums including; Voice for Parents (Parent and Carer forum), Change in our Lives (Young people forum – which includes a range of patients with physical difficulties, learning disabilities and mental health conditions), in schools and within the trust setting. .</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.
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 Mental Health Commissioning Strategy sets out five key priorities as set out below:</p> <ul style="list-style-type: none"> <li>•Integration of mental and physical health - closing the mortality gap</li> <li>•Improving access to the quality and evidence base and improving access to and responsiveness of services, referral to treatment and waiting times - closing the treatment gap</li> <li>•Improving Data Quality – closing the data quality gap</li> <li>•CCGs commitment to Mental Health Investment Standard - closing the parity of esteem / funding gap</li> <li>•Improving the Wider Determinants of Mental Health – closing the early intervention and prevention gap</li> </ul>	<p>There is a focus upon transition from CAMHS to AMHS and AMHS to Older Adults</p> <p>There is a focus upon those with a physical health and mental health disability / difficulty ( including a learning difficulty) to improve the mental health and self-efficacy of this cohort</p> <p>There is a focus upon those who are transgender and / or LGBT + to improve the mental health and self-efficacy of this cohort</p> <p>There is a focus upon perinatal mental in line with the Five Year Forward View for Mental Health deliverables including a focus on reducing suicide and mental health related deaths as outlined in Better Births</p> <p>There is a focus upon building cultural competence of services and targeting over representation of BAME groups in some mental health services by improving early intervention and prevention and reducing detention of Black males</p> <p>There is a focus upon building cultural competence of services working with faith based community groups to build resilience of individuals families and communities</p> <p>There is a focus upon those who are transgender and / or LGBT + to improve the mental health and self-efficacy of this cohort. Interventions will be gender sensitive ie responsive to the needs of people in relation to gender</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>Wolverhampton Clinical Commissioning Group (CCG), in collaboration with Wolverhampton Voluntary Sector Council (WVSC), launched a social prescribing pilot service in April 2017, including three link workers located across the City. The social prescribing service provides a link between primary care services and the voluntary and community sector, and aims to help people with non-clinical needs access a wide variety of services and activities in Wolverhampton to support their health and wellbeing.</p> <p>The Institute for Community Research and Development was commissioned to undertake an independent evaluation of the service. The evaluation took a mixed-methods approach to review the current delivery, evidence impact and provide recommendations for future service provision. Quantitative analysis of routine monitoring data, including measures of wellbeing and loneliness, and NHS use data examined the impact of the service. This was complemented by focus groups and interviews conducted with service users, referrers and providers to understand their experiences.</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><b>Key findings</b></p> <ul style="list-style-type: none"> <li>• The service received 676 referrals (64% female; mean age 66.4 years) between May 2017 and December 2018</li> <li>• The most common reasons for referral were loneliness and low-level mental health conditions</li> <li>• Link workers made onward referrals to over 150 groups/services</li> <li>• There was a statistically significant improvement in service users' reported wellbeing following contact with the social prescribing service</li> <li>• Service users reported a statistically significant decrease in feelings of loneliness following contact with the service</li> <li>• A reduction in primary care health use was statistically significant for those service-users who were the highest utilisers of GP/practice nurse appointments (6+ appointments in six months)</li> <li>• The estimated Return on Investment means that for every £1 spent on the social prescribing intervention, there will be a saving of £0.15 for primary care services. This is a conservative estimate considering the data limitations described in the report</li> </ul> <p>• Qualitative findings support the quantitative findings. The service is highly regarded by referrers, providers, and service-users. In addition to improved wellbeing and loneliness, respondents discussed improved mental health, confidence, self-esteem, and in some cases improved physical health.</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: <ul style="list-style-type: none"> <li>○ Patients under the age of 18</li> <li>○ Patients for whom a medical intervention is required</li> </ul> </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>An all age <b>Autism Spectrum Condition Strategy</b> has been developed in conjunction with the City of Wolverhampton Council and NHS Wolverhampton CCG. The CCG is involved in the development of an implementation plan with the focus on health specifics of the strategy across CYP and adults.</p> <p>This service is specifically aimed at those children and young people, their families and carers who are under the age of 18 who have been referred into services to undertake assessments for an autistic spectrum condition</p> <p>The areas of the strategy which the CCG is focusing on are as follows:  Diagnostic pathways: From July 2016 the CCG commissioned a new diagnosis, assessment, treatment, review and support care pathway from Dudley and Walsall Mental Health Partnership Trust for adults. This has resulted in increased numbers of assessments, reduced waiting times and improved satisfaction from service users. For children and young people under the age of 18, the CCG has started work to review the diagnostic pathway, and are working with key stakeholders, including parents, to develop a new pathway, which will be implemented by April 2019.</p> <p>Participating in Care, Education and Treatment Reviews:  The development of the neurodevelopmental conditions strategy and subsequent workstreams will impact on children and young people who either are going through or have been through a diagnostic process for neurodevelopmental</p>	<p>The intended benefit of this review is that the ASC diagnostic services will be secure and will reduce health inequalities for CYP in the city ensuring good patient and carer experience.</p> <p>This review and service change will benefit those CYP who are being referred into services due to concerns that they may have an ASC diagnosis. This ensures the services are able to provide exactly what the Child or young person and their families/carers need as and when they need it. It will also ensure the pathways are clear for all to understand with clear timescales.</p> <p>Easier access to ASC diagnostic services with clear information provided to parents/carers and the children and young people about the process involved in the</p>

			<p>conditions as well as their parents and carers, staff who are involved in the care of this group of children and young people including those in acute, community, education and social care.</p> <p>Currently the diagnostic pathways rely on the goodwill of the services involved in the multi-agency pathway to undertake the assessment. As services have become pressured to achieve activity targets they are withdrawing their expertise from the panel as no activity is counted from the panel. A service specification will be drawn up to ensure that services are commissioned to deliver a NICE compliant service for diagnosis of neurodevelopmental services. These services will be multi-agency and so the service specification will need to be jointly commissioned.</p>	diagnosis.
<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 review and implementation of an Arterial Fribulation pathway across both primary and secondary care will facilitate the identification of currently undiagnosed patients who have AF; offering them anticoagulant medication, and secondly by identifying patients on practice AF registers who are not currently receiving anticoagulants and offering them that medication. The estimated numbers in each group are: Prevalence data suggests that there are 2,300 undiagnosed patients across the CCG (NHSE 2015 and Stroke Association)</p> <p>Improved access to diagnostic and treatment options as a result of improved an atrial fibrillation pathway Improve the identification/diagnosis of patients over 65 who have AF Improve the health outcomes and medicine optimisation for patients who have an atrial fibrillation diagnosis. Provision of lifestyle information to reduce stroke risk as per local and national guidelines Enhanced GP/practice confidence in the management of stroke risk in AF Disease register validation with potential to improve atrial fibrillation prevalence Thorough clinical assessment of patients using structured care pathways and integration tools Risk stratification of patients using CHA2DS2-VASc which also supports optimal achievements within the AF QOF indicators Facilitating practice achievement of indicator points within the Atrial Fibrillation QOF clinical domain</p> <p>NHSE estimates suggest that of those patients who have been identified to have AF over half are untreated or poorly controlled.</p> <p><b>The project includes due regard to interpreting and translation requirements.</b></p> <p><b>Carers may benefit from the preventative and treatment intervention preventing potential stroke and disability since it will improve the support / health of the patient they support</b></p>	<p>Enhancing the quality of life for people with long term conditions, improving the health related quality of life for people with long term conditions.</p> <p>An improvement in both the health and wellbeing, quality of life and the healthy life expectancy of patients with AF who are currently either not diagnosed or not receiving anticoagulant treatment.</p> <p>A reduction in the number of people experiencing a stroke and TIA associated with AF.</p> <p>A reduction in the number of deaths arising from AF-related stroke. Stroke is a major cause of death in the older population and AF-related stroke is considered to have much higher mortality.</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
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion or belief Sex</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 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>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.</p>



Sexual Orientation			<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>	
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. Examples have been set out previously in this report.</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 style="text-align: center;">1. Equality and Diversity Compliance:</p> <p style="padding-left: 40px;">a) Demonstrate full compliance with Equality and Human Rights Legislation <u>in line with the EIHR protocol</u>. (Detail set out in requirements 1, 2, 4 and 6 of the Equality, Inclusion and Human Rights Recommendations for Providers Contracts 2017 – 19).</p> <p style="padding-left: 80px;">i. Equality Act 2010</p> <p style="padding-left: 80px;">ii. Public Sector Equality Duty (PSED), including the duty to publish information in relation to the equality profiles of service users and the workforce.</p> <p style="padding-left: 80px;">iii. <u>Evidence of Equality Analysis and Due Regard processes.</u></p> <p style="padding-left: 80px;">iv. Action plans and progress in addressing issues identified.</p> <p style="padding-left: 40px;">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> <p style="padding-left: 80px;">i. Equality Delivery System2 (EDS2)</p> <p style="padding-left: 80px;">ii. Workforce Race Equality Standard (WRES)</p> <p style="padding-left: 80px;">iii. Workforce Disability Equality Standard (WDES)</p> <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>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>	<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 so that they can be addressed.</p>
Age Disability	Objective 1 Objective 2	Article 2 Article 3	<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</p>	Increased patient involvement and increased choice supports the CCG in delivering the best quality person

<p>Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective 3 Objective 4</p>	<p>Article 5 Article 8 Article 14</p>	<p>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>	<p>centred care</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>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>
<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>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> </ul>

				<ul style="list-style-type: none"> <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>Key examples can be found in the <a href="#">CCG's Communication and Engagement report</a>:</p>	The CCG has worked to ensure that it provides the opportunity to comment and shape services across the CCG's population base.
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>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>The EHCP process is continuously reviewed with the local authority in order to ensure timeliness and process issues are addressed.</p> <p>A specific focus group to review the Children's Continuing Care process will be developed.</p>	Children and young people with SEND are assessed in a timely way to meet their needs.



Age Disability Gender Re-assignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion or belief Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<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>
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 14	<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>
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 14	<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>
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 14	<p><b>Voice of the Child</b></p> <ol style="list-style-type: none"> <li>1. Statutory health assessments for all of our Children and Young People in Care (CYPiC) 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 CYPiC (RWT) includes the importance of obtaining the voice of the child.</li> <li>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.</li> </ol>	<p>The CCG gains assurance that this group of patient's needs are met. The key aim here is that the voice of the child is incorporated in all service planning.</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.	
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	<b>A review of the Community SEND local offer</b> is currently in progress which will enable the CCG to be clearer around the provision for SEND 0-25 years and crucially including key transition points into adult services.	The revised service will be as effective as possible since SEND patients will have been extensively involved in the service development.
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> – The CCG work jointly with our local authority 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.  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.  We commissioned Changing Young Lives to co-produce improved pathways for young people moving into adult services.  Linked to the Mental Health Strategy 1.1	Patients experience a structured transfer and are not left with a care gap or left waiting for information.

### 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact
Age Disability Gender Re-assignment 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 redesign of End of life care services across Wolverhampton of a person-centred, integrated, end to end End of Life care service, is in response to the delivery of the 6 core principles detailed within the Wolverhampton Integrated End of life care Strategy published in October 2016:</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>We intend to ensure our workforce is fit for purpose and that they work with patients and carers to 'make every moment count'.</p> <p>Effective access to this service is reliant on effective <b>interpreting and translation</b> services being in place as per the provider's contract. Particular consideration given to ensure the service is fully accessible and appropriate for patients with a <b>learning disability and those with Dementia</b>. Providers are expected to comply with and implement the <b>Mental Capacity Act</b> for patients with conditions included in the legislation and ensure that where patients have particular communication needs these are fully and appropriately met.</p> <p>Services will be expected to ensure that they are able to facilitate all <b>religious requirements/beliefs/customs</b> up to and following the death of a loved one . The service must ensure due regard is given to <b>cultural</b> needs and differential expectations on end of life care from <b>different ethnic and cultural groups</b> inline with their preferences and wishes</p>	<p>Aim to improve the delivery of care for those approaching end of life and also those patients within the last 12 months of life</p> <p>Improved coordination of care Improved symptom control Improved experience of care Improved quality of life</p> <p>1. Better health outcomes for all Better personalised care for all patients approaching end of life</p> <p>2. Improved patient access and experience To improve the experience of health &amp; social care services and to receive responsive, person centred care</p> <p>3. Empowered, engaged and included staff To ensure a workforce fit for purpose, fully equipped to deliver quality services to this patient cohort</p> <p>4. Inclusive leadership at all levels The proposed redesign will include input from all levels of leadership from providers and commissioners</p> <p>Access to a full range of palliative and end of life care</p>

		Providers are expected to ensure that services are designed and delivered to include patients in <b>temporary accommodation and of no fixed abode</b> . Services will be provided in Community locations to enable ease of access for this patient group.	services. The service is specifically for adults age 18+.
		The establishment of the Black Country Strategic Information Partnership (STP) is key to enhancing cross system working between Commissioners, Providers and the Local Authority. It is led by the CCG.  <ul style="list-style-type: none"> <li>•Maternal and infant health – reduce current high levels of infant mortality to bring them in line with the national average, avoiding the death of 34 babies a year.</li> <li>•GP and community services – invest an extra £25m in GP services by 2021.</li> <li>•Hospital services – the new Midland Metropolitan Hospital will treat over 570,000 people when it opens in 2019 and will be one of a network of hospitals serving the Black Country and offering the right care in the right place at the right time.</li> <li>•NHS 111 – ringing one telephone number, the people of the Black Country will be able to book a doctor’s appointment, in evenings and at weekends, get dental advice, order a repeat prescription, or get urgent advice.</li> <li>•Mental health services – changes to how health and care services work together will mean those suffering early psychosis will get access to therapy within two weeks.</li> <li>•Tackling deprivation – co-operate across all STP partners to tackle deprivation and other wider determinants of health such as low educational achievement, inadequate housing and unemployment</li> <li>•Workforce – build a stronger, more resilient health and care workforce that is able to take advantage of expanded career opportunities across the STP footprint.</li> </ul>	Establish a system wide approach to reduce barriers and ensure seamless transition between services.
		Where a SEND patient has been referred for a continuing care assessment but is not found eligible the CCG ensures that the patient is transferred back to Children’s Social Care to ensure continuity of care. To ensure effective multi agency working, representatives from local authority social care are part of the CCG’s panel.  Where a young person is placed in a residential setting outside of the city the CCG ensures it is involved in a review of that placement.	Barriers for patients in accessing / continuing to access services are reduced / removed.

#### 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	<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.  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.	By ensuring effective and robust safeguarding processes are in place the CCG ensures that relevant patients are protected and kept safe.

			<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>	
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> <p>Both Royal Wolverhampton Trust and Black Country Partnership Trust for whom the CCG is responsible Lead Commissioner report bi annually against their contract requirements on Equality Inclusion and Human Rights. This allows the CCG to ensure that patient’s needs are being met and that any issues / lessons learned are applied. Patient Safety is also a key reporting theme within the CQRM annual timeline for each provider.</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.</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> <p>All providers are expected to follow safe recruitment processes.</p>	By including an independent representative an additional assurance check is provided to ensure the best possible outcomes for patients.  Patient safety is key and the CCG utilises its inspection regime to complement other mandatory inspections to maximise patient safety.

**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> <p>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></p> <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> <p>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></p> <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> <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>These requires apply proportionately to all organisations who provide services on the CCG's behalf</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>	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.
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>	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.



	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>Parents and carers are a key stakeholder and their views will be sought in the review of the community health local offer.</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	<p><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 ).</p> <p>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.</p>	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.
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>Digital Consultation service</b> - The Project will enable patients who would normally be unable to access the service to interact and receive a GP consultation via a video link.</p> <p>It may be useful for Care Homes where the GP may not be able to schedule a visit.</p> <p>May benefit patients with mobility problems who will now have access to appointments more quickly.</p> <p>May benefit reduced mobility patients with travel issues.</p> <p>Video Consultations will not be an option for some patients who are unable to use the required equipment either as a result of limited vision or a learning disability. Home visits will continue to be available for such patients and it is hoped that the increased capacity provided will have an impact on making such visits easier to provide.</p> <p>Due regard must be given to the need for Interpretation and Translation for patients during consultations.</p> <p>Low income families may not have access to electronic devices or internet access at home. Such patients will continue to be supported with home visits where appropriate.</p>	Improving Quality and Safety. Reduce Health Inequalities System Effectiveness
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>Digital Counselling service</b> - The CAMHS transformation plan 2015-16 identified that there was a gap in provision at the Emotional Mental Health and Wellbeing service level previously called 'tier 2 services' which was supposed to shift the focus of services from crisis intervention to one of early intervention and prevention.</p> <p>Future in Mind made a recommendation that there should be clear and safe access to high quality information and online support for children, young people and parents/carers; Children and young people should be able to access the help they need online. Provision of this online service will ensure that high quality information will be available for CYP as well as online counselling and support.</p> <p>The aims of the service is as follows:</p> <ul style="list-style-type: none"> <li>•Improve the emotional wellbeing and mental health of CYP by providing an early response to emotional wellbeing and/or emerging mental health needs via an online digital service.</li> <li>•Improve CYP access to services and support through the use of digital services built around the needs and views of CYP</li> <li>•Increase early detection of mental health problems so they can be addressed promptly, thus preventing problems from getting worse and requiring a more specialist response</li> <li>•Improve access to the provision of self-care tools and resources, some of which will be specific to Wolverhampton, which support CYP and their families to help themselves and build resilience</li> <li>•Reduce demand on specialist children's services, particularly CAMHS and social care</li> <li>•Improve partnership working across the whole Children and Young People mental health system by working in collaboration with local services and support, building on, complementing and enhancing existing service provision</li> <li>•Improve access to services for CYP who are vulnerable/disadvantaged and hard to reach by removing some of barriers to meet their needs.</li> </ul> <p>A suggestion has been made to undertake an assessment of the service with a cohort who have sight difficulties to establish if the service can be accessible for them.</p>	This service specification is intended to increase the number of CYP accessing services through self-referrals and also to ensure that they are accessing services at an earlier opportunity than previously was available. CYP from aged 11 to 18 are intended to benefit from the development of this service specification. CYP are intended to benefit from the development of this service specification to ensure they can access high quality information about emotional mental health and wellbeing as well as online digital counselling support at an early intervention level.

		<p>Evidence has suggested that there is a reluctance for members of some BME communities from accessing mental health services which includes emotional mental health and wellbeing and specialist CAMHS. However, provision of an online counselling service will remove the stigma of CYP being 'seen' attending a service as it can be accessed from arrange of locations and in private.</p> <p>Access to high quality information about emotional mental health and wellbeing as well as online digital counselling support at an early intervention level will be of great benefit to CYP considering gender reassignment /transgender and will enable them to receive early support to help with any decisions they need to make regarding their future and gender.</p> <p>This proposal will be explained on the CCG website and on the local offer as well as being publicised via HeadStart. Team W will be informed about the service available as well as a note going out to GPs via the e bulletin that they receive. As part of the mobilisation of the service, there is a request for a member of staff from the online counselling service to be made available to go into all secondary schools in Wolverhampton to advertise the service and explain what is available and what it will entail.</p>	
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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	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>	



Sex Sexual Orientation			<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>	
			<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 proactively developing a personal healthcare budget offer. Young people and their carers are co-producing the personal health budget offer for Wolverhampton. Ensuring that young people are involved in this key piece of work, which will ensure the offer is fit for purpose, sustainable and personalised.</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>
Age Disability Pregnancy & Maternity Race Sex Sexual Orientation	Objective 1 Objective 2 Objective 3 Objective 4	Article 2 Article 3 Article 5 Article 8 Article 14	<p><b>Smoking Cessation Service</b> - A commitment has been made within the region to reduce smoking in pregnancy and the infant mortality rate.</p> <p>This project seeks to introduce an evidence based smoking cessation programme targeting pregnant women who have multiple social issues. The project intends to support and complement existing approaches that are delivered to women in Wolverhampton creating a holistic approach to the needs in order to improve reduce the current rate of smoking at time of delivery and address multiple social issues that are identified for women and their families.</p> <p>The project will be supported by a smoking cessation champion, who will be an integral part of Maternity Services. This champion will aim to bring together advice based on a medical model and a holistic approach to tackle the wider determinants of health, therefore supporting women to tackle wider issues that contribute towards smoking.</p> <p>This project will impact upon pregnant women/women of child bearing age including vulnerable young people who are teenage parents/ who may have safeguarding and welfare issues. The policy is designed to ensure groups are supported appropriately to stop smoking.</p> <p>Women who may have a disability/additional needs, a Learning Disability vulnerable women/safeguarding and women who may have substance misuses and mental health issues need to be supported and referred to support services</p> <p>A list of outcomes will be established. Women will be identified through maternity services. Personalised plans will be created for each woman and Progress of each woman monitored regular.</p> <p>The project will contribute towards improved health outcomes for this group of women and their families; Reduction in smoking; Reduction in respiratory conditions; Cancer prevention; Reduce risk of still birth; Reduce risk of low birth weight babies; Reduce the risk of infant death; public health and maternity data will provided evidence of impact.</p>	<p>1. Improving the quality and safety of the services we commission - The implementation of a dedicated maternity smoking cessation provision will improve both the quality of life for women and their babies who will both be at risk of poor health outcomes.</p> <p>2. Reducing Health Inequalities in Wolverhampton - The Project should enable the CCG to improve the health outcomes for women across Wolverhampton who smoke during pregnancy. To improve access to preventative ill health measures self-help, peer support, improve access to community support within their local geography. The project aims to deliver care closer to home.</p> <p>3. System effectiveness delivered within our financial envelope Enable the improvement in performance, women's outcomes and experience and deliver value for money</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><a href="#">Commissioning Intentions – Engagement Report</a></p> <p>The CCG’s engagement with patients received a range of feedback on services, in particular patients were highly satisfied with the Diabetes education programme and services at new Cross, which were felt to be high quality services. It was also noted that patients (in general) agreed that delivering services within the community was the best way forward. The report does however highlight challenges in access to primary care and capacity – which is a national problem. Actions undertaken to address this can be seen within the report however as the CCG looks to enhance the extended access to GP practices, outside core hours.</p> <p><b>Public and stakeholder involvement groups</b></p> <p>We encourage people to get involved in shaping the services that we commission by giving them the opportunity to attend a range of involvement groups. These include:</p> <p><b>Patient Partner Scheme</b> – Our Patient Partner Scheme is a free membership scheme that provides interested local people with information about new health initiatives and how they can share their views by taking part in events and consultations. The public can fill in an online or paper form to join up and can let us know which areas they are most interested in learning about.</p> <p><b>Patient Participation Groups and Citizen’s Forum</b> – Over the past year our PPG Chairs and Citizen’s Forum groups have continued to meet bi-monthly to share our current local and national projects. The Citizen’s Forum Group is made up of community leaders from faith, disease specific groups and local community groups. At these joint meetings we informed and updated them on WCCG workstreams and changes in Primary Care. We have taken time this year to enable understanding of the new models of Primary Care that have evolved during the year and they have started to meet together within their own new models of care. We feedback any of their issues to the Governing Body through our Lay Member.</p> <p><b>Joint Engagement Assurance Group</b> – We continued to meet quarterly to share engagement opportunities across the city with our stakeholders and provide assurance to the engagement framework effectiveness as outlined in our Communications and Participation Strategy.</p> <p>Further details can be found on the <a href="#">CCG’s Talk to Us page</a>.</p>	<p>The CCG can evidence that it has given patients an opportunity to feed into its strategic direction and have their voices heard. Within the report specific reference is made to vulnerable groups for example patients with limited English.</p> <p>LPPGs provide an opportunity for patient feedback to shape service design.</p> <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.</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><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>	<p>Patient feedback obtained and used for service improvements.</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 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>Numbers of compliments/complaints received.</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>	
		<p>The Young people's forum are producing a video around SEND for the CCG's Governing Body in which case studies will be showcased. The CCG intends to continue working with the forum on market engagement events to stimulate the market in order that choice can be exercised by patients from this group with their PHBs in order to the best outcomes for them.</p>	<p>By providing a patient story to Governing Body the CCG's senior leaders are able to gain an enhanced understanding / empathy with this group. This will assist them in giving due regard in future decision making.</p>
		<p><b>The Children in Care Council (CiCC) – linked to 1.3</b></p>	
		<p><b>Communications and Engagement Strategy – Linked to 1.1</b></p>	

## 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>The CCG also has 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>As shown in the 2.3, as part of setting its strategic direction, the CCG has engaged with patients on its Commissioning intentions. <a href="#">The report</a> highlights some key concerns, particularly around primary care, which the CCG will respond to.</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> <p>Giving patients the opportunity to have this involvement is key to ensuring that services are as effective and accessible as possible.</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-2018">https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2018</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 3 Objective 4	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 3 Objective 4	Article 2 Article 3 Article 4 Article 5 Article 7 Article 8 Article 9 Article 10 Article 14	<p><b>The CCG has updated its Zero Tolerance Scheme</b>, which manages continuity of access to care for <b>Excluded Patients</b>. It is now called the <b>Special Access Service</b> and manages where patients who have been abusive to staff, 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> <p>The review included completion of an updated Equality Analysis of the scheme and the proposed change. The key focus of which was to ensure that vulnerable patient's needs were fully considered. The CCG would also look at whether lessons have been / can be learned around the circumstances that led to the need to a patients removal from a practice.</p>	Staff are protected from harassment by patients and their families.

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	The CCG has a suite of policies to ensure staff are protected and supported; <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.
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	The CCG has a Bullying and Harassment Policy which was updated in April 2016 and reviewed regularly. Relevant cases are monitored by the CCG's HR Business Partner along with any action taken as required.	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> <p>The staff survey indicates that staff appreciate the opportunities and consider them key to effective working, though some feel further opportunities would be advantageous.</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 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 engage with employees to gain their feedback by;</p> <ul style="list-style-type: none"> <li>• Staff survey</li> <li>• Exit interviews</li> <li>• Turnover data</li> </ul> <p>The CCG's staff survey was updated during 2018 to enhance the demographic detail gathered on respondents. This has allowed the CCG to look at the views and perceived experience of different groups within the workforce. This action was identified in the CCG's WRES action and has helped the CCG enhance its report with regard to the metrics of this standard. Once the survey is completed the results will be reviewed for any differences.</p> <p>It should be noted that the staff survey has shown a range of positive responses and places the CCG well against equivalent organisations.</p>	CCG gains assurance that staff are feeling supported.												
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 conducts an annual staff survey, the outcome of the staff survey is presented to Staff Forum and an action plan is put together. The following chart taken from the survey shows that the vast majority of staff feel positive about the CCG and recommend it as a place to work.</p> <p style="text-align: center;"><b>Q23 I would recommend my organisation as a place to work?</b></p> <p style="text-align: center;">Answered: 65 Skipped: 0</p> <table border="1"> <caption>Survey Results for Q23</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Strongly Disagree</td> <td>0%</td> </tr> <tr> <td>Disagree</td> <td>0%</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>15%</td> </tr> <tr> <td>Agree</td> <td>55%</td> </tr> <tr> <td>Strongly Agree</td> <td>20%</td> </tr> </tbody> </table> <p>The survey includes a range of standard questions and opportunity for feedback on actions that could improve things further. A key recommendation from staff is around increased opportunity for flexible working.</p>	Response	Percentage	Strongly Disagree	0%	Disagree	0%	Neither agree nor disagree	15%	Agree	55%	Strongly Agree	20%	CCG gains assurance that staff are feeling supported.
Response	Percentage															
Strongly Disagree	0%															
Disagree	0%															
Neither agree nor disagree	15%															
Agree	55%															
Strongly Agree	20%															



			<p>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.</p> <p>Any constructive feedback from departments is also discussed at staff forum.</p> <p>Anonymous comments box in CCG facilities for staff to share any concerns anonymously.</p>	
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## 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; 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 Section1 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>The <a href="#">CCG’s Equality Inclusion and Human Rights page</a> illustrates the CCG’s own approach and activity. In updating its objectives in 2018 the CCG highlighted the important role of its leadership with the following objective:</p> <p>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.</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>

<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective 3 Objective 4</p>	<p>Article 2 Article 3 Article 8 Article 14</p>	<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 <i>Commissioning Intentions</i> for the year, the <i>Primary Care Strategy</i> as well as a number of procurement exercises (details attached) and is reported through our formal processes including the <i>Joint Assurance and Engagement Group</i>. The CCG are seeking to move to greater involvement for patients in its operational work through the development of a <i>Patient Reviewers programme</i> 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 <i>Joint Strategic Needs Analysis (JSNA)</i>, 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>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></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 including the impact of these decisions and actions on health inequality and improvement.</p> <p>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.</p>
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective3 Objective 4</p>	<p>Article 2 Article 3 Article 8 Article 14</p>	<p>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.</p>	<p>Equality issues/implications and potential equality implications of issues under consideration are addressed throughout decision making processes.</p>
<p>Age Disability Gender Re-assignment Marriage &amp; Civil Partnership Pregnancy &amp; Maternity Race Religion Sex Sexual Orientation</p>	<p>Objective 1 Objective 4</p>	<p>Article 2 Article 3 Article 8 Article 14</p>	<p>The Chief Operating Officer of the CCG has taken on the leadership of the STP, expanding her impact across the system. As a member of the programme board of Transforming Care Partnership she has been an active advocate for patients with a learning disability.</p> <p>In addition the CCG leadership has taken a key role within the local integrated care programme driving forward an initiative to bring health and social care under the same roof.</p> <p>This saw health and social care services in Wolverhampton bring more than 60 front-line staff together into a single office as part of a bigger programme to develop community neighbourhood teams across the city.</p> <p>The new multi-disciplinary 'team' includes district nurses, community matrons and social workers. Housing, mental health and social prescribing staff will also work with them at their offices at Wolverhampton Science Park</p> <p>'The immediate advantage of bringing health and social care professionals together will be the face-to-face conversations they can have around the patients and families they are supporting. It will enable us, as a CCG, to ensure our population receives the right interventions at the right time; and we've done it with existing funds,' said Steven Marshall Director of Strategy and Transformation at Wolverhampton CCG.</p> <p>'Wolverhampton is an extremely diverse population and there are areas with high levels of deprivation. And in times of stretched resources we need to be even smarter about how we are working.'</p> <p>Joint weekly team meetings are already in place and staff will use these to begin harmonising working practices and procedures. This will mean, for example, GPs having a single point of contact if they are unsure whether a patient needs health or social care, or both.</p>	<p>The CCG leadership have enhanced due regard to vulnerable groups within the system in their role as system leaders.</p>

The CCG also received a rating of excellent through NHS England's Improvement Assessment Framework. This is a testament to the quality of services commissioned and the engagement of patients and CCG colleagues in the decision making including vulnerable groups.

#### 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 has established a robust Equality Analysis process, embedded within the CCG's Programme Management Office processes to ensure analyses 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 and attach the analysis.  The Equality Analysis form was updated during 2018 and has been enhanced measuring the impact of a decision on carers, as well as their patients and other vulnerable groups. Carers play a key role in supporting patients and while the 9 Protected characteristics of the Equality Act 2010 are key we must also consider other vulnerable groups such as the homeless if we are to ensure services meet the needs of all patients who need to use them. This has highlighted that a key challenge is the need for patients to register with a GP practice. This can be more difficult for those who are homeless or have no fixed address. With this in mind services which have this requirement are required to identify an alternative access route / support for such patients.	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.  The CCG has gained further assurance that vulnerable patients and those who may be exceptions are able to access services as effectively as the majority of patients.

#### 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	Objective 3 Objective 4	Article 2 Article 3 Article 8 Article 14	In addition to the policies and procedures set out in section 3, the CCG has gained support from Arden & GEM CSU EIHR team to run training sessions for all staff.  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.	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>Race Sex Sexual Orientation</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>	
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## **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.

These objectives have been reviewed by the CCG's Patient Participation Group Network, who provided feedback on them. They have been produced with due regard to the NHS Long Term Plan (LTP). This is key since the LTP has put a renewed focus on commissioners' responsibility for reducing health inequalities.

### Key updates:

#### Objective 1:

As services are re-procured, access for patients is reviewed and where possible enhanced, in particular the continuation of the model of moving services from one hospital location to community hubs is intended to improve access across the localities, benefiting a number of groups – especially those for whom travel is more difficult such as older patients and those with mobility reducing conditions. An example of this is the current re-procurement of diabetes services.

#### Objective 2:

The CCG completes Equality Analysis for all projects and their findings are used to inform the decision making process, examples of changes that have been made in response to the findings include a requirement for providers to demonstrate additional support for patients with a learning disability and a requirement for providers to themselves complete equality reviews on new services when they launch.

#### Objective 3:

The CCG continues to review the HR policies and processes, staff feedback through annual surveys and staff focus groups reports to continue to improve and enhance the diverse working environment within the CCG.

Objective 4: As the host for the STP the CCG has enhanced the system approach on equality analysis across the STP to ensure robust considerations of impact around decisions made.



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