

**WOLVERHAMPTON CCG**

**Governing Body**  
**10 October 2017**

**Agenda item 10**

<b>TITLE OF REPORT:</b>	Update report: Equality and Inclusion
<b>AUTHOR(S) OF REPORT:</b>	Juliet Herbert – Equality and Inclusion Business Partner
<b>MANAGEMENT LEAD:</b>	Manjeet Garcha
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body with information and assurance that the CCG are progressing their equality requirements in key areas.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<p>Demonstrate how the CCG are progressing their equality requirements in key areas:</p> <ul style="list-style-type: none"> <li>- Equality Delivery System2 (EDS2) Action Plan</li> <li>- Equality Analysis training</li> <li>- Equality Objectives</li> <li>- Equality Strategy</li> <li>- Workforce Race Equality Standard (WRES) Template and Action plan</li> </ul>
<b>RECOMMENDATION:</b>	The Governing Body are asked to note the contents of the report and the sound progress being made
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<p>Equality, Inclusion and Human Rights (EIHR) are relevant to the 3 strategic aims of the CCG as their provision centres around services/patients.</p> <p>EIHR primary focus is centred on the safety and protection of people who maybe service users/patients that fall into protected groups according to the Equality Act (2010).</p>



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<p>1. Improving the quality and safety of the services we commission</p>	<p><u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p><u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p><u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p><u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p> <p><u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’</p> <p><u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>



## 1. Equality Delivery System2 (EDS2) Action Plan

### Introduction

- 1.1. The EDS2 for NHS organisations was formally launched November 2011. Following an evaluation of the implementation of the EDS in 2012, the EDS was refreshed and the EDS2 was launched 2013. EDS2 is a generic tool designed for both NHS commissioner and NHS provider.
- 1.2. At the heart of the EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves, which relates to the progress they are making against the outcomes. These outcomes relate to issues that matter to people who use, and work in the NHS. They are grouped under four goals:
1. Better health outcomes
  2. Improved patient access and experience
  3. A representative and supported workforce
  4. Inclusive leadership
- 1.3. At the 14 March 2017 Governing Body meeting the EDS2 portfolio was agreed and signed off and subsequently published on the CCG website on the 28 March 2017, well within the legal deadline.
- 1.4. As part of the review of performance for people with characteristics protected by the Equality Act 2010, the Governing Body agreed that there needed to be a dedicated focus for moving the CCG from 'Developing' to 'Achieving'. **Appendix 1** confirms the activity so far.

## 2. Equality Analysis Training

- 2.1 Following the development, refresh and implementation of the:
- Equality analysis process map
  - Equality Preliminary Appraisal Form
  - Full EIA form
  - Revised Guidance

As agreed at the July 2017, Quality and Safety Committee, training dates for staff have now been scheduled for:

- Monday 30 October 2017
- Monday 6 November 2017



- Wednesday 15 November 2017

## 2.2 Equality Objectives

2.3 There are currently 9 equality objectives:

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

2.4 These have been reviewed, closed down and will be published on the CCG website. The new objectives will be developed and published March 2018 as part of the new Equality Strategy. **Appendix 2** provides a full update of the equality objectives progress.

## 2.5 Equality Strategy

2.6 The new Regulations (**Appendix 3**; regs 4 & 5) where the reporting schedule for publication of information and equality objectives has been changed to 30<sup>th</sup> March annually, and the usual up to 4 years for Equality Objectives.



2.7 As Wolverhampton CCG has aligned their equality objectives with their strategy (generally good practice), the update of the strategy, linking to the CCG's future priorities (2018 onwards) and the 2017 EDS2 portfolio can inform the development of the new objectives. Therefore, equality objectives become informed by the most up-to-date direction of the CCG and evidence of their current EIHR practice. Therefore the following timeline will be followed to support the CCG align its activities with the new timeline.

**Publication of Information (use of EDS2)**

- data/information cut off 31<sup>st</sup> Dec 17
- publication by 30<sup>th</sup> March 18

**Equality Objectives:**

- Close down of current & development of new between now and 31<sup>st</sup> Dec 17
- Publication of new (with year 1 action plans) by 30<sup>th</sup> March 18
- This should include the new strategy

**2.8 Workforce Race Equality Standard (WRES)**

2.9 NHS England has released updated Technical Guidance (March 2017) for the implementation of WRES. This guidance sets out the over-arching purpose of the WRES and the responsibilities of both Commissioner and Provider organisations.

2.10 The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators;
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and;
- to improve BME representation at the Board level of the organisation;

2.11 Since April 2015, the WRES has been included in the full length NHS Standard Contract only, which is mandated for use by NHS commissioners when commissioning non-primary health services. The Contract requires all providers (NHS and independent organisations) of NHS services (other than primary care) to address the issue of workforce race inequality by implementing and using the WRES.

2.12 Service Condition 13.6 of the NHS Standard Contract 2017/18 and 2018/19 state the following in relation to the WRES:

*'The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.'*



- 2.13 Schedule 6A of the NHS Standard Contract requires that providers report annually on their compliance with the WRES.
- 2.14 Wolverhampton have completed their WRES template **Appendix 4**
- 2.15 Due to the size of the workforce (easily identifiable information), the CCG have taken a different approach this year and published a statement of commitment to the WRES which can be viewed by clicking on this link <https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2016>, and scrolling down.
- 2.16 An action plan will be developed to address any gaps identified on the WRES template and as this information has only recently become available the action plan will be developed imminently.

### **3 CLINICAL VIEW**

- 3.8 The clinical view has been taken into account for every commissioning decision, therefore already considered.

### **4 PATIENT AND PUBLIC VIEW**

- 4.8 None for this report.

### **5 KEY RISKS AND MITIGATIONS**

- 5.8 Not publishing the equality objective closedown information October 2017, would mean that the CCG aren't compliant with the legal requirements of part of the PSED.

### **6 IMPACT ASSESSMENT**

#### ***Financial and Resource Implications***

- 6.8 None for this report.

#### ***Quality and Safety Implications***

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

#### ***Equality Implications***

- 6.10 Equality implications are intrinsic to the report.



**Legal and Policy Implications**

6.4 Equality Objectives are part of the PSED which is a statutory duty of the Equality Act 2010. Any breaches of the duty could leave the CCG decision makers vulnerable to legal challenge.

**Other Implications**

6.5 None

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**Job Title:** Equality & Inclusion Business Partner

**Date:** 11 July 2017

**ATTACHED:**

Appendices

1. EDS2 Action plan progress
2. Equality Objective close down report
3. Legislation change in timeline
4. WRES Template for Wolverhampton

**RELEVANT BACKGROUND PAPERS**

(Including national/CCG policies and frameworks)

**REPORT SIGN-OFF CHECKLIST**

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

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU	N/A	





Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	N/A	

