

Equality, Inclusion and Human Rights Annual Report

2016 – 2017

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Foreword

This report has been produced to set out a summary of the activity NHS Solihull Clinical Commissioning Group (CCG) has undertaken during the 2016/17 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 annual update on the CCG's Equality Objective progress

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:

<http://solihullccg.nhs.uk/about-us/equality-diversity-inclusion>

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

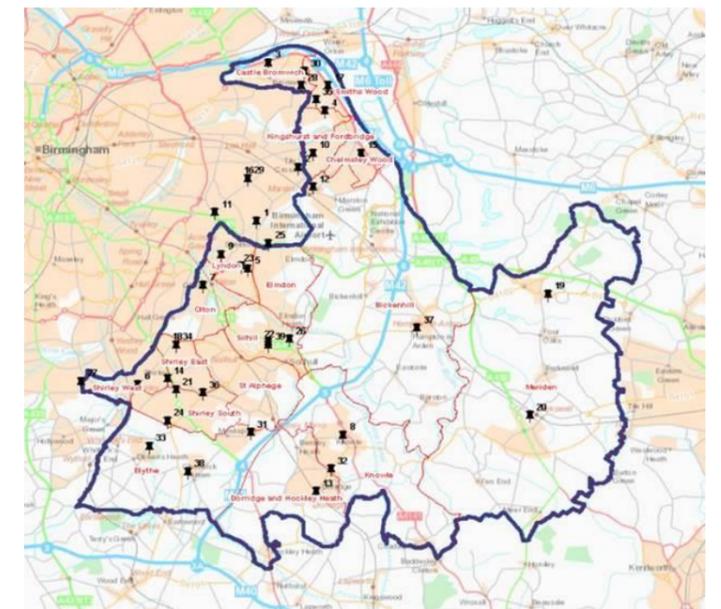
EQUALITY DELIVERY SYSTEM 2 (EDS2)

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

If you require this document in an alternative version such as 'Easy to read', Large print, Braille or help in understanding it in your community language please contact the CCG via the contact us section of the CCG website.

Evidence portfolio

Date of publication
30/4/17



The EDS 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 Clinical Commissioning Group (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 CCG's is to work with partners to improve the health and well-being of its population. Over time, the various improvements in health care services, social care, public health, wider environmental and economic factors have served to significantly improve the population's life expectancy and health status. This subsequently means that CCG's as commissioners of health care services have statutory and moral responsibility to put in place measures to improve potential patient and patient experience and satisfaction levels with, the healthcare services they commission for them.

The EDS2 framework was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS2 has four goals, supported by 18 outcomes as detailed in the table below. Solihull 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 CCG's to annually publish information which demonstrates their performance and progress against the requirements of the Public sector Equality Duty (PSED), for people with characteristics protected by the Equality Act 2010. The nine characteristics are as follows:

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

Other disadvantaged groups include people who are:

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

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

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

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

Human Rights

Human rights and principals of equality should never be a secondary consideration in the provision of NHS services or in the development of the workforce. The five principles are referred to as FREDA:

- **F**airness – at the heart of recruitment and selection processes (Goal 3)
- **R**espect – making sure complaints are dealt with respectfully (Goal 2)
- **E**quality – underpins commissioning (Goal 1)
- **D**ignity – core part of patient care and the treatment of staff (Goal 2 & 3)
- **A**utonomy – people should be involved as they wish to be in decisions about their care (Goal 2)
(Goal 4 would be a golden thread as part of all outcomes)

These have been developed to provide general principles that NHS should aspire to.

The Public Sector Equality Duty (PSED)

Using the EDS2 will help organisations respond to the PSED, and demonstrate their continued activities to meet the requirements to:

- eliminate unlawful discrimination;
- advance equality of opportunity between different groups and;
- foster good relations between different groups;

The goals and outcomes of EDS2		
Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	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
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- 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
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- Protocol 13, Article 1 Abolition of the death penalty

Solihull CCG Equality Objectives

- **Equality Objective 1**
Improve equality analysis of service pathway design and transition processes to ensure the needs of people from ‘protected groups’ and disadvantaged groups are incorporated within systems where appropriate.
- **Equality Objective 2**
Improve Patient and public engagement for people from protected groups and disadvantaged groups so that it is inclusive. Appropriate stakeholder models and methods of working with diverse groups and communities are developed. Improve coordination of patient and public engagement and service user satisfaction information.
- **Equality Objective 3**
Improve accessibility of information and communication for people from ‘protected groups’ and disadvantaged groups. Monitor the quality of access to commissioned services for people from ‘protected groups’ and disadvantaged groups through contracts and patient feedback (e.g. physical access, communication needs, quality of care, outcomes).

- **Equality Objective 4**
Improve training and development opportunities for staff at all levels for equality diversity and human rights.
- **Equality Objective 5**
Ensure Board members and senior and middle managers have an understanding of equality, diversity and human rights so that equality is advanced within the organisation

Approach

GPs from every practice in Solihull, and Church Road practice in Sheldon, have come together to form the CCG, which has been authorised to lead the local NHS by commissioning (buying and monitoring) high quality healthcare services for the people of Solihull.

Solihull CCG prides itself in, commissioning innovative, high quality services that bring care closer to people's homes and make people healthier.

Solihull CCG believe that they can only make improvements in partnership. That is why Solihull CCG have built a unique partnership with [Solihull Council](#) and [Heart of England NHS Foundation Trust](#) (the main provider of NHS health care in the borough). Working together, aligning priorities and coming up with innovative solutions to address common challenges, will improve health, reduce inequalities and create a sustainable NHS, fit for the future.

For more information click [here](#).

[Find out more](#) about Solihull CCG's priorities.

Overview of CCG population information

Solihull is a broadly affluent area in both the regional and national context, characterised by above-average levels of income and home ownership and a high proportion of residents (50%) classified as belonging to the Prosperous Suburbs socio-demographic classification. Levels and extent of deprivation are limited with only 22 of the borough's 134 Lower Super Output Areas (LSOAs) in the most 20% deprived areas in the country and just 8 in the bottom 5%.

Solihull is in the midst of dynamic and rapid socio-demographic change. The Black and Asian Minority Ethnic (BAME) population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. On this basis the borough is less diverse than England as a whole (and significantly less so than neighbouring Birmingham), but with BAME groups representing a relatively higher proportion of young people in Solihull (over 17% of those aged 15 and under) this representation is set to increase.

The second significant demographic change is Solihull's ageing population. Between 1995 and 2015 the population aged 65 and over increased from 16% to 21% of the total so that there are now 9,200 more residents aged 65 to 84 years and 3,500 more aged 85 years and over than 20 years ago. Population projections based on the 2014 population estimates indicate the relative ageing of the Solihull population will continue and by 2033 those aged 65 and over will account for one in four of the population, with those aged 85+ numbering nearly 12,000 (5% of total). The growth in the numbers of those aged 85 and over represents a significant and growing challenge in terms of health and social care.

Table 1b: The age profiles of England and NHS Solihull CCG's area based on ONS mid-year estimates for 2014 (by quinarys - years of age)

Age (quinary)	England Overall		NHS Solihull CCG	
	n	%	n	%
0 to 4	3430957	6.32%	12313	5.87%
5 to 9	3272365	6.02%	12434	5.92%
10 to 14	2973055	5.47%	12468	5.94%
15 to 19	3230954	5.95%	13010	6.20%
20 to 24	3606417	6.64%	11300	5.38%
25 to 29	3718382	6.85%	11459	5.46%
30 to 34	3707209	6.83%	11416	5.44%
35 to 39	3396004	6.25%	11302	5.38%
40 to 44	3707404	6.83%	14169	6.75%
45 to 49	3918363	7.21%	16078	7.66%

50 to 54	3717288	6.84%	15779	7.52%
55 to 59	3186581	5.87%	12896	6.14%
60 to 64	2913931	5.36%	11994	5.71%
65 to 69	2975461	5.48%	13072	6.23%
70 to 74	2187412	4.03%	9882	4.71%
75 to 79	1784958	3.29%	7930	3.78%
80 to 84	1314361	2.42%	6103	2.91%
85 to 89	805111	1.48%	4098	1.95%
90 +	470405	0.87%	2187	1.04%
Total	54316618	100.00%	209890	100.00%

Table 2: The disability profiles of England and NHS Solihull CCG's area based on the 2011 Census (all usual residents)

Disability	England		NHS Solihull CCG	
	n	%	n	%
Day-to-day activities not limited	43659870	82.36%	169564	82.68%
Day-to-day activities limited a little	4947192	9.33%	19599	9.56%
Day-to-day activities limited a lot	4405394	8.31%	15924	7.76%
Total	53012456	100.00%	205087	100.00%

Table 3: The ethnicity profiles of England and NHS Solihull CCG's area based on the 2011 Census (all usual residents)

Ethnicity	England		NHS Solihull CCG	
	n	%	n	%
White	45281142	85.42%	184244	89.15%
Asian British	4143403	7.82%	13561	6.56%
Black British	1846614	3.48%	3239	1.57%
Mixed	1192879	2.25%	4404	2.13%
Other	548418	1.03%	1226	0.59%
Total	53012456	100.00%	206674	100.00%

Statement of commitment from the CCG

Solihull CCG is committed to promoting equality of opportunity; eliminating discrimination and to recognizing and valuing diversity. Our aim is to ensure that we commission and provide accessible high quality health services and ensure equality and fairness in employment practices.

Our approach to equality, diversity and human rights is underpinned by our legal equality duties as a public sector employer and service commissioner. We oppose all forms of unlawful and unfair discrimination and will ensure that barriers to accessing services and employment are identified and removed.

The CCG recently agreed a new Equality Strategy for 2013-2017. See the strategy.

CCG workforce

The CCG has committed to have due regard to the Workforce Race standard and use it as a force for driving change, both as an employer and as a Commissioner of services.

CCG statement on Equal Pay

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 pay scale and inclusive recruitment, retention and selection procedures.



Equality Delivery System 2 (EDS2) Evidence Portfolio

1. Better health outcomes

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

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity, Religion and Belief, Sexual orientation, Gender Reassignment, Marriage and Civil Partnership.	1,2,3	<p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 5 Right to liberty and security of the person</p> <p>Article 8 Right to private and family life</p> <p>Considerations for Human Rights are embedded into the planning and delivery of services by the CCG. This is especially important as it is an area of work including mental health services and regular use of the DOLS and other actions which impact on an individual's Human Rights.</p>	<p>The CCG's Commissioning Intentions document outlines the CCG's strategic direction for 2016/17 demonstrating how the CCG will commission, procure, design and deliver services to meet the health needs of local communities.</p> <p>The CCG is the responsible Commissioner for the following contracts :</p> <ul style="list-style-type: none"> • Heart of England Foundation Trust Community Contract, in partnership with Solihull Metropolitan Borough Council (SMBC); • Birmingham and Solihull Mental Health Foundation Trust (BSMHFT); and • Other NHS, Independent Sector and Third Sector provider contracts. • Spire • Solar • Discharge to assess • Age UK Postural stability service • Diabetes service <p>The CCG uses robust procurement and contract monitoring to ensure that providers are delivering services that meet the needs of all patients, in particular those from vulnerable groups. As set out in 2.1 the CCG will investigate and address any issues it identifies with a provider.</p> <p>Within 2016/17, the CCG is outlining the primary focus of review, redesign, collaborative partnership and, in some cases, re-procurement across core programmes to maximise the benefits of prevention and self-management. This will focus on:</p> <p>Solihull Urgent and Emergency Care Vanguard (with Frailty and Elderly Health and Wellbeing):</p> <ul style="list-style-type: none"> • High Quality Primary Care; • Preventing Illness, Improving Health Programme; • Planned Care; • Children and Young People's Emotional Wellbeing and Mental Health; • Adult Mental Health; • Learning Disabilities; • Autistic Spectrum Conditions; • Cancer; • Maternity; • Children; • Medicines Management; and • Specialised Services. <p>The CCG recognises that the key health inequalities in its population relate to the differing experiences of those from different economic backgrounds. Further detail can be seen in the CCG's priorities via this link.</p> <p>The commissioning intentions makes specific reference on equality, meaning that insight gained through patient experience and involvement was used to identify and understand health</p>	<p>The CCG's Commissioning Intentions document (2016/17) set out the organisation's direction of travel. Supporting documents showcasing the engagement undertaken illustrates how local communities were able to influence that direction.</p> <p>As a result of the CCG's engagement it can be assured that it has taken into account the views of the population it serves. For example as a result of engagement feedback to the CCG the following actions were taken:</p>	

inequalities. The documents are also evidence of patient experience and engagement informing the development of possible solutions and decisions made.

The document contains a large amount of detail around the CCG's key action for the year but two areas of focus for 2016/17 are:

- Review and development of learning disability, emotional wellbeing and mental health service (the pathway is currently split between Heart of England Foundation Trust, Birmingham and Solihull Mental Health NSH FT and Coventry and Warwickshire Partnership NHS T).
- Eating Disorders (access and waiting times) – Solihull CCG and SMBC will work with Birmingham Commissioners and providers to develop the service in line with national guidance requiring a population footprint of 500,000.

In addition the CCG's [Equality and Diversity Strategy](#) and Objectives further set out the approach set by the CCG. This strategy sets out how the CCG intends to integrate equality and diversity across a number of key areas. It will not be an easy task but the equalities agenda requires a robust approach and recognition, that success depends on commitment from everyone at every level within the organisation.

The CCG gains an understanding of the population it serves and health inequalities from a range of sources including reports from Public Health. [The Joint Strategic Needs Assessment \(JSNA\)](#) and Census data are an example of such information used to inform Commissioning decisions.

A prime example of the CCG's proactive approach can be seen in the CCG's response to ensuring Solihull patients were fully engaged as part of the consultation **on** the on-going redesign of adult mental health services in Solihull.

An example of two services which have recently been reviewed to support patients are:

Postural Stability (PSI) – NICE recommend strength and balance training to those most likely to benefit; older people living in the community with a history of recurrent falls and/or balance and gait deficit. A muscle-strengthening and balance programme is offered which is individually prescribed and monitored by an appropriately trained professional. Following the commissioning of this service from Age UK Solihull, patients accessing the service have reported:

- 100% of participants were 'satisfied' or 'very satisfied' with the programme
- 90% of participants improve their level of functional ability from initial assessment based on functional reassessment at 20 weeks
- 92% of participants had a reduction in their fear of falling
- 78% of participants had increased confidence in getting up off the floor should they fall
- 80% improved their timed 'get up and go' test

Diabetes Project –The aim of the project is to redesign the pathway so that patients receive high quality care in the right setting, with the money following the patient, thus the pathway is efficient, integrated and VFM. Only those patients needed to be seen in a hospital setting is i.e. renal, pre-conception, unstable type 1 including adolescents, foot diabetes with predefined criteria, insulin pumps. Five outcome workstreams followed the review of the complete pathway and these were:

1. Diabetes MDT - dual purpose, upskill GP/PN in complex management and shift care from

The consultation ensured that those who were affected by proposed changes, both patients and carers were made aware of the changes and had an opportunity to provide feedback. As a result, the CCG can be assured that the correct mitigations have been/will be put in place to support patients to continue accessing services.

PSI is key to supporting older patients in Solihull by ensuring that through the support provided, the instance of patient falls is reduced.

The redesign of the pathway has ensured that patients get the right care locally.

		<p>acute to primary care with support from secondary and community care. The MDT also comprises of medicines optimisation. Consultant, pharmacist, GP and practice nurse meet and discuss the caseload (Hba1c 10% >) virtually (approx. 25 patients per session) within the primary care setting. This is followed up by the community diabetic service supporting the practice diabetic clinic to implement the post MDT plan of care. The MDT focuses on the complex diabetic patients</p> <ol style="list-style-type: none"> 2. Structured patient education review – ensuring current provision is fit for purpose and increase referrals and attendance to the programmes, this will increase patient knowledge and confidence in self-care of diabetes 3. Clinical Training Programme –To provide access to structured diabetes training to primary care to ensure that it is fit for purpose, with the ambition that all practices are trained and possess skills to level 1 diabetes baseline training and enhanced training for those practices willing and able to take on more complex diabetic care. 4. This workstream focused on supporting care home staff to manage diabetic residents and have access to suitable training – this is also extended to community nursing who provide care to diabetics in the community, often those that are housebound. 5. Prevention –focus on the non-diabetic hyperglycaemic (at risk/pre-diabetic) to capture our non- diabetic hyperglycaemic population and ensure they are signposted to the NHS national prevention programme and social prescribing interventions, to prevent the anticipated growth of type 2 diabetes. 	
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1.2 Individual people's health needs are assessed and met in appropriate and effective ways					
How does the CCG ensure individual health needs are met effectively? Please give examples					
Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity, Religion and Belief,	1,2,3	Article 2 Right to life Article 3 Anti-	As set out in 1.1, the CCG uses the JSNA report to focus and reflect on service provisions to the key needs of the CCG's population. Within the evidence portfolio are included those reports and the resulting discussion at Governing Body.	The JSNA is a key tool for the CCG in understanding the health conditions and inequalities of the population it serves. The JSNA has allowed the CCG to	

	<p>torture and inhumane treatment</p> <p>Article 5 Right to liberty and security of the person</p> <p>Article 8 Right to private and family life</p>	<p>Looking after the health and wellbeing of the population of Solihull is not the responsibility of one single body. Statutory and non-statutory organisations, including the voluntary sector, across the county all play a part in impacting on health and wellbeing and influencing behaviour.</p> <p>A key example of the joined up multi agency approach is the Solihull Suicide Prevention Strategy which the CCG has developed to maximise protection, prevention and early intervention.</p> <p>As set out in 2.1, the CCG uses a range of quality and contract monitoring to ensure that those who provide services on the CCG's behalf are meeting the needs of individual patients appropriately.</p> <p>A key focus during 2016/17 has been to ensure that all providers adopt the principles of the NHS Accessible Information Standard and implement them for the services they deliver.</p> <p>With this in mind the CCG requires specific assurance on the following aspects from all providers to ensure access for a range of patients:</p> <p>1. Staff and Service User information</p> <ul style="list-style-type: none"> • Profile of staff broken down by 'protected characteristics' • Information on equality, diversity and human rights training provided for staff involved in delivering this service • Service User access to and satisfaction with services including complaints. (For Service Users accessing your service you can include this data in your quarterly Activity and Finance Report or Minimum Data Set by including columns for the Protected Characteristics e.g. age, ethnicity, disability. For Service Users' satisfaction with your services you can include this information in your Service User Survey which should include survey data broken down by the protected characteristics e.g. age, ethnicity, disability.) <p>2. Translator and Interpretation Provision</p> <p>Report to include a description of the service offered to service users; how service users can access an interpreter; how many times/occasions interpreters have been used in the 12 month period (1st Jan – 31st Dec); top 10 languages requested</p> <p>3 Meeting Religious and Cultural Needs of Service Users</p> <p>Report to include what facilities are available for service users to access with reference to their religious or cultural needs; how service users can access the facilities; what other activities are undertaken that contribute to meeting the religious and cultural needs of patients/service users</p> <p>4. Accessibility Assurance Statement</p> <p>Provider to provide a statement which addresses the following:</p> <ul style="list-style-type: none"> • Processes are in place to audit its services and care provided for patients with a Disability (including learning disability), from a BME background, different Age groups, and all the remaining protected characteristics where applicable • Access to services for all groups are in place and action plans would be developed/implemented to address issues of poor access • Family, Carers and patients are involved in the running and monitoring of services • Mechanisms are in place to analyse complaints made by people with disabilities/learning disabilities and BME patients where English is not the first language 	<p>highlight a range of issues, one being higher levels of suicide within some parts of the population.</p> <p>The Suicide prevention strategy is intended to increase the opportunity for agencies to take preventative action early and safeguard vulnerable patients. This will be of particular benefit to those groups who currently experience higher levels of crisis. It is expected that as a result incidents of suicide will be reduced especially amongst male patients as these are the largest group currently.</p>	
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1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
Age, Gender, Disability	1,2,3	Article 2 Right to life Article 3 Anti-torture and inhumane treatment Article 8 Right to private and family life Article 14 Anti-discrimination	<p>The CCG recognises that services will only be fully effective if patients are as informed and involved as much as possible in their care. With the changes currently occurring in the NHS it is vital that patients are kept clearly informed by the Commissioner.</p> <p>The CCG is strongly committed to engaging and involving all local communities to ensure their needs are understood and met by services.</p> <p>The engagement reports can be found within the portfolio of evidence, which illustrate how the CCG has engaged successfully with the community it serves.</p> <p>The CCG uses a mix of engagement events and other routes to ensure that patients are engaged and aware of services.</p> <p>As the CCG's Commissioning intentions evolve and more patients receive their treatment in the community the CCG will carry out further work to ensure that patients are clear as to what is happening and that this is a service enhancement not a reduction.</p> <p>The CCG work closely with Arden & Greater East Midlands Commissioning Support Unit who provide Continuing Healthcare (CHC) services on its behalf to ensure patients are kept informed and are able to make meaningful choices about their care.</p>	<p>Through effective engagement the CCG can be confident that the population it serves is engaged in the decision process. In particular this ensures that where changes are made to services and pathways those patients using them are informed and able to make choices on their care.</p> <p>The CCG's work with the adult mental health service patients in Solihull is strong evidence, illustrating how the Commissioner can work inclusively with seldom heard groups.</p>	

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

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity,	1,2,3	Article 2 Right to life	The CCG is strongly committed to ensuring patient safety and takes a range of measures to ensure this is the case for services delivered on its behalf.	Carrying out additional non-statutory inspections and setting up an enhanced review scheme the CCG is in a strong	

Religion and Belief,		<p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 8 Right to private and family life</p> <p>Article 9 Right to freedom of thought, conscience and religion</p> <p>Article 14 Anti-discrimination</p>	<p>Care inspections</p> <p>The CCG has to develop an enhanced Care Home inspection regime to respond both to emerging issues and to ensure that the CCG can be assured of the quality of care and patient safety in Care homes.</p> <p>The CCG regularly reviews the records of the inspections undertaken; a sample of the monitoring questions is included below.</p> <p>Methodology – fundamentals of care visits</p> <p>Fundamental of care visits focus on patient experience; the visiting team asked questions based around the following:</p> <ul style="list-style-type: none"> • Do you feel cared for? • How is the food? • Do you know about your discharge plans? • Is the nurse call answered in a timely way? • Would you recommend this facility to Friends and Family? • What is positive about your experience <p>The above is not an exhaustive list and the review tends to be based around how the conversation is led by the patient.</p> <p>Contract Quality Schedules</p> <p>The CCG uses its quality schedule to monitor the performance of their providers and ensure patient safety. Any concerns will be followed up and resolved with the provider. Should any complaints received impact on patient safety the CCG will work with the provider to ensure that lessons are learned and any issues resolved.</p>	<p>position to maximise patient safety and ensure that the possibility of events such as Winterbourne are reduced as much as possible.</p> <p>By working with the relevant Lead Commissioners, the CCG uses Quality Schedules to ensure patient safety since they set out the standards and require the provider to report any areas of concern which they are contractually required to work with the Commissioner to resolve. This is especially important around the 9 protected groups since some groups have additional needs.</p>	
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1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

How does the CCG work in partnership to support health promotion in its local communities? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
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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, Gender, Disability, Pregnancy and Maternity, Ethnicity, Religion and Belief, Sexual orientation, Gender Reassignment, Marriage and Civil Partnership.	1,2,3	The CCG recognises that ensuring the communications it sends out are accessible to the population it serves is key. To support this aim, the CCG took the opportunity provided by the Accessible Information Standard (AIS) to review and enhance these.	<p>Accessible information standard The CCG has fully committed to following the principles of the AIS. 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 work to ensure access for all patients to services, working with GPs and providers.</p> <p>http://solihullccg.nhs.uk/publications/accessible-information-standard</p> <p>Contract Monitoring Within the schedule for each contract the CCG include a range of requirements, those for equality and diversity being set out below:</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> <table border="1" data-bbox="863 982 2175 1915"> <tr> <td data-bbox="863 982 1611 1915"> 32. Equality Progress Report: Report to provide update on: EDS2 – progress being made in implementing EDS2. Examples to be included of changes made as a result. Equality Objectives – update on progress made in achieving objectives. AIS – Policy, SMART Action Plan and examples of changes made Engagement activity – examples of activity undertaken with protected and vulnerable groups, to include information on changes made as a result of engagement. Meeting Language and Cultural Needs – examples of how needs are being met. Equality Monitoring – information on the actions being undertaken to improve data capture for both staff and patients. Workforce Race Equality Action Plan – update on progress </td> <td data-bbox="1611 982 1807 1915">Annual</td> <td data-bbox="1807 982 1991 1915">Provider local report</td> <td data-bbox="1991 982 2175 1915">March 2017; March 2018</td> </tr> </table>				32. Equality Progress Report: Report to provide update on: EDS2 – progress being made in implementing EDS2. Examples to be included of changes made as a result. Equality Objectives – update on progress made in achieving objectives. AIS – Policy, SMART Action Plan and examples of changes made Engagement activity – examples of activity undertaken with protected and vulnerable groups, to include information on changes made as a result of engagement. Meeting Language and Cultural Needs – examples of how needs are being met. Equality Monitoring – information on the actions being undertaken to improve data capture for both staff and patients. Workforce Race Equality Action Plan – update on progress	Annual	Provider local report	March 2017; March 2018	<p>The CCG recognises that ensuring the communications it sends out are accessible to the population it serves is key. To support this aim, the CCG took the opportunity provided by the AIS to review and enhance these.</p> <p>By setting out specific local requirements in addition to those set out nationally in the NHS standard contract the CCG can be assured that providers are ensuring that all patients can access services.</p>
32. Equality Progress Report: Report to provide update on: EDS2 – progress being made in implementing EDS2. Examples to be included of changes made as a result. Equality Objectives – update on progress made in achieving objectives. AIS – Policy, SMART Action Plan and examples of changes made Engagement activity – examples of activity undertaken with protected and vulnerable groups, to include information on changes made as a result of engagement. Meeting Language and Cultural Needs – examples of how needs are being met. Equality Monitoring – information on the actions being undertaken to improve data capture for both staff and patients. Workforce Race Equality Action Plan – update on progress	Annual	Provider local report	March 2017; March 2018								

<p>33. Workforce Disability Equality Standard (WDES)</p> <p>a) Share with CCG plans for implementing the WDES standard.</p> <p>b) Report and action plan to be published and shared with the CCG. Report as per NHS England issued template and produced in accordance with NHS mandated timeline.</p>	<p>a) Annual b) Annual</p>	<p>a) Provider local report b) NHS England WDES template</p>	<p>a) October 2017 b) No later than 31 March 2019</p>
<p>34. Gender Pay Gap</p> <p>a) Share with CCG plans for implementing the mandatory Gender Pay Gap Reporting – Public Sector Employers.</p> <p>b) Compile, share with CCG and publish information on Gender Pay Gap (with data captured in April 2017) before April 2018.</p>	<p>a) Annual b) Annual</p>	<p>Provider local report</p>	<p>a) May 2017 b) By end of March 2018; 2019</p>
<p>35. Annual Equality Report</p> <p>Report providing: Information on how the Public Sector Equality Duties are being met, including:</p> <ul style="list-style-type: none"> • Demonstrating due regard in decision making; • Staff equality monitoring breakdown and analysis by all relevant protected characteristics (including recruitment, employee relations, leavers, training data) • Patient equality monitoring breakdown and analysis by all relevant protected characteristics (where possible by department) <p>Report to include an update on all elements referenced in the Equality Progress Report (no. 32)</p>	<p>Annual</p>	<p>Provider local report based on previous financial year</p>	<p>September 2017; 2018</p>
<p>National requirement IR12</p>			
<p>1. Report on compliance with National Workforce Race Equality Standard</p>	<p>No later than 1 July 2017; 2018</p>	<p>NHS England WRES Template (Action Plan format according to provider local report)</p>	

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity, Religion and Belief,	1,2,3	<p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 5 Right to liberty and security of the person</p> <p>Article 8 Right to private and family life</p>	<p>The CCG has made a strong commitment to engage with all communities especially the Seldom Heard. It is also committed to involving patients as much as possible in their care including key decisions. This commitment is set out on the CCG's website, setting out how the CCG uses the NHS Institute Engagement Cycle Framework.</p> <p>In order for patients to be fully informed and supported the CCG recognises the need to understand their different support needs and concerns.</p> <p>In responding to the changes made to bed provisions at the Bruce Burns unit, the CCG has engaged thoroughly with the community to ensure that mitigations are in place.</p> <p>By doing so the CCG can ensure that patients are given the information they need to be involved in those decisions effectively.</p>	<p>By involving patients from an early stage the CCG ensures that they can influence the approach taken.</p> <p>The CCG works with its providers to ensure that where patients are given a choice that they are informed and supported sufficiently to make those choices. The CCG has carried out a range of engagement to ensure patient voices are heard, examples include: Community Health Events.</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	Grading [Date]
Age, Gender, Disability	1, 2, 3	<p>Article 2 Right to life</p> <p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 5 Right to liberty and security of the person</p> <p>Article 8 Right to private and family life</p> <p>Considerations for Human Rights are embedded into the planning and</p>	<p>The CCG recognises that part of the assurance that services are meeting the needs of patients is provided through feedback.</p> <p>The CCG are pleased to see that patients are reporting positive experiences. The feedback received from engagement indicates that patients value the CCG's commitment to seek their views especially when the CCG's responses are provided through feedback from events.</p> <p>The CCG reviews the feedback and engagement reports produced by those organisations that provide services on its behalf, these illustrate that patients are reporting positive experiences. A key example being those produced by HEFT Community.</p> <p>The CCG monitors feedback that emerges from its PPG networks, using this to shape service design and delivery.</p> <p>Examples of topics discussed within 2016/17 include:</p>	<p>The key impact from positive feedback is to see what is working well and building upon it. By engaging with patients the CCG ensures that patients remain at the heart of decision making.</p> <p>The PPG network represents a key patient form and allows patients to have their say.</p>	

	<p>delivery of services by the CCG. This is especially important as the area of work includes mental health services, regular use of the DOLS and other actions which impact on an individual's Human Rights.</p>	<ul style="list-style-type: none"> • The BSOL Strategic Transformation Plan (STP) • Closure of Solihull Walk in Centre <p>Further details on the STP plan can be accessed via this link:</p> <p>https://www.birmingham.gov.uk/info/50061/how_the_council_is_changing/1036/our_plan_to_improve_the_health_and_wellbeing_of_people_living_in_birmingham_and_solihull</p>	<p>The STP represents a huge change for the BSOL area and has been the subject of extensive engagement with the BSOL populations, feedback from which has been fed into the design / decision process.</p>	
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2.4 People's complaints about services are handled respectfully and efficiently

How does the CCG handle and monitor complaints ensuring action is taken? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/ achieved?)	Impact	Grading [Date]
Age, Gender	1,2,3	<p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 4 Anti-slavery</p> <p>Article 5 Right to liberty and security of the person</p> <p>Article 6 Right to a fair trial</p> <p>Article 7 Anti-retrospective conviction</p> <p>Article 8 Right to private and family life</p> <p>Article 9 Right to freedom of thought, conscience and</p>	<p>Monitoring and responding to complaints is a key source of information for the CCG in identifying patient concerns. The CCG's approach to Complaints management, as required, follows the Statutory Instrument (and amendments) introduced in April 2009. This Statutory Instrument is called <i>the "Local Authority Social Services and NHS Complaints (England) Regulations"</i>. These Regulations were written with the aim of putting the patient at the heart of the complaints system.</p> <p>The Parliamentary and Health Service Ombudsman (PHSO) regularly publishes information and guidance to aid the NHS and set out three sets of 'Principles' some years ago. The 'Principles' outlined the approach; the PHSO believed the NHS should adopt to ensure it delivered good administration and customer service and how to respond when things went wrong. Those Principles were called:</p> <ul style="list-style-type: none"> • Principles of Good Administration • Principles of Good Complaint Handling • Principles for Remedy <p>The CCG's Complaints Policy reflects the PHSO's Principles and especially the six Principles for Remedy which are:</p> <ul style="list-style-type: none"> • Getting it right • Being customer focused • Being open and accountable • Acting fairly and proportionately • Putting things right • Seeking continuous improvement 	<p>By gaining an awareness of patient concerns the CCG is able to take action, ensure lessons are learned and that improvements are made – improving outcomes for patients. Where any complaint relates to a patient's protected characteristic additional action is taken to ensure that any health inequality issue is addressed for that patient and in future.</p>	

	<p>religion</p> <p>Article 10 Right to freedom of expression</p> <p>Article 11 Right to freedom of assembly and association</p> <p>Article 12 Right to marriage</p> <p>Article 13 Right to an effective remedy</p> <p>Article 14 Anti-discrimination</p>	<p>Solihull CCG's Complaints Report shows that the CCG received 22 complaints in the 2015/16 period, the majority related to services delivered on the CCG's behalf.</p> <p>Such complaints are crucial for the CCG in monitoring and managing the performance of those who deliver services on its behalf. By investigating the CCG is able to identify areas of improvement and lessons learned.</p> <p>The Complaints Policy is available on the CCG website at http://solihullccg.nhs.uk/publications/our-policies-and-procedures-1/corporate-policies-1</p> <p>The CCG has recently adopted a new approach to monitoring the profile of complainants to ensure that any trends are identified, should one group be experiencing particular issues that need addressing. Monitoring will be carried out by the following protected characteristics:</p> <ul style="list-style-type: none"> • Age • Gender • Disability • Ethnicity <p>As the overall numbers of complaints are low it will not be possible to publish this information as it might identify an individual but it will be analysed internally by the CCG.</p>		
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3. A representative and supported workforce

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

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

What systems and processes are in place for fair recruitment at the CCG at all levels? Please give examples
How is the recruitment and selection process monitored and evaluated? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity, Religion and Belief, Sexual orientation, Gender Reassignment, Marriage and Civil Partnership.	4, 5	Article 3 Anti-torture and inhumane treatment Article 4 Anti-slavery Article 5 Right to liberty and security of the person Article 6 Right to a fair trial Article 7 Anti-retrospective conviction Article 8 Right to private and family life Article 9 Right to freedom of thought, conscience and religion Article 10 Right to freedom of expression Article 11 Right to freedom of assembly and association Article 12 Right to marriage	<p>The CCG is strongly committed to a fair 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 Recruitment and Selection Policy. Additional supporting policies include:</p> <ul style="list-style-type: none"> • Equality, Diversity and Human Rights Policy • Flexible Working Policy • Special Leave policy <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. 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 the CCG’s own performance against the WRES standard: The CCG’s template can be found via the following link: http://solihullccg.nhs.uk/about-us/equality-diversity-inclusion/wres</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>	

		Article 13 Right to an effective remedy		
		Article 14 Anti-discrimination		

3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

How does the CCG demonstrate its commitment to equal pay for equal work and how is this monitored and evaluated? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Gender	4, 5	<p>Article 3 Anti-torture and inhumane treatment</p> <p>Article 4 Anti-slavery</p> <p>Article 5 Right to liberty and security of the person</p> <p>Article 6 Right to a fair trial</p> <p>Article 7 Anti-retrospective conviction</p> <p>Article 8 Right to private and family life</p> <p>Article 9 Right to freedom of thought, conscience and religion</p> <p>Article 10 Right to freedom of expression</p> <p>Article 11 Right to freedom of</p>	<p>The equality analysis of the CCG's workforce demonstrates a proportionate representation 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>	The approach taken gives staff assurance that the CCG is committed and working to deliver this aim.	

		<p>assembly and association</p> <p>Article 12 Right to marriage</p> <p>Article 13 Right to an effective remedy</p> <p>Article 14 Anti-discrimination</p>			
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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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Ethnicity.	4, 5		<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.</p>	By supporting its staff the CCG increases staff wellbeing and maintains confidence – helping retention.	

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

What systems and processes are in place to ensure that CCG staff are not exposed to abuse/harassment/bullying /violence at work? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity.	4, 5		<p>The CCG has an absolute commitment to ensure that it provides a working environment that is inclusive and safe for all staff.</p> <p>Protection and Support is managed through the following policies:</p> <ul style="list-style-type: none"> • Equality and Diversity Policy • Bullying and Harassment <p>The CCG's policies support this approach and ensure that if needed action can be taken.</p>	By setting out the required standards the CCG ensure staff are aware of their rights and responsibilities and should anyone have a concern they have a clear route to raise it.	

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

How does the CCG facilitate a work-life balance and ensure flexible working options are available for all staff? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Ethnicity, Pregnancy and Maternity	4,5		<p>As part of its commitment to its staff and offering genuine work life balance the CCG has adopted the following policies:</p> <ul style="list-style-type: none"> Flexible Working Policy <p>By supporting staff to be flexible the CCG ensures roles are open to those with caring responsibilities, disabilities and ensures that reasonable adjustments can be accommodated.</p>	The approach taken helps the CCG in delivering a positive achieving culture.	

3.6 Staff report positive experiences of their membership of the workforce

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity.	4, 5		<p>The CCG engages regularly with its staff base. The annual staff survey represents a key route and is analysed by the CCG to show staff reporting positive experiences.</p> <ul style="list-style-type: none"> In addition the CCG ran Equality Inclusion and Human Rights (EIHR) training sessions which offered staff a further opportunity to provide information and to staff gain feedback. The HR team have also run a number of drop-in sessions which offer staff a mechanism to discuss any concerns. 	<p>The staff survey showcases annually the views of staff, positive and negative.</p> <p>The EIHR training sessions increased awareness around EIHR issues and with the staff forum allow staff to discuss all aspects. As a result individual staff members feel more empowered around Equality issues.</p>	

4 Inclusive leadership

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

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity.	4, 5		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 between the BSOL NHS Commissioners(Solihull, Birmingham Cross City and Birmingham South Central CCGs), the CCG's leadership works to ensure health inequalities are identified and addressed.	As a group of CCGs the leaders and senior managers are working together going into the STP plan to ensure the best possible outcomes for patients across Birmingham and Solihull.	

4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

What processes are in place to demonstrate that the CCGs decision making committees have considered equality relating impacts? Please give examples

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity.	4, 5		To ensure that the impacts of decisions are explored, clearly understood and highlighted to the CCG's decision makers, the CCG has adopted a combined Equality and Quality Impact Assessment tool (EQIA) . This tool has been enhanced utilising a single Equality Analysis tool for the BSOL CCGs. This tool is used to ensure that robust Equality Analysis is carried out and this is verified by the relevant Committee and or decision maker.	To ensure that the impact of decisions are explored, clearly understood and highlighted to the CCG's decision makers, the CCG has adopted a combined Equality and Quality Impact Assessment tool (EQIA) .	

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

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

Protected characteristics	Equality objective	Human Rights	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, Gender, Disability, Pregnancy and Maternity, Ethnicity.	4, 5	Article 3 Anti-torture and inhumane treatment Article 4 Anti-slavery Article 5 Right to liberty and security of the person	In addition to the policies and procedures set out in section 3, the CCG has gained support from the 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. A number of policies are in place to empower and engage staff to work flexibly and in a more agile working environment. However, people's perception of the same policy seems to be interpreted differently which means that some staff are feeling left as though they are being treated unfairly.	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>Article 6 Right to a fair trial</p> <p>Article 7 Anti-retrospective conviction</p> <p>Article 8 Right to private and family life</p> <p>Article 9 Right to freedom of thought, conscience and religion</p> <p>Article 10 Right to freedom of expression</p> <p>Article 11 Right to freedom of assembly and association</p> <p>Article 12 Right to marriage</p> <p>Article 13 Right to an effective remedy</p> <p>Article 14 Anti-discrimination</p>	<p>Working together as a team is a fundamental element to any organisation; it's 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 value and diversity can work in an inclusive working environment.</p>		
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CCG Equality Objectives

Solihull CCG set the following objectives in October 2013 with a 4 year timeline and has published annual updates on progress through its annual reports, which can be found on the CCG's Equality page.

Equality Objective	EDS Goal	CCG Strategic Themes
<p>Equality Objective 1 Improve Equality Analysis of service pathway design and transition processes to ensure the needs of people from 'protected groups' and disadvantaged groups are incorporated within systems where appropriate.</p>	<p>Better health outcomes for all.</p>	<p>Delivering improved outcomes for our population and reduced health inequalities.</p>
<p>Equality Objective 2 Improve patient and public engagement people from protected groups and disadvantaged groups so that it is inclusive. Appropriate stakeholder models and methods of working with diverse groups and communities are developed. Improve coordination of patient and public engagement and service user satisfaction information.</p>	<p>Improved patient access and experience.</p>	<p>Development of a commissioning system that embeds the NHS Constitution and the principle of 'No Decision About Me Without Me'.</p>
<p>Equality Objective 3 Improve accessibility of information and communication for people from 'protected groups' and disadvantaged groups. Monitor the quality of access to commissioned services for people from 'protected groups' and disadvantaged groups through contracts and patient feedback (e.g., physical access,</p>	<p>Improved patient access and experience.</p>	<p>Commissioning the highest quality services, with equity of access for all.</p>

communication needs, quality of care, outcomes).		
Equality Objective 4 Improve training and development opportunities for staff at all levels for equality, diversity and human rights. Improve workforce monitoring data for people from protected groups.	Empowered, engaged and well supported staff.	Commissioning the highest quality services. Delivering improved outcomes for our population and reduced health inequalities.
Equality Objective 5 Ensure board members and senior and middle managers have an understanding of equality, diversity and human rights so that equality is advanced within the organisation.	Inclusive leadership and effective governance.	Development of an effective and efficient CCG.

The preceding table shows the objectives and how they are linked to the Goals of EDS2 and the CCG's priorities.

The following table provides an updated progress report on the how the CCG is working to meet its objectives.

Equality Objective	Key actions / progress
Equality Objective 1 Improve Equality analysis of service pathway design and transition processes to ensure the needs of people from 'protected groups' and disadvantaged groups are incorporated within systems where appropriate.	<p>The CCG has worked extensively on its Equality Analysis process to ensure that it supports robust informed decision making. During the 2016/17 financial year, the CCG has worked with Solihull CCG and Birmingham Cross City CCG (BSOL CCGs) to develop a common approach to Equality Analysis, with revised forms and guidance.</p> <p>All decisions made by the CCG, relating to Commissioning / Decommissioning of services, Policy and Workforce are subject to robust equality analysis prior to the decision being made as a key governance requirement.</p> <p>Within the CCG's EDS2 portfolio examples can be seen of how pathway and transition related equality considerations have been made by the CCG.</p>

	<p>The CCG works closely with those who provide services on its behalf to ensure that robust Equality Analysis is carried out around service decisions, ensuring that all patients including those from vulnerable groups have equitable access to services. This is measured through the contract and reporting requirements placed on those organisations who provide services on the CCG's behalf.</p>
<p>Equality Objective 2 Improve Patient and public engagement people from protected groups and disadvantaged groups so that it is inclusive. Appropriate stakeholder models and methods of working with diverse groups and communities are developed. Improve coordination of patient and public engagement and service user satisfaction information.</p>	<p>The CCG's annual report and the CCG's Engagement report illustrates the key actions the CCG has taken to increase engagement with vulnerable groups.</p> <p>A BSOL wide approach is currently being finalised to support joined up engagement on projects, between the three Commissioners and the communities they serve.</p>
<p>Equality Objective 3 Improve accessibility of information and communication for people from 'protected groups' and disadvantaged groups. Monitor the quality of access to commissioned services for people from 'protected groups' and disadvantaged groups through contracts and patient feedback (e.g., physical access, communication needs, quality of care, outcomes).</p>	<p>The CCG has, during 2016 / 17 worked to adopt fully the principles of the accessible information standard both for its own activity, that of GP practices and those organisations that provide services on its behalf.</p> <p>In addition, as set out in the EDS2 report, section 2.1, the CCG has placed a range of requirements on providers to ensure equity of access for patients.</p>
<p>Equality Objective 4 Improve training and development opportunities for staff at all levels for equality, diversity and human rights.</p>	<p>The CCG has worked with the Arden & GEM CSU EIHR team to enhance the training available to all staff on equality. Annual training has been delivered to all staff with an additional development session delivered to CCG Governing Body</p>

<p>Improve workforce monitoring data for people from protected groups.</p>	<p>members.</p>
<p>Equality Objective 5 Ensure Board members and senior and middle managers have an understanding of equality, diversity and human rights so that equality is advanced within the organisation.</p>	<p>The CCG has worked with the HR Business Partner team to increase the number of staff who have declared their ethnicity. This has been tied into the CCG's WRES Action Plan. Between 2015 and 2016 the CCG has increased the proportion of its workforce declaring their ethnicity from 77.2% to 90.8%. This has been achieved through a data cleanse review and targeted work with staff to encourage them to update their data via ESR.</p>



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