NHS
Solihull
Clinical Commissioning Group

Solihull Clinical Commissioning Group (CCG) EDS2 (Equality Delivery System) Report

Solihull CCG published its annual equality report annually in line with the financial year. Each report includes an update on progress against the EDS2 and the CCG's Equality Objectives. The report published in April 2017 set out the key activity and identified that the required progress had been made.

With the need to develop new Equality Objectives for the BSOL organisation for April 2018, Solihull CCG has undertaken a further review of its activity in line with EDS2, the outcomes of which are set out in this report.

EDS2 Introduction

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 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. Solihull CCG has used the EDS2 as a tool kit to meet the Public Sector Equality Duty (PSED) requirements 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 CCGs to annually publish information which demonstrates their performance and progress against the requirements of the 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.

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

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 the 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 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 quinaries - 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%**

EDS2 Self Grading review

Following the publication of the report, the CCG carried out an internal review of evidence and determined a self-assessment grade of "Developing" for Goals 1 and 2.

A Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis was also completed with key findings compiled into a full report.

The SWOT findings for EDS2 goals 1 and 2 are included below:

SWOT Goal 1

STRENGTHS

- Strong evidence of integration of equality and inclusion across commissioning and procurement activity; embedded equality analysis process as part of all business cases; equality criteria as part of procurement process (PQQ and tender evaluations); and improvements in equality monitoring across service designs and specific equality CQUINS which have significantly improved inclusive practice in a number of third sector providers.
- Robust governance around equality through the Quality and Safety Committee and Governing Body. The Quality and Safety Team undertake regular reporting and monitoring of providers through a range of reporting mechanisms and review processes. Performance is reported through the QSC along with mitigating actions. The QSC has in place a process for escalating significant concerns for swift resolution.
- Lead on the development of a new patient focussed suicide strategy aimed to ensure early intervention / prevention.
- Ensured a strong robust locally focussed engagement was undertaken to ensure Solihull patients had the opportunity to have their say around proposed changes to inpatient mental health support beds provision in Solihull.

- Service Design
    - The CCG uses a robust approach to ensure that the services it designs do meet the needs of patients. For each service it delivers the CCG will have carried out robust equality analysis and put in place robust contract monitoring requirements.

WEAKNESSES

I. Equality monitoring across all seven protected characteristics in not currently undertaken by all providers in a consistent manner. Equality monitoring forms the basis of good quality equality information to help us formulate our commissioning decisions and identify equality gaps. This is a system wide issue that requires a response from DoH.

II. The CCG makes best commissioning decisions with the data it has available including public health data, ONS indicators, JSNA. The JSNA was last completed in 2014 leaving it outdated. Unless a 2021 census is conducted the population data derived from the 2011 census will continue to become more out of date. The CCG will need to consider how it can fill this gap.

III. The Birmingham and Solihull Sustainability and Transformation Plan has no published Equality Analysis to support the decision making. This is a concern as it sets out substantial changes across the footprint which will have impacts across the 9 protected characteristics.

IV. Providers have not evidence that they full implemented the NHS Accessible Information

Standard and indeed a range of evidence indicates that patients continue to experience barriers to accessing services as a result.

V. There is evidence of barriers to accessing primary care services for Gypsy Roma Traveller communities, homeless, migrant communities, nursing home residents.

VI. Whilst access to mental health services have significantly improved there remains poorer access to IAPT for BME communities (though overrepresentation of hospitalisations for black males).

VII. Varying levels of awareness amongst the public around navigating health services and appropriate use of emergency services. This can be a particular challenge for people from protected and vulnerable groups.

VIII. Unfortunately never events, serious incidents, and falls continue to occur across the CCG's patient population. Whilst robust processes are in place to monitor and control incidents there are always instances which are unavoidable or incidents that may be due to human error, or changes in workforce flows within providers trusts, or other factors which are difficult to identify and attribute in advance of incidents occurring.

IX. There remain challenges to ensuring the public, particularly vulnerable groups such as homeless people, traveller communities, migrant communities, and people with language and communication needs receive the health promotion messages and information they need to prevent poor health and access appropriate screening.

OPPORTUNITIES

I. To fully integrate equality and inclusion across the BSOL organisation ensuring place based commissioning approaches, including the undertaking of an Equality Analysis on the STP.

II. To develop a robust governance framework for equality and inclusion across the BSOL organisation building on the established good practices of the CCGs.

III. Establish relevant KPIs for equality and inclusion across BSOL

IV. Develop a comprehensive strategy to tackle health inequalities

V. To build on the work already in place to support the health needs of migrant communities

VI. To build on the work already to support the health needs of LGBT communities

VII. To respond to the emerging Information requirement to capture Sexual Orientation information on patients to improve data and meet needs of this groups.

VIII. Review the patient passport to make improvements e.g. through better use of technologies

IX. To continue to review and enhance accessibility across the system for protected groups particularly through referral processes.

X. Build on the work to capture the patient experience of those transitioning between services in order to learn lessons.

XI. Improving access to primary care through access to appointments and out of hours care.

XII. Build on the partnership working arrangements with Social Care to develop more integrated services.

XIII. Continue to keep abreast of health screening issues impacting on migrant communities within the context of a changing demographic

XIV. Greater integration and partnership working with Public health on local health promotion campaigns

THREATS

I. As an increasingly ageing population there are increased pressures and demands on health services to become more efficient with greater strain on resources.

II. Ongoing demands on NHS budgets and constraints on services to deliver efficiencies can move problems around the system instead of resolving issues e.g. Bed Blocking

III. The wider social determinants of health including deprivation, geography, unemployment, access to green spaces, and education impact on health outcomes. Social and health inequalities and variations in life expectancy by geography and gender.

IV. Uncertainty around the legal changes to the Equality Act 2010 and Human Rights Act as a result of Brexit, could undermine the equality and diversity commitments built into the NHS constitution and work of the CCG.
V. Resistance to anti-biotics and new infections
VI. Winter flu can impact vulnerable groups including elderly and frail, children, and pregnant women
VII. Uncertainty around procurement rules following Brexit could have implications for the diversity of our providers and protections for smaller providers.
VIII. Conflict and war around the world can have a direct effect on migration levels into the UK and into the West Midlands, impacting on the local demographic population and prevalence rates therefore effecting screening and health promotion needs.

SWOT Goal 2

STRENGTHS

- The CCG has carried out extensive work with its member practices, internally and with providers to ensure that due consideration is given to the communication needs of patients. This saw briefings provided to member practices of the CCG and an internal action plan produced. The CCG's commitment to the NHS Accessible Information Standard is published on its website.

- As a Commissioner of services the CCG is reliant on its providers to deliver services as designed that meet the needs of patients. To ensure that the CCG can measure and gain the contract monitoring requirements – a sample of which for equality is shown here.

1. 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

2. Workforce Disability Equality Standard (WDES)
a) Share with CCG plans for implementing the WDES standard.

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.

3. Gender Pay Gap
a) Share with CCG plans for implementing the mandatory Gender Pay Gap Reporting – Public Sector Employers.
b) Compile, share with CCG and publish information on Gender Pay Gap (with data captured in April 2017) before April 2018.

4. Annual Equality Report
Report providing:
Information on how the Public Sector Equality Duties are being met, including:

a) Demonstrating due regard in decision making;
b) Staff equality monitoring breakdown and analysis by all relevant protected characteristics (including recruitment, employee relations, leavers, training data)
c) Patient equality monitoring breakdown and analysis by all relevant protected characteristics (where possible by department)

Report to include an update on all elements referenced in the Equality Progress Report (no. 32)

WEAKNESSES

- There have been a range of measures introduced to promote and ensure all patients can access the right health care at the right time. However a range of national and local evidence exists about the challenges and barriers some protected and vulnerable groups continue to experience in accessing adequate health care at the right time. E.g. significantly higher mortality rate of LD patients, barriers to GP registration for GRT communities and migrant communities, unsafe discharge of homeless patients, language barriers.
- While Solihull has much less deprivation than Birmingham, this still exists particularly in the north of the CCG's area. There is an established link between poverty and health outcomes which must be addressed.
- Ability of organisations to access appropriate and affordable language and translation services.
- Provider organisations are not consistently meeting all requirements and some action taken has not been recorded / reported.

OPPORTUNITIES

- Continue to promote and enhance access initiatives particularly in primary care.
- Develop a strategy for meeting the language and interpretation needs of people with English Language needs across the BSOL footprint.
- Ensure appropriate response from primary care to the Overseas Visitors Charging Regulations 2017 as implications for primary care are introduced.
- Make use of local and national feedback, intelligence, and research around commissioning health services that meet the needs of protected and vulnerable groups.
- As the BSOL CCG's move towards a merger and closer joint working there will be an opportunity to integrate equality and inclusion across access and inclusion work streams for

the BSOL organisation. • To raise awareness of accessing health services through equality and inclusion conferences with third sector and communities.
THREATS • Solihull has a higher proportion of older patients with complex health conditions than nearby areas such as Birmingham, which impacts on the demand for services. • Conflict and war around the world can have a direct effect on migration levels into the UK and into the West Midlands, impacting on the local demographic population and capacity of NHS services to meet additional needs. • Uncertainty around the legal changes to the Equality Act 2010 and Human Rights Act as a result of Brexit, could undermine the equality and diversity commitments built into the NHS constitution and work of the CCG. • A key reliance is placed on GP practices in collecting patient's communication preferences; if this information is not collected / kept up to date the organisation receiving the referral will not be able to act on it.

The creation of a BSOL organisation gives an opportunity to meet these challenges, build on the strengths of the three individual CCGs and deliver a single effective approach to improving health outcomes for patients.

EDS2 Patient review

A review discussion was carried out with members of the CCG's Patient Panel. The event gave the opportunity to review some samples of the CCG's Equality activity with the aim of providing feedback and a grading.

The examples reviewed included:

- Equality and Diversity Contract Monitoring requirements
- Accessible Information Standard – CCG approach
- Diabetes Service
- CCG complaints report
- Mental Health Engagement Report

While a range of excellent feedback was provided, it was not possible to gain a grading from the panel.

The CCG has self-assessed its EDS2 Grade as Developing for both Goals 1 and 2 of EDS2. The two panel members who did provide a view on grading indicated that their view was the CCG should be graded as Developing for Goal 1 and Undeveloped for Goal 2.

Key feedback included the following suggestions / general concerns:

- The CCG remains reliant on its providers to deliver what is agreed / needed
- CCG contract requirements are noted as robust
- Members recommended the CCG review Provider's complaints reports to identify trends which may require action

- It was felt that financial pressures were putting the CCG in a difficult position to deliver services that meet the needs of all patients but the CCG was working hard to meet them.

EDS2 Staff review

A staff survey will be conducted in December to gain staff feedback on the CCGs approach and performance.

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
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.	Better health outcomes for all.	Delivering improved outcomes for our population and reduced health inequalities.
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.	Improved patient access and experience.	Development of a commissioning system that embeds the NHS Constitution and the principle of 'No Decision About Me Without Me'.

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).	Improved patient access and experience.	Commissioning the highest quality services, with equity of access for all.
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.