



Somerset
Clinical Commissioning Group

SOMERSET CLINICAL COMMISSIONING GROUP

**EQUALITY DELIVERY SYSTEM
EVIDENCE AND GRADING REPORT
Full Evidence
April 2014- March 2015**

JUNE 2015

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EQUALITY DELIVERY SYSTEM EVIDENCE AND GRADING REPORT

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List of Abbreviations

AFC	Agenda for Change
BME	Black Minority Ethnic
CCG	Clinical Commissioning Group
COG	Clinical Operations Group
CSU	Commissioning Support Unit
E&D	Equality and Diversity
EDS	Equality Delivery System
EIA	Equality Impact Assessment
EPEG	Equality and Patient Engagement Group
GP	General Practitioner (doctor)
HQ	Headquarters
JSNA	Joint Strategic Needs Assessment
LGB	Lesbian, Gay and Bisexual
LGBT	Lesbian, Gay, Bisexual and Transgender
MHRA	Medicines & Healthcare products Regulatory Agency
NPSA	National Patient Safety Agency
PALS	Patient Advice and Liaison Service
PAMM	Prescribing and Medicines Management Group
PCs	Protected Characteristics
PPG	Patient Participation Groups
PQQ	Pre-qualification questionnaire
PSED	Public Sector Equality Duty (s.149 Equality Act 2010)
SEAG	Somerset Engagement Advisory Group
SEOG	Somerset Equality Officers Group
SLA	Service Level Agreement
SPF	Somerset Prescribing Formulary
SW-CSU	South West Commissioning Support Unit
VSM	Very Senior Manager

EQUALITY DELIVERY SYSTEM EVIDENCE AND GRADING REPORT

To note: This report covers the period April 2014-March 2015. On this basis, any work referenced in this report due to take place subsequent to March 2015 will be referred to in the future tense.

1 INTRODUCTION

The Equality Act and the Public Sector Equality Duty

- 1.1 The Equality Act 2010 (The Act) places a duty on Somerset Clinical Commissioning Group to offer protection from discrimination to patients and staff based on the 'protected characteristics' of:
- age
 - disability¹
 - gender re-assignment
 - marriage and civil partnerships
 - pregnancy and maternity
 - race²
 - religion or belief
 - sex
 - sexual orientation
- 1.2 The Act replaces previous anti-discrimination legislation such as the Disability Discrimination Act 2005 and the Race Relations Act 2000.
- 1.3 The Act includes the Public Sector Equality Duty (Section 149, Equality Act 2010) which requires Somerset Clinical Commissioning Group not only to eliminate unlawful discrimination, but to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

2 THE EQUALITY DELIVERY SYSTEM

- 2.1 The EDS is aligned with key mainstream levers for the NHS – including the NHS Outcomes Framework, the NHS Constitution and the Care Quality Commission's key inspection questions set out in, "Raising standards, putting people first – Our strategy for 2013 to 2016". Therefore, by delivering on the EDS, organisations can also deliver, to an extent, on mainstream business. For commissioners, assessing providers' EDS performance can, in parts,

¹ Disability is defined as a physical or mental impairment which has a substantial, long term adverse impact on that person's ability to carry out normal day-to-day activities and, therefore, includes long term conditions such as cancer, HIV, alcoholism and mental illness, as well as learning disabilities.

² Race, sometimes referred to as BME (Black Minority Ethnic), includes Gypsy and Traveller Communities within its definition.

assist monitoring compliance with these requirements. The EDS became mandatory on 1 April 2015 and is now part of the NHS Standard Contract.

- 2.2 The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice
- 2.3 EDS2 implementation is explicitly cited within the CCG Assurance Framework, and will continue to be a key requirement for all NHS clinical commissioning groups (CCGs).
- 2.4 The EDS is a toolkit that helps health organisations undertake the analysis required by Section 149 of the Equality Act 2010 (the Public Sector Equality Duty) by engaging with patients, staff and the public. The EDS is designed to help organisations review and improve their equality performance and embed equality into services through identifying future priorities and actions. However, it must be emphasised that the EDS is only a tool and that incorporating the EDS into the work of the Clinical Commissioning Group does not automatically guarantee compliance with the various elements of the Public Sector Equality Duty.
- 2.5 At the heart of the EDS is a set of 18 nationally-specified outcomes, which are, in turn, grouped into four goals. It is against these outcomes that performance is analysed, graded and action determined.
- 2.6 The EDS for the NHS was made available in June 2011 and was formally launched on 11 November 2011. Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of NHS organisations, a refreshed EDS (often referred to as EDS2) was launched at the NHS Values Summit in London on 4 November 2013.
- 2.7 EDS2 has been designed to be more streamlined and simpler to use compared with the original EDS. As before EDS2 contains four goals: two are patient-focused, two staff-focused with 18 nationally-specified outcomes spanning across the four goals. The wording of the 18 outcomes has been simplified and NHS organisations are able to express these outcomes in their own words, if they so wish, to help communicate them more effectively to local audiences. The outcomes between the two versions are compatible allowing for meaningful comparison to be made over time between results.
- 2.8 In this document we will refer to the outcomes as EDS rather than EDS2, but the revised EDS2 outcomes are used as they were for the 2013/14 review.

- 2.9 The EDS can be readily applied to people from other disadvantaged groups, including people who fall into, "Inclusion Health"³ groups, who experience difficulties in accessing and benefitting from the NHS. Therefore, applying EDS to disadvantaged groups is likely to support the Clinical Commissioning Group deliver on aspects of its reducing health inequality role.
- 2.10 The five FREDA principles⁴ – Fairness, Respect, Equality, Dignity and Autonomy – readily relate to EDS2's outcomes. Therefore EDS2 supports a human-rights based approach to healthcare.

Patient Engagement in the EDS Process

- 2.11 The Somerset Equality Delivery System (EDS) Cluster Group was developed to ensure a combined commissioner and provider approach to implementing the EDS toolkit across Somerset. The group is now led by Somerset Clinical Commissioning Group and has representation from all Somerset NHS healthcare providers, including Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust. There is also representation from the Clinical Commissioning Group's Federation Commissioning Team, Somerset County Council and Somerset Equality Officers Group to promote partnership working and sharing of best practice.
- 2.12 The EDS Cluster Group used to hold an annual Equality Conference to help inform the grading process and develop equality objectives for all the member NHS organisations. This year's grading will be considered at the Somerset Engagement Advisory Group meeting on 7 July 2015, where the option of having a separate conference will be discussed with members. Further information on all previous EDS Conferences is available on the Somerset Clinical Commissioning Group's [website](#).
- 2.13 Somerset Clinical Commissioning Group uses the information provided by delegates and assembles its own internal evidence, to help develop a grade for each of the 18 EDS2 outcomes. From these grades equality objectives and actions are then developed. A copy of the current action plan is available to view on the Clinical Commissioning Group's [website](#).

Staff Engagement in the EDS Process

- 2.14 The EDS is an item on the CCG staff forum on 2 June 2015 for discussion. Somerset Clinical Commissioning Group ran its first staff survey last year, the results of which will inform both this EDS grading and review exercise and has raised a number of actions which Workforce are now progressing with.

³ "Inclusion Health: Improving the way we meet the primary health care needs of the social excluded" Social Exclusion Taskforce, 2010

⁴ The human rights-based approach is the process by which human rights can be protected by adherence to underlying core values of fairness, respect, equality, dignity and autonomy, or FREDA.

2.15 The full evidence for staff goals is included in Appendix 3.

3. THE EQUALITY DELIVERY SYSTEM GRADING PROCESS EXPLAINED

3.1 For each EDS outcome, there are four grades, and a RAG plus rating.

- Excelling – Purple
- Achieving – Green
- Developing – Amber
- Undeveloped – Red.

3.2 Somerset Clinical Commissioning Group has collated evidence to indicate what the organisation is doing to comply with the EDS criteria: see Appendix 3. The final column of the table has ideas for improvement to work on in the future.

3.3 The assessment and grading component of EDS has been simplified from previous years. When assessing and grading performance on a particular outcome NHS organisations can choose to look at just one or a few aspects of its work rather than look at all its activity. Aspects that should be reviewed are ones where local evidence suggests an equality-related concern, coupled with others where progress has been made. This enables and encourages lessons to be learnt from best practice, shared and spread.

Should NHS organisations use the EDS in this way, then organisations are recommended to manage a comprehensive implementation of the EDS over a three to five year period to enable it to review all aspects of its work where there are equality-related concerns. Organisations can also decide to focus on particular aspects of a protected characteristic, again where there are the most concerns and / or where marked progress has been made.

3.4 Somerset Clinical Commissioning Group has used the EDS to review all of its work relating to all nine protected characteristics collectively.

3.5 Previously each outcome was assessed using multiple factors. Now, there is just one factor for organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with people overall?

Design of the grades

3.6 Most of the grades have been designed to reflect and promote:

- the delivery of positive outcomes for protected groups, and to encourage continuous improvement.
- the recognition of inequalities between protected groups and patients or staff as a whole, and how gaps can be reduced while maintaining or improving overall outcomes.
- good engagement with patients, carers, communities and staff from protected groups.

- the use of best available evidence and good practice examples to inform service and workforce developments.
- tackling health inequalities for disadvantaged groups at the same time as inequalities for protected groups are addressed.
- the dealing with, and reporting on, equality as part of mainstream business.

3.7 The grades are intended to help clearly identify equality progress and challenges. While both good and poor performance should come to light, the purpose of the EDS and our grades should, primarily, be about helping us as Somerset Clinical Commissioning Group maintain and further improve our performance. It will also help to address and overcome any difficulties and embed equality into mainstream business.

3.8 Somerset Clinical Commissioning Group and local interests/ stakeholders need to agree on the grading decision for each outcome. Where there is a disagreement between the Clinical Commissioning Group and its stakeholders over the overall grade for an outcome, the views of the local interests should carry most weight.

Defining terms

3.9 In the grades' descriptions, reference is made to "all", "most", "some" and "none/few" protected groups. As a rule of thumb:

- "All" means all nine protected groups
- "Most" means six to eight protected groups
- "Some" means three to five protected groups
- "Few" means one or two protected groups
- "None" means no protected groups

3.10 Many of the outcomes incorporate the need to consider the level of engagement with and/or about protected groups. In responding to this, organisations should not count one-off consultation as engagement. When engaging with local interests, the engagement must be sustained, informed and meaningful. NHS organisations should assess and review the scope of the engagement undertaken and evidence collated once all outcomes have been graded. If it is believed that engagement and / or evidence has been poor then grades for all or some outcomes may be adjusted downwards and an improvement plan put in place.

3.11 The EDS process affords the opportunity to review Equality Objectives and Equality and Diversity Action Plan for the coming planning period. The CCG's Equality, Diversity and Human Rights Action Plan will be reviewed alongside this year's Evidence and Grading Exercise. The CCG's Equality Objectives are not due for review until April 2016; however this year's EDS review will feed into developing new equality objectives and revising the strategy during 2015/16.

4 THE GRADING FOR 2014-2015

- 4.1 Appendix 1 provides a comparison summary table of the EDS grades for the CCG for 2013-2014 against 2014-2015 after reviewing the evidence for each outcome (as detailed in appendix 3) and following stakeholder agreement.
- 4.2 NHS Commissioners are advised to apply EDS in light of the performance of the providers (including private providers) they commission services from not just on their own activity. A commissioner's performance on the EDS outcomes of patient-focused goals 1 and 2 will depend greatly not only on its providers' performance but also on the quality of the organisation's commissioning intentions, contracts and contract monitoring. Therefore, the Somerset CCG's EDS grading performance has been reliant on the providers meeting their equality duties and their EDS grading. This has implications for ensuring equality issues are clearly evident in procurement, commissioning and ongoing monitoring of contracts.
- 4.3 A table comparing the EDS grades for the Clinical Commissioning Group with Somerset's NHS healthcare providers for 2013-2014 can be found at Appendix 2. A comparison for this year's EDS grades will be available once provider grades are confirmed. Full copies of each provider's EDS Evidence and Grading report will be published on their respective websites.
- 4.5 Somerset Clinical Commissioning Group has collated an evidence table for goal 1 and 2 (patient focused) outcomes to indicate what is being done as an organisation to comply with the EDS criteria. Please see para 2.13 for information on goals 3 and 4. This table showing the evidence, in full, can be found at Appendix 3.

Appendix 1: Comparison of 2013/14 EDS grades against 2014/15

EDS Goals / Outcomes		Somerset Clinical Commissioning Group EDS Grades (2013-2014)	Somerset Clinical Commissioning Group PROVISIONAL EDS Grades (2014-2015)
Goal 1 - Better Health Outcomes			
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing – People from only some protected groups fare as well as people overall	Developing – People from only some protected groups fare as well as people overall
1.2	Individual people’s health needs are assessed and met in appropriate and effective ways	Developing - People from only some protected groups fare as well as people overall	Developing – People from only some protected groups fare as well as people overall
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing - People from only some protected groups fare as well as people overall	Developing – People from only some protected groups fare as well as people overall
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing - People from only some protected groups fare as well as people overall	Developing – People from only some protected groups fare as well as people overall
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing - People from only some protected groups fare as well as people overall	Developing – People from only some protected groups fare as well as people overall
Goal 2 - 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	Developing - People from only some protected groups fare as well as people overall	Developing – People from only some protected groups fare as well as people overall
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing - People from only some protected groups fare as well as people overall	Developing – People from only some protected groups fare as well as people overall
2.3	People report positive experiences of the NHS	Developing – People from only some	Developing – People from only

		protected groups fare as well as people overall	some protected groups fare as well as people overall
2.4	People's complaints about services are handled respectfully and efficiently	Achieving - People from most protected groups fare as well as people overall	Achieving - People from most protected groups fare as well as people overall
Goal 3 - A Representative and Supported Workforce			
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving - Staff members from most protected groups fare well compared with their numbers in the local population and / or the overall workforce	Achieving - Staff members from most protected groups fare well compared with their numbers in the local population and / or the overall workforce
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	Developing - Equal pay audits show that staff members from only some protected groups fare as well as the overall workforce	Achieving - Staff members from most protected groups fare well compared with their numbers in the local population and / or the overall workforce
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving - Staff members from most protected groups fare as well as the overall workforce	Achieving - Staff members from most protected groups fare well compared with their numbers in the local population and / or the overall workforce
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing - Staff members from only some protected groups fare as well as the overall workforce	Developing - Staff members from only some protected groups fare as well as the overall workforce
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving - Staff members from most protected groups fare as well as the overall workforce	Achieving - Staff members from most protected groups fare well compared with

			their numbers in the local population and / or the overall workforce
3.6	Staff report positive experiences of their membership of the workforce	Developing - Staff members from only some protected groups fare as well as the overall workforce	Achieving - Staff members from most protected groups fare well compared with their numbers in the local population and / or the overall workforce
Goal 4 - Inclusive Leadership			
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing - Only some of the examples show a strong and sustained commitment	Developing - Only some of the examples show a strong and sustained commitment
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	Developing - Only some of the papers took account of equality-related risks and their management	Developing - Only some of the papers took account of equality-related risks and their management
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing - Staff members from only some protected groups fare as well as the overall workforce	Developing - Staff members from only some protected groups fare as well as the overall workforce

Appendix 2: Comparison Table – EDS2 Grades throughout the NHS in Somerset (2013-2014)

Equality Delivery System (2) Goal / Outcome	Somerset Clinical Commissioning Group	Somerset Partnership NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust	Taunton and Somerset NHS Foundation Trust*	South West Ambulance Service NHS Foundation Trust	
Goal 1						
1.1		Not applicable	Not applicable		Data currently unavailable.	
1.2						
1.3						
1.4						
1.5			Not applicable			
Goal 2						
2.1						
2.2						
2.3						
2.4						
Goal 3						
3.1						
3.2						
3.3						
3.4						
3.5						
3.6						
Goal 4						
4.1						
4.2						
4.3						

Grade Key	Undeveloped	Developing	Achieving	Excelling
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*Taunton and Somerset's grading is based on the original EDS outcomes rather than EDS2 (noted in Appendix 1)

APPENDIX 3: NHS EQUALITY DELIVERY SYSTEM (EDS) – EVIDENCE AND GRADING (2014-2015)

EDS GOAL 1

Goal 1: Better Health Outcomes			
1.1: Services are commissioned, procured, designed and delivered to meet the health needs of local communities			
FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	<p>Performance and Acute Commissioning</p> <p>All contracts in place with providers based on the national NHS service conditions include conditions of Equity of Access, Equality and Non-Discrimination. These conditions require providers to ensure that people from protected groups are not discriminated against in accessing services.</p> <p>It is also a requirement of contracts that providers must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result. These discussions are evidenced in the minutes from these Review Meetings.</p> <p>A monthly report is provided by trusts to demonstrate their performance against E&D metrics which is then reviewed as part of contract review meetings and queries and concerns dealt with via the meeting. Evidence is copies of the report and minutes of the contract review meetings which demonstrate the report being discussed and actions taken.</p> <p>Quality, Safety and Governance</p> <p><u>Patient Engagement and Equality Team</u> Somerset CCG links into the Joint Strategic Needs Assessment (JSNA) and uses data from this to inform service development, procurement etc. The CCG has a pool of active lay users, who participate in a range of commissioning projects, including procurement exercises, service planning and re-designs. The lay users can often bring a patient and public perspective to bear on these workstreams, including raising questions about equality, access and patient experience. Ongoing patient engagement exercises also help to inform service design and performance.</p>	The CCG would grade itself as DEVELOPING for outcome 1.1.	<p>Patient Engagement and Equality and Diversity Team to be included in reviewing this annual audit.</p> <p>Patient Engagement and Equality and Diversity Team to be copied into the papers for contract review meetings for all providers.</p>

Undeveloped  No evidence at all Or For few or none of the protected groups
 Developing  For **some** [3-5] protected groups
 Achieving  For **most** [6-8] protected groups
 Excelling  For **all** [9] protected groups

Protected groups:
 Age; Disability; Gender Reassignment; Race; Religion or Belief; Sex;
 Sexual Orientation; Pregnancy and Maternity; Marriage and Civil partnership

NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>For example, service users and carers have been actively involved in the development of the care planning template for patients with long term conditions as part of the Somerset House of Care Wizard Group. This is a good example of how the CCG has engaged a group of patients, carers and other stakeholders to shape and inform a piece of work which will directly impact on patient experience and patient decision-making about their own care.</p> <p>The CCG's <u>Equality, Diversity and Patient Engagement Strategy (2013.-2016)</u> was reviewed with minor amendments being made and this was presented and agreed by the Governance Committee in February 2015. This version of the Strategy is now published on the CCG's website. Patient Engagement Methods and Equality Objectives can be found at Section 6 of the document.</p> <p>Providers produce annual quality accounts, which are reviewed and commented on by the CCG in relation to safety, patient experience and engagement, equality and diversity.</p> <p><u>Governance Arrangements</u></p> <p>The Patient Engagement and Equality Team continues to work on tightening CCG processes that concern the statutory duties relating to patient engagement (NHS Act 2006 as amended by S14Z2 Health and Social Care Act 2012) and equality (s149 Equality Act 2010 often referred to as the Public Sector Equality Duty). During 2014/15 the equality team has:</p> <ul style="list-style-type: none"> • Revised the guidance for the 'Equality and Diversity' section featured on the Governing Body cover sheet to enable staff to understand their responsibilities. Recommendations are now being made to extend the same cover sheet to the Clinical Operations Group, so that papers and reports going to that decision-making body will also have the same level of equality scrutiny. • Made amendments to the CCG's Constitution to better meet the statutory requirements, particularly around the Public Sector Equality Duty. • Held meetings with all Directors to highlight the risk of Judicial Review challenge and to discuss how Directorates can support the work being done to mitigate risk in this area. • Delivered a new staff training course, "Equality, Diversity and Patient Engagement: A Combined Approach". A summary of this training is now also embedded in the Corporate Induction training day for all new starters. • Trained Human Resources Team on Equality Impact Assessments. 	<p>The CCG would grade itself as DEVELOPING for outcome 1.1.</p> <p>The CCG would grade</p>	<p>Equality objectives featured in the strategy cover the four year period 2012-2016 in line with the Equality Act 2010 (Specific Duties) Regulations 2011. These objectives will be kept under review when the new Equality, Diversity, Human Rights and Patient Engagement Action Plan is revised following this evidence and grading exercise.</p>
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Undeveloped ■ No evidence at all Or For few or none of the protected groups
 Developing ■ For **some** [3-5] protected groups
 Achieving ■ For **most** [6-8] protected groups
 Excelling ■ For **all** [9] protected groups

Protected groups:
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 Sexual Orientation; Pregnancy and Maternity; Marriage and Civil partnership

NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p><u>Engagement Forums</u> The CCG provides regular opportunities for patient engagement throughout the county, which informs commissioning decisions and service design. These include:</p> <ul style="list-style-type: none"> • Patient Participation Group Chairs’ Network: This group scrutinises many commissioning projects and plans, such as the new 111 service. • Health Forums • Somerset Engagement Advisory Group <p><u>Engagement Work</u></p> <ul style="list-style-type: none"> • Eating Disorders Services: The CCG’s Equality and Diversity lead visited SWEDA to listen to people’s views of the current Eating Disorder Services and to find out about SWEDA’s work. This feedback was incorporated into the CCG’s Eating Disorder Services Review • Carers Conference May 2014: SCCG’s Patient Engagement and Equality Team facilitated a workshop about health at Compass Carers’ Conference. Feedback collated was shared with Somerset County Council to inform its forthcoming Carers Strategy. • PPG Chairs Development Day: SCCG’s Patient Engagement and Equality Team ran a session on working with voluntary sector and community groups to encourage wider community representation in Patient Participation Groups. • NHS 111 and Out of Hours: patient engagement discussed at a mobilisation meeting, particularly in terms of how awareness can be raised with people from the 9 protected characteristics groups <p><u>Medicines Management</u></p> <p>Formulary Decisions: Somerset CCG Prescribing Formulary decisions are made by the Somerset Prescribing Forum (SPF) and the Prescribing and Medicines Management Group (PAMM). These groups are obliged to make every effort to eliminate discrimination against people in protected groups. A lay member attends both PAMM and SPF meetings.</p> <p>Access to Medicines:</p>	<p>The CCG would grade itself as DEVELOPING for outcome 1.1.</p>	
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>The Somerset CCG Formulary and Traffic Light Scheme clearly set out details of medicines that have been approved for prescribing within Somerset. These documents are designed to facilitate equity of access to drugs for all patients where this is clinically appropriate.</p> <p>Medication review of patients living in care homes The medicines management team commissions some sessional staff to undertake some medication review work of patients in care homes (in consultation with the patients' GPs). The aim of this work is to improve the quality and safety of prescribing in a group of patients who have less access to healthcare services and are more at risk from adverse events due to medicines.</p> <p>Staff are required under a Service Level Agreement (SLA) to uphold the principles of the NHS constitution which states that staff should not discriminate against people with protected characteristics.</p> <p>The team is unable to provide this service to all people living in care homes due to insufficient resource.</p> <p><u>Urgent and Emergency Care</u></p> <p>In Somerset there has been a continued rise in demand for Urgent and Emergency Care across the whole system, from increasing attendances at emergency and minor injury departments to increased demand on primary care, through requests for urgent care appointments at GP practices and contacts within the Out of Hours Service.</p> <p>To inform delivery of the Urgent and Emergency Five Year Strategy, the following priorities have been identified as being key for the Somerset Urgent and Emergency Care System.</p> <p>Seven day working (Urgent and Emergency Care) Organisations in Somerset are working towards ensuring that there is consistent and robust seven day working across priority services within the health and social care system. This will increase access to services for people from all of the protected groups. This priority area is also one of the national conditions identified within the Better Care Fund. Each Trust has implemented a range of initiatives and will build on these. Somerset is working towards implementing the ten clinical standards developed by the Seven Days a Week Forum and these standards will be contained within provider contracts.</p>	<p>The CCG would grade itself as DEVELOPING for outcome 1.1.</p>	<p>Continue to promote the use of the EIA through internal communications and via the Management Team.</p> <p>Continue to promote, deliver and evaluate the equalities training offered throughout the CCG including via the Management Team.</p>
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Undeveloped
Developing
Achieving
Excelling

- No evidence at all Or For few or none of the protected groups
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>Ambulatory Emergency Care Ongoing work is taking place to implement ambulatory emergency care pathways in Somerset to provide care closer to home which will improve access to health services for older people and people with disabilities who may find travel a challenge. Work is ongoing to communicate these plans effectively across the system to enable optimal use of the pathways. Specific actions were identified and are being implemented to ensure that ambulatory emergency care pathways are being utilised effectively whilst improving the patient experience and outcomes.</p> <p><u>Service redesign/ improvement work</u> Service redesign / improvement work and procurements are specifically developed to ensure that they are built on clear information about the needs, equality of service and provision, and accessibility. Several examples of this are noted below as illustrations of this in practice.</p> <p>Somerset Health and Social Care community have developed the Somerset Urgent and Emergency Care Strategy 2013-2017 and this document provides further details of the plans to develop a holistic, patient-centred, vision for the coming years</p> <p>Patients are involved with the developments of urgent and emergency care services so that patient’s expectations of good services are met. For example, the new GP Out of Hours Service model has been developed based on local population feedback. Extensive stakeholder engagement was undertaken with people who use the service to ensure service developments meet their needs.</p> <p>In addition, members of the CCG and local providers regularly attend public meetings to ensure that good quality conversations are had to strengthen the delivery of services across Somerset and that services are developed in line with differing local population needs. For example, access to services for rural populations is a recognised issue for both 999 and GP Out of Hours Service. These issues will be addressed through various schemes such as the community responder and defibrillator schemes. Listening to patients and the public, commissioners have ensured that the NHS111 Service is provided locally.</p> <p><u>Maternity Services Liaison Committee (MSLC)</u> The Somerset Maternity Services Liaison Committee (MSLC) provides the forum for the CCG as commissioners to work with the users of maternity services, alongside other commissioners of health services, providers of maternity services and child</p>	<p>The CCG would grade itself as DEVELOPING for outcome 1.1.</p>	
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>health services in Somerset. The overall aim of the MSLC is to improve the quality and safety of maternity and child health services for the population of Somerset.</p> <p>It is a statutory requirement to have an MSLC. The guidance (DH 2006) defines the MSLC as an independent advisory body to oversee the development of patient and public involvement in maternity services and appropriate governance arrangements, together with a wider strategic involvement in all aspects of maternity care, education, provision and policy.</p> <p>The MSLC is a well-established specialist, multi-disciplinary forum that engages services users, providers, GPs, Midwives, Health Visitors, Obstetricians, Commissioners and Public Health in the continued improvement in the quality of maternity care for Somerset. The Committee is made up of representatives of clinicians from all specialties involved in maternity care, together with CCG commissioners, Area Team and Public Health England Commissioners, managers, public health and social care input with at least one third user members.</p> <p>The MSLC monitors services provided to expectant and new parents and recommends changes and improvements. It acts as a voice for the people who use these services and receives user feedback to inform the committee on the ways in which this can be used to improve the quality of services.</p> <p>Work priorities for 2014-2015 were:</p> <ul style="list-style-type: none"> • Smoking in pregnancy • Teenage conceptions • Breastfeeding awareness • Weight in pregnancy • Improve Maternal and Neonatal Morbidity and Mortality • Improve Access for Vulnerable Parents • Maternity Facilities • Screening & Immunisations • Reducing Caesarean Section Rates • Patient Experience <p>The MSLC continues to work to improve health outcomes for all women and their families. During 2014-15, this has included the transition of maternity services in Mendip to the Royal United Hospital in Bath bringing responsibility for provision of midwifery services and obstetrics under one provider, which has led to greater</p>	<p>The CCG would grade itself as DEVELOPING for outcome 1.1.</p>	<p>Encouraging communities and individuals to take more control of and responsibility for their own health and wellbeing</p> <p>This theme puts the work of the Health and Wellbeing Board at the heart of the CCG Strategy. This area of commissioning work, aims to support people to remain independent through good wellbeing and thus</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>integration and team working across medical and midwifery teams and strengthen clinical governance arrangements for maternity service provision.</p> <p><u>Commissioning for Quality</u> As part of the CCG’s Quality Assurance process visits are undertaken to provider locations across Somerset. Actual observation of the care environment and the patient experience is a very useful, practical and visual method of triangulating the evidence and giving assurance that service providers are meeting standards and are working within a quality improvement approach. During such visits facilities are viewed and staff and patients spoken to. The visiting team includes two members of the CCG, a GP and lay member. Visits are undertaken, incorporating ‘Energising for Excellence’ (DH 2011) and ‘15 Step Challenge’ guidance. Aspects looked into include:</p> <ul style="list-style-type: none"> • Is there appropriate signage including signs in different languages • Is information available, including contact information and is it clear and easily visible? • Do all members of staff interact with patients in an appropriate manner? • Are there signs that equality and diversity needs are being met? • Is patient feedback displayed? • Is clear information visible about how to complain and complement? <p>The Lay member is tasked with speaking with patients throughout the wards enquiring about:</p> <ul style="list-style-type: none"> • Privacy and dignity • Practice help and support • Involvement in care (including a section providing an opportunity to collate feedback from carers and relatives) • Facilities and environment <p><u>Commissioning for Quality and Innovation (CQUIN)</u> The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of providers’ income to the achievement of local quality improvement goals. Since the first year of the CQUIN framework (2009/10), CQUIN schemes have been developed and agreed with providers of services for Somerset patients.</p> <p>National CQUINS during 2014-2015 were:</p> <ul style="list-style-type: none"> • Friends and Family Test (patients and staff) • NHS Safety Thermometer • Dementia and Delirium (including ‘Fair, Access, Investigate and Refer’ (FAIR) and supporting carers) • Improving physical healthcare to reduce premature mortality in people with 	<p>The CCG would grade itself as DEVELOPING for outcome 1.1.</p>	<p>prevent a move to becoming a ‘patient’. We are focused, as a community, on maintaining good health and promoting changes that people can make to have the best possible health and a healthy long-life.</p> <p>This theme requires people to recognise that both individuals and communities have role to play in ensuring that we have health services fit for purpose now and in the future. This will mean different things to different people including: maintaining a healthy life by eating the right food, exercising often and being moderate in other choices such as whether to drink alcohol or smoke.</p> <p>It may also mean that if you do have a condition such as diabetes you are able to keep well overall so that you do not develop more conditions or illnesses. Or it may mean that when you are feeling poorly you consider where you can get the best help, from services such as your local pharmacist or by ringing NHS 111 rather than turning up at the Emergency Department (here is an 80 second video to show you what the CCG, means – click here).</p> <p>The CCG also needs to work with health and social care</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p align="center">serious mental illness (SMI)</p> <p>Local CQUINS agreed with providers include:</p> <ul style="list-style-type: none"> • Reduction of pressure ulcers • Consultant review of young people with eating disorders • Advanced care/treatment escalation plans • End of Life care • Future Hospital Commission • 7-day working for Hospital Services <p>Clinical and Collaborative Commissioning Directorate</p> <p>Somerset CCG have used information about Somerset’s key population characteristics to inform service planning and redesign. Demographical information is obtained through the Joint Strategic Needs Assessment (JSNA), a report which provides an overview of the Somerset population significantly in terms of the social environmental and economic factors that impact of health and wellbeing. The JSNA also provides information about how needs may vary for vulnerable and protected characteristic groups or those living in areas classified as more disadvantaged. A copy of the JSNA can be found at http://www.somersetintelligence.org.uk/jsna/</p> <p>Examples of how this informations has informed service planning include the work being undertaken for Shepton Mallet Campus and the ‘Making the Most of Community Services in Somerset’ that is being done by the Clinical Commissioning Directorate in partnership with South West Commissioning Support Unit (CSU). In these instances the Patient Engagement Team has been involved in the work from the outset supporting a complementary Equality and Patient Engagement approach to the work to support a dynamic, ever-developing approach to the equality analysis (EIA) process</p> <p>The key priorities contained within the Somerset Dementia Strategy Priorities for 2013 – 2016 document were identified by the Somerset Dementia Strategy Group through two workshops that took place in October 2012 and June 2013. The workshops were held with provider representatives. People with dementia and their carers were asked via the Alzheimer’s Society through memory cafes and Singing for the Brain sessions, what they thought the priorities should include and these were incorporated into the strategy.</p> <p>Equality Impact Assessments are completed on all new or re-procured services</p> <p>Public engagement/consultation events are held to hear the public’s views on various</p>		<p>providers to ensure that our services value mental and physical health equally and that in supporting people with ill-health we embrace the individual’s mental and physical wellbeing.</p> <p>The CCG is committed to working closely with the Local Authority, Public Health and the District Councils as well as Healthwatch, health providers and voluntary organisations to support people in Somerset communities to stay well. Working together means that we can achieve more for Somerset and its people.</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>services to be commissioned, procured or re-designed and are open to all members of the public. Recent activity has engaged a specific patient disease group (Diabetes) to involve them in identifying commissioning priorities.</p> <p>Provider Information The CCG is awaiting confirmation of provider EDS Evidence and Grading and will reference this information when available.</p> <p>Providers undertake their own patient engagement work on an ongoing basis as required by the Health and Social Care Act 2012 & NHS Act 2006 and to ensure ongoing compliance with the PSED.</p>		
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Goal 1: Better Health Outcomes
1.2: Individual people’s health needs are assessed and met in appropriate and effective ways

FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	<p>Performance and Acute Commissioning In respect of individual patient health needs providers are required to assess these on an individual basis giving thought to ensuring that the service conditions in the contract with respect to Equity of Access, Equality and Non-Discrimination are met.</p> <p>Clinical and Collaborative Commissioning The CCG, with partners, has made significant progress in embedding the philosophy</p>	The CCG would grade itself as DEVELOPING' for outcome 1.2	See actions noted in 1.1

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>and principles of person-centred care. The current financial climate combined with a genuine need to improve patient outcomes has driven a step change in the commitment to review how care is provided in Somerset.</p> <p>Opportunities presented by the Better Care Fund (blending service between health and social care supported by an existing fund of £38 million from 2015), will enable the CCG to jointly commission services with the Local Authority so that people do not fall between gaps in health and social care services, and experience 'seamless' care with better outcomes.</p> <p>The CCG has already co-designed many services with social care. Most recently reablement services are being delivered on an individual person-centred basis with health and social care Independent Living Teams.</p> <p>The Symphony project identified through evaluation of datasets that people with 3 or more Long term Conditions use more services and have the highest needs. In response to this the CCG has invited the 4 geographical Local Implementation Groups (LIGS) to submit care models to deliver on the symphony indicators. This incorporates the personalised care planning approach.</p> <p>The Symphony Project is a collaborative multi-agency approach to changing how care is provided in the future. The work embraces the ways in which health and social care can be provided, in the future, for the population of South Somerset.</p> <p>Symphony's aim is to establish much greater collaboration between primary, community, acute and social care, particularly for people with complex conditions and in doing so improve the life experience of those people.</p> <p>By building integrated services, people in Somerset ought to be able to access their care through a more streamlined and simple process, putting that person in control of what, how and when things are needed. Services are therefore focused on the patients' individual need and would therefore address specific needs presented by people from the 9 protected groups. Monitoring this will ensure all needs are being met.</p> <p>Thus moving from a set of organisations that 'do to' patients, to a model of services working around the needs of the person and their carers and family to promote improved outcomes and better experiences.</p> <p>Pathways of care that are developed ensure that no one is disadvantaged or discriminated against with regards to their health needs. For people with dementia that</p>	<p>The CCG would grade itself as DEVELOPING' for outcome 1.2</p>	
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>have received a diagnosis of dementia, there is the opportunity for them to receive appropriate care and support from the Somerset Dementia Adviser Service.</p> <p>Quality, Safety and Governance</p> <p><u>Practice Support Work:</u> The Medicines Management Team work with GPs to identify areas of unmet need to anyone at risk of adverse health outcomes such as, ensuring that diabetics are prescribed a statin or improving monitoring for patients with serious mental illness.</p> <p>The team uses national data from e-Pact as well as a system called Eclipse Live (for practices who have signed up) to identify areas of unmet need as well as serious safety issues.</p> <p>Practice support assist practices in auditing various aspects of medicines use every year.</p> <p><u>Formulary Decisions, medicines management and access to medicines</u> The CCG provides funding for NICE Technology approved medicines within the required 3 months and abides by the NICE guidance on equality. For each appraisal NICE assesses the impact on any group with a protected characteristic in the equality legislation and report the NICE assessment within the technology appraisal. Should NICE identify any impact then this would be considered by PAMM and the CCG.</p> <p>NICE guidance represents the views of NICE and was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer. Implementation of this guidance is the responsibility of local commissioners and/or providers.</p> <p>Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.</p> <p>Somerset CCG Prescribing Formulary decisions are made by the Somerset</p>	<p>The CCG would grade itself as DEVELOPING' for outcome 1.2</p>	
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>Prescribing Forum (SPF) and the Prescribing and Medicines Management Group (PAMM). Decisions about which medicines and preparations to include are made at a 'population level' so are not individualised. However, GPs are free to deviate from the formulary if they feel that it is necessary to treat an individual patient safely and effectively.</p> <p>The first page of the formulary states that</p> <ul style="list-style-type: none"> • It is intended to only cover first and in some cases second-line drug choices (other than where stated) in uncomplicated patients • It is expected that practices will find the options provided are appropriate for the treatment of most new patients • It is acknowledged that patients who are intolerant / unresponsive to formulary drugs, may require alternatives which are non-formulary <p><u>Urgent and Emergency Care</u> The Strategy provides some outcome measure to meet the needs of individuals and their unique circumstances, tailoring the interventions to their wishes and needs</p> <p>Front door services ensure that patients are treated promptly and receive the right care, by the right clinician at the right time.</p> <p><u>Dementia Diagnosis and Support</u> There is continued focus to improve dementia services for people in Somerset and to work towards the vision of enabling people with dementia and their family carers to live well and improve the quality of their life, no matter what the stage of their illness or where they are in the health and social care system. This work is being taken forward through the Somerset Dementia Strategy and focuses on four key areas:</p> <ul style="list-style-type: none"> • raising awareness and understanding • timely diagnosis and support • living well with dementia • workforce and training <p>Considerable work has taken place to improve dementia diagnosis rates in Somerset and to work towards achieving the ambition set out in the Prime Minister's Challenge on Dementia. This work is ongoing to increase diagnosis rates and plans are in place to achieve the ambition that 67% of people will be diagnosed in Somerset. The CCG aims to then maintain this position whilst ensuring that when a diagnosis is made, appropriate post diagnosis support is offered</p>		<p>Include a statement about equality in the formulary</p>
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	<p><u>Support for Diabetic Patients</u> In March 2014, a one-year research project was completed by Peninsula Collaboration for Leadership in Applied Health Research and Care (Pen CLAHRC), supported by Exeter University. The project looked at the needs of people with diabetes with a view to developing effective patient and public involvement in Somerset CCG and informing the CCG’s future commissioning of diabetes services. The aim was to better equip patients, carers and lay members to be involved in and influence commissioning decisions. Three community-based workshops were held to collect patients’ and carers’ views, comments and ideas on commissioning priorities for diabetes services in Somerset. The project identified a number of areas for service improvement across Somerset, based on patient feedback. The three key themes were:</p> <ul style="list-style-type: none"> • The need for increased psychological support for people with diabetes. • Improved access to education and self management. • Equality in standards of care for people with diabetes. <p>As a result of the Pen CLAHRC project, Somerset CCG is now working with the Patient Association to develop some follow-up work. This is still at the discussion stage, but it is likely to be a piece of work focusing on children and young people with diabetes, offering support, information and online resources as they transition into adulthood. This responds to the findings of the Pen CLAHRC project and also reflects the wider need to enable and empower patients to better understand and manage their own conditions in the community, promoting independence and patient-centred decision-making.</p> <p><u>Monitoring Form</u> The monitoring form used to collect patient data was reviewed and amendments made by the EDS Group to reflect changes in legislation around marriage and civil partnerships. This form is used when collecting PALS/Complaints data. Please see 2.4 for more information.</p> <p><u>CCG staff attendance and Involvement</u> Quarterly attendance by a member of the Patient Experience and Equality Team:</p> <ul style="list-style-type: none"> • Patient Experience Improvement Group (PEIG) meetings at Taunton and Somerset NHS Foundation Trust. • Local Area Team (BNSSSG) Patient Experience Leads Network • NHS England Patient Engagement Best Practice Network • South West Equality Network (SWEN) every quarter: This is a network of equality officers from local authorities throughout the South West. Somerset 		
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>CCG attends to represent health interests.</p> <ul style="list-style-type: none"> • South West Impact Network (SWIN) is a stakeholder meeting run by NHS England Specialist Commissioning (BNSSSG) • Mendip Migrant Workers Forum - organised by Mendip District Council • Gypsy and Travellers Forum – organised by South Somerset District Council. Meetings have been sporadic but it is hoped that this forum will now meet on a quarterly basis <p>General/One-off attendance during 2014-15</p> <ul style="list-style-type: none"> • Dementia Raising Awareness Group - This is a group led by Public Health to support aspects of the Somerset Dementia Strategy. • Workforce Race Equality Scheme and Equality Delivery System – Consultation on inclusion in NHS Standard Contracts (NHS England) • Public Sector Equality Duty Workshop (run by NHS England in collaboration with Equality and Human Rights Commission) • ‘Advice Fit for the Future’ conference run by Taunton Citizens Advice Bureau’s Somerset Advice Network. The event plays a key part in the process of renewing the Somerset Advice Strategy. • Living Later Life Conference, run by Age UK Somerset. This conference aimed to tackle the issues that matter most when it comes to ensuring a good quality of later life: housing, mutually-supportive relationships, retaining independence and control, enjoying an active lifestyle, health and social care services, living well with long-term conditions and much more. • Somerset County Council SEND (Special Educational Needs and Disability) Engagement Strategy Development Group. The draft SEND Engagement Strategy was presented to the Governance Committee in May 2015. • Somerset County Council SEND (Special Educational Needs and Disability) Annual Satisfaction Survey Reference Group • SEND (Special Educational Needs and Disability) Co-Production Workshop • Somerset Carers Partnership Board <p>Provider Information The CCG is awaiting confirmation of provider EDS Evidence and Grading and will reference this information when available.</p>		
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

Goal 1: Better Health Outcomes			
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed			
FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	<p>Finance and Performance Providers are required to ensure transitions between services are made smoothly for all patients. Providers must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments).</p> <p>Somerset CCG has established a Clinical Documentation and Communications Group to improve the transfer of important information when patients move between services. During the last year considerable progress has been made improving the timeliness and content of communications using electronic solutions.</p> <p>Clinical and Collaborative Commissioning As part of the design process for new care pathways and the relevant involvement of stakeholders and patient representatives, the pathways are widely communicated.</p> <p>Patients and lead clinicians should be involved in the transitions taking place from one organisation/service to another and relevant information passed on. This should include all patients and ensure that no one is disadvantaged or discriminated against.</p> <p>Quality, Safety and Governance</p> <p><u>Medicines Management Team</u> The Medicines Management Team work with other organisations to improve the quality of information regarding medicines that is provided for all patients transferring between services. This relates to the transfer CQUIN (more information to be provided).</p> <p>A recent example, is working with Somerset Partnership to look at a way of transferring monitoring information for patients taking antipsychotics.</p> <p><u>Urgent and Emergency Care</u> Providers will be monitored on which services users are transferred to, and monitor E&D.</p> <p>Work continues to strengthen the accessibility of clinical information and care plans, for those that need it, across Health and Social Care through the SIDER group.</p>	The CCG would grade itself as DEVELOPING for outcome 1.3	As this group is now making progress with electronic solutions, it opens up opportunities for improving communications to people with disabilities in different formats, or shared with nominated carers.

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>In order to maximise capacity within hospitals and to benefit all patients requiring a new episode of care, discharge policies are in place to ensure an equitable process is applied. Should it not be possible for a patient to stay in a hospital bed whilst they await their preferred choice, it will be necessary to find alternative accommodation. Throughout the processes of admission, assessment and care planning, close contact is maintained with the patient and, with consent, carers or interested relatives.</p> <p><u>Care.data</u> Somerset is one of four pathfinder sites across England. Data from GP systems will link with hospital data to provide information that can be used for commissioning and planning to improve quality, safety and effectiveness of health care. Patients will be made aware of care.data and will be given the opportunity to opt-out. As a pathfinder, Somerset CCG is looking at all the information being produced and commenting on this, along with GPs, members of the public and other stakeholders. A reference group has been set up to tailor this information for Somerset and there are plans to begin to cascade information to the public in the autumn of 2015.</p> <p>Provider Information The CCG is awaiting confirmation of provider EDS Evidence and Grading and will reference this information when available.</p>		
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Goal 1: Better Health Outcomes

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

FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	<p>Quality, Safety and Governance Somerset CCG policies relating to incident reporting and complaints comply with legislation including the Human Rights Act 1998, Equality Act 2010 and Safeguarding Vulnerable Groups Act 2006.</p> <p>The outcomes of the Equality Impact Assessment reviews for policies relating to incident reporting and complaints indicated 'neutral impact' for protected groups.</p> <p>Policy states that the nine protected groups, where possible, should be included in all root cause analysis investigation reports. All NHS providers operate the Duty of Candour and include families in the investigation process.</p> <p>Complaints management includes annual assessment of equality monitoring forms and complaints handling survey to check whether there are any protected groups who are</p>	The CCG would grade itself as DEVELOPING for outcome 1.4	<p>There is further work to ensure investigations record equality monitoring information about the patients involved.</p> <p>We have re-designed our</p>

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>being adversely affected by service provision or complaints handling processes. If an equality-related issue is raised it would be noted in the context of the complaint, rather than anonymised equality data collected.</p> <p>Case studies from the complaints and PALS teams are regularly reported via the quarterly patient engagement and experience reports to Governance Committee and patient stories have been included in the CCG's 2014-15 annual report.</p> <p>From information arising from complaints, PALS and serious incident investigations there have not been any identifiable trends for people from protected groups receiving services of a compromised quality in relation to their protected characteristic. We have however received one recent PALS enquiry (May 2015) to log a comment from a patient with a disability who uses public transport to get to appointments in Taunton that they feel as there is now a new hospital in Bridgwater the services ought to be nearer. They feel commissioners do not consider accessibility when making decisions. From the information provided we were unable to provide the caller a response about whether the service being used had been considered for provision outside of main acute hospital care. However this does illustrate the PALS service is able to collect and share such data with our staff who commission and design services. We were also able to provide assistance to the caller with arranging appointments to allow for bus scheduling consideration.</p> <p>Federation Commissioning All GP practices are able to use the Health Professional Feedback Scheme to report any concerns, issues or comments regarding patients or services that they are receiving.</p> <p><u>Medicines Management</u> Practice support work: Improving patient safety in relation to medicines is one of the key priorities of the Medicines Management Team. Staff working in practices are asked to review the safety of prescribing for all patients. One of their duties under their SLA is to identify and highlight to the relevant clinicians prescribing patterns not supported by current best practice e.g. MHRA safety updates NPSA alerts.</p> <p>The Medicines Management Team also uses an IT system called Eclipse Live (for practices who have signed up) to identify areas of unmet need as well as to identify individual patients where there may be serious safety problems. This system looks at all patients in practices who have agreed to use Eclipse Live.</p>		<p>complaints follow up process and will include more information, including our standard leaflet on why we ask for this information as part of the post complaints survey process.</p> <p>The serious incident data captured on STEIS does not cover all of the protected characteristics. We could include this into investigation templates with our providers and if we add STEIS reporting to Datix include and analyse equality information.</p> <p>Many patients are provided with assistance verbally and not asked any E&D questions, we could trial adding this into our telephone script at the end</p> <p>Increase the use of Eclipse Live across the CCG</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>Urgent and Emergency Care The patient priorities, as outlined in the Strategy, recognise that everyone's stay in hospital should be short, safe and effective</p> <p>Healthcare Professional Feedback The Healthcare Professional Feedback Scheme provides an easy and immediate way for GPs and practice clinical staff to provide feedback to the CCG Quality and Patient Safety team on their patients' experiences and/or issues relating to the safety and quality of local health services, enabling a systematic gathering of intelligence about safety and quality issues in provider organisations.</p> <p>The feedback given about a patients experience or an issue relating to a patient is anonymous to the CCG, unless the GP has specifically requested that the incident is followed up, in this instance the CCG complaints procedure process is followed.</p> <p><u>Commissioning for Quality and Innovation (CQUIN) – See 1.1 for more information</u></p> <p><u>Commissioning for Quality – See 1.1 for more information</u></p> <p>Provider Information The CCG is awaiting confirmation of provider EDS Evidence and Grading and will reference this information when available.</p>		
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Goal 1: Better Health Outcomes
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall	<p>Quality, Safety and Governance</p> <p><u>Patient Engagement and Equality & Diversity Team</u> Since April 2013 health promotion (including vaccination and screening programmes) are within the remit of Public Health England and the Public Health Department within Somerset County Council. Therefore, it is no longer within the remit of the CCG to commission such health promotion activities, as was the case when operating as a primary care trust. http://www.england.nhs.uk/wp-content/uploads/2012/07/fs-ccg-respon.pdf</p> <p><u>Stonewall Health Equality Index 2014</u> In January 2014 the CCG submitted evidence to Stonewall as part of its Health Equality Index benchmarking exercise. This was the first year the index was open to</p>	<p>The CCG would grade itself as DEVELOPING for outcome 1.5</p> <p>It should be noted that is felt that this outcome is not wholly applicable to the CCG as a commissioning organisation but rather applies more to Public Health England (inc. Somerset County</p>	<p>Stonewall's view was that the approach to answering questions around health promotion etc has focused on public health (over with Local Authorities). However, during their feedback on the Health Equality Index 2014 they gave some examples of how other CCGs have worked in this area including:</p> <ul style="list-style-type: none"> commissioning LGB mental health outreach

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

<p>CCGs and Somerset CCG was ranked 3rd out of the 8 CCGs participating (and ranked 26th with a score of 50, out of the 44 organisations taking part). The Index collated evidence around a number of topics namely: Policy and practice; Staff training; Engagement and Communication; Data collection; Health promotion; GP; Workplace.</p> <p>The feedback from Stonewall indicated a slightly above average progress in relation to 'Health Promotion scoring 10 rather than the CCG average of 9 for this category.</p> <p><u>Urgent and Emergency Care</u> Plans are developed on an annual basis to ensure that there is good communication within the community and for health and social care workers to ensure they are adequately vaccinated, such as during flu season.</p> <p>Clinical and Collaborative Commissioning Screening programmes and vaccination programmes take place within primary care.</p> <p>GP Federations hold health promotion awareness events in the local community. These events are open to all and can be generic or focused on a particular disease area. All members of the community are invited to attend to find out more information and speak to local experts.</p> <p>A number of Health Forums especially South Somerset discuss and promote health information at meetings by having presentations and Q&A panels which members of the public are invited to attend. Topics have included dementia and asthma and a future one is planned around mental ill-health (coupled with drug / alcohol use).</p> <p>During specific awareness weeks that take place in the year i.e. carers week, dementia awareness week etc,</p> <p>GP practices and hospitals hold information stands and other activities to promote awareness.</p> <p>During Dementia Awareness Week, a bus travelled to various local communities across Somerset and encouraged anyone to come forward to find out information regarding dementia and the services available.</p>	<p>Council)</p>	<p>work;</p> <ul style="list-style-type: none"> • local level agreement with local LGBT groups to run sexual health services; • commissioning providers to develop targeted health information (an example was NHS health checks flyers to raise awareness of this service to gay men and co-produced alcohol campaign aimed by lesbian women), etc. <p>The CCG should explore such ideas for this organisation</p> <p>Monitoring systems could be put in place to ensure patients from all the protected groups are receiving vaccinations where required.</p>
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EDS GOAL 2

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Achieving	■	For most [6-8] protected groups
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

EDS Goal 2: 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			
FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	<p>Performance and Acute Commissioning</p> <p>All contracts in place with providers based on the national NHS service conditions include conditions of Equity of Access, Equality and Non-Discrimination. These conditions require providers to ensure that people from protected groups are not discriminated against in accessing services.</p> <p>It is also a requirement of contracts that providers must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments).</p> <p>The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.</p> <p>Reviewed as part of contract review meetings. A monthly report is provided by trusts to demonstrate their performance against E&D metrics which is then reviewed by Patient, Public and Carer Involvement Manager and queries and concerns dealt with via the meeting.</p> <p>Evidence is copies of the report and minutes of the contract review meetings which demonstrate the report being discussed and actions taken.</p> <p>Clinical and Collaborative Commissioning</p> <p>The CCG 5 Year Strategy positively embraces and celebrates the diversity of people living in Somerset. People have stated bold and brave ambitions about local health and wellbeing services but also recognise the challenges faced by the NHS and by their communities. The strategy in itself promotes a positive vision for all in Somerset by encouraging all to stay healthy and well by building support for people; supporting healthy lifestyle choices; and to support people to self-care and be actively engaged in managing their condition. All of this</p>	The CCG would grade itself as DEVELOPING for outcome 2.1	<p>Patient Engagement and Equality and Diversity Team to be included in reviewing this annual audit.</p> <p>Patient Engagement and Equality and Diversity Team to be copied into the papers for contract review meetings for all providers.</p> <p>Further Equality Impact Assessments will be undertaken on all commissioning activity coming from this strategy.</p>

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>supports all three aims of the public sector equality duty including promoting equality of opportunity and fostering good relations. It is acknowledged that future financial challenges and changes in how services are provided have the potential to impact on individuals from certain groups more than others.</p> <p>Feedback from the SEAG meetings was presented to the CCG Clinical Operations Group and will continue to be regularly incorporated into the quarterly patient engagement and experience reports. It is hoped that results of such regular patient and public engagement activities can be presented to both COG and Governing Body on a regular basis, including patient stories which illustrate the issues and barriers being faced by the public when accessing health services.</p> <p>The strategy sets the vision for the next five years for the CCG and the local health community. The CCG's Equality Delivery System, Equality and Patient Engagement and EDS Cluster Groups will work towards supporting the work and to ensure that due regard is considered to all three aims of the public sector equality duty (S149 Equality Act 2010) on an ongoing basis.</p> <p>Early versions of the key components of the Somerset Strategy were shared with a wide range of stakeholders as part of our engagement programme in support of the NHS England Call to Action work.</p> <p>As part of this we listened to a number of people in Somerset such as:</p> <ul style="list-style-type: none"> • people from user groups • local GPs throughout the county • professionals, parents and carers • people who have experienced great health services and people who have not through the health forums • Health Forums across all nine Federations in Somerset • Patient Participation Group via their Chairs Network • statutory organisations providers and Local Authority Health and wellbeing Board • health providers • the Local Authority • the Health and Wellbeing Board 	<p>The CCG would grade itself as DEVELOPING for outcome 2.1</p>	
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>The final strategy document was presented to SEAG in May 2014.</p> <p>Federation Commissioning Within the Somerset Dementia Strategy Priorities for 2013 – 2016, the document is aimed not only at people with dementia but also focuses on ensuring that there are appropriate support services in place for carers.</p> <p>Quality, Safety and Governance</p> <p><u>Urgent and Emergency Care</u> Service redesign / improvement work and procurements are specifically developed to ensure that they are built on clear information about the needs, equality of service and provision, and accessibility. Several examples of this are noted below as illustrations of this in practice:</p> <p>Somerset Health and Social Care community have developed the Somerset Urgent and Emergency Care Strategy 2013-2017 and this document provides further details of the plans to develop a holistic, patient centred, vision for the coming years</p> <p>Key feature of urgent and emergency care services are that people are able to self-refer and that the service is delivered in a timely way. The service has open access to everyone, so no individual should be denied access.</p> <p>Patients are helped to understand the urgent and emergency care system through various campaigns such as “Choose Well” and local initiatives such as those undertaken in Taunton. Patients are supported to use ‘NHS 111’, so that they can be signposted to the most relevant service to deal with their needs.</p> <p><u>NICE Compliance</u> NICE guidance, when evidence enables it to do so, supports NHS organisations in upholding the principle on equitable access to the NHS in the NHS Constitution and in meeting duties in the Health and Social Care Act 2012 on reducing inequalities in access to and outcomes of healthcare.</p> <p>NICE treats each item of guidance as an individual policy and consideration of equality impact and equality analysis occurs throughout the development of the guidance.</p> <p>Evidence from patients and users of health and social care services and their</p>		
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>carers, equality and other organisations, and the public are sought to give advice on identifying areas of potential discrimination or opportunities for advancing equality.</p> <p>NICE aims for diversity in the composition of the independent advisory bodies responsible for developing guidance in order to draw on as wide a range of experience as possible.</p> <p>In each guideline published NICE provides guidance for commissioners and providers relating to their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity and that all guidance should be interpreted in a way that is consistent with the compliance of equality and diversity duties.</p> <p><u>Reasonable Adjustments</u> Somerset CCG has purchased an induction loop and amplifier equipment. This equipment is designed to support one-to-one communication with an individual who uses a hearing aid or is hard of hearing and needs sound amplified.</p> <p>The equipment, which emits a digital encrypted signal for greater privacy / security of conversation, can support face-to-face communication with individuals be it complainants, PALS enquiries, patient stories, (some) patient engagement or CCG job applicants when attending interviews.</p> <p>The equipment is stored at the Wynford House reception to be used when needed, with visitors to the building and to be signed out as and when CCG staff need to use it.</p> <p><u>Interpreting and Translation</u> The contract for interpreting and translation transferred to NHS England on 1 April 2015.</p> <p><u>Patient Transport</u> Patient Transport Services (PTS) are routinely provided for patients who are defined as having a ‘medical’ need using nationally defined eligibility criteria. Provided that the patient is accessing a secondary care type service then regardless of whether the clinic takes place in an acute hospital, community hospital, GP premises or other community base then the entitlement will still apply.</p>		
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>Patients who do not meet the PTS rules but who are on low income (for example, Pension Credit Guarantee Credit, Income Support, etc) may also apply for funding support through the Healthcare Travel Costs Scheme (HTCS). Again, this ‘social’ need arrangement applies to secondary care type services.</p> <p>Most patients are advised of their entitlement by telephoning the Patient Transport Advice Centre and where they are not eligible under either of the above arrangements then they will be signposted to Somerset Direct (run by Somerset County Council). Somerset Direct will advise on public transport and lower cost community transport provision.</p>		
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EDS Goal 2: EDS Goal 2: Improved patient access and experience
2.2: People are informed and supported to be as involved as they wish to be in decisions about their care

FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
<p>How well do people from protected groups fare compared with people overall?</p>	<p>Performance and Acute Commissioning Providers registered with CQC requires:</p> <p>(a) the dignity, privacy and independence of service users and; (b) that service users are enabled to make, or participate in making, decisions relating to their care or treatment.</p> <p>(2) For the purposes of paragraph (1), the registered person must— (a) treat service users with consideration and respect; (b) provide service users with appropriate information and support in relation to their care or treatment; (c) encourage service users, or those acting on their behalf, to— (i) understand the care or treatment choices available to the service user, and discuss with an appropriate health care professional, or other appropriate person, the balance of risks and benefits involved in any particular course of care or treatment, and (ii) express their views as to what is important to them in relation to the care or treatment; (d) where necessary, assist service users, or those acting on their behalf, to express the views referred to in sub-paragraph (c)(ii) and, so far as appropriate and reasonably practicable, accommodate those views; (e) where appropriate, provide opportunities for service users to manage their own care or treatment; (f) where appropriate, involve service users in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care or treatment;</p>	<p>The CCG would grade itself as DEVELOPING for outcome 2.2</p>	

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>(g) provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement;</p> <p>(h) take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have.</p> <p>Compliance is checked via CQC registration and inspections and CCG Assurance Visits.</p> <p>Quality, Safety and Governance</p> <p><u>Urgent and Emergency Care</u> Patients and the public are central to designing the right systems and are at the heart of decisions being made. Patients are supported to use ‘NHS 111’, so that they can be signposted to the most relevant service.</p> <p><u>Special Educational Needs and Disability Engagement Strategy</u> Somerset County Council lead on this DRAFT engagement and participation strategy and the CCG are working closely with them. It emphasises the duty on NHS commissioners and providers to ensure they involve parent/carers but also listen to the child as an individual, not to just discuss their care with their parent/carer. The diagnosis has to be discussed with the parent carer before this is communicated to education/social care at the County Council, trying to give the family ownership of the diagnosis.</p> <p>Within the strategy there is a commitment: “Somerset CCG, NHS Foundation Trusts, will give the child’s parent carer the opportunity to discuss their opinion with them before informing Somerset County Council they are of the opinion that the child (under compulsory school age) has or probably has special educational needs or a disability”.</p> <p>Members of the county council are attending the July SEAG meeting to promote and gather views on the draft strategy.</p> <p><u>Stonewall Health Equality Index 2014</u> See 1.5</p>	<p>The CCG would grade itself as DEVELOPING for outcome 2.2</p>	
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>Provider Information The CCG is awaiting confirmation of provider EDS Evidence and Grading and will reference this information when available.</p> <p>Clinical and Collaborative Commissioning Following training in personalised care planning many GP practices have been implementing personalised care plans for people with long term conditions and this focuses on the actions and decisions that patients wish to take in self-managing their condition. The training is now being rolled out across all GP Federations.</p> <p>In addition, to deliver the Unplanned Admissions Enhanced Service, GP practices are undertaking care planning for patients most at risk of hospital admission.</p> <p>GP Federations have Patient Participation Groups in place and they are involved in how services are delivered locally. Health Forums take place across the county and are focused on topics relevant to patients and carers.</p>		<p>Stonewall to enable learning from this benchmarking exercise and the suggestions made as part of this will be incorporated into the new combined Equality, Diversity, Human Rights and Patient Engagement Action Plan.</p>
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EDS Goal 2: Improved patient access and experience
2.3: People report positive experiences of the NHS

FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
<p>How well do people from protected groups fare compared with people overall?</p>	<p>Quality, Safety and Governance Using intelligence from the Health Professional Feedback Scheme, complaints and PALS concerns relating to patients access and experiences of health services in Somerset are acted upon as a priority.</p> <p>The CCG includes patient experience feedback from engagement with groups with protected characteristics as part of its Patient Experience Report.</p> <p>Through our complaints and PALS service there has not been an identifiable trend for people from protected groups receiving services of a compromised quality in relation to their protected characteristic.</p> <p>As a result of a PALS enquiry recently we are currently arranging for a special note to be attached to the emergency 999 and 111 out of hours information systems to alert for a patient who is deaf and their child in agreement with the</p>	<p>The CCG would grade itself as DEVELOPING for outcome 2.3</p> <p>The CCG would grade</p>	<p>A new combined Patient Engagement and Equality, Diversity and Human Rights action plan will be devised following this EDS review and the points noted in 'Patient Engagement' evidence will be featured in this document. NHS contracts do not specifically mention engagement with service users with consideration for engaging with different protected characteristics, although this</p>

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>commissioning projects and workstreams as critical friends.</p> <p>A review of the engagement with all 9PCs and disadvantaged groups was undertaken following the previous EDS conference (results contained within the conference report). The analysis identified gaps in engagement particularly around gender reassignment; religion or belief; BME communities; gender-specific groups. Outside of this analysis other work with the Somerset Equality Officers Group (SEOG), has highlighted a need to engage specifically with the Gypsy and Traveller communities. In partnership with SEOG, Somerset CCG is has arranged a initial meeting with local BME communities in July 2015 and local faith communities in July 2015 to find out what their needs are and offer support to establish a network if that is what is required.</p> <p>Somerset GP practices are supported by Patient Participation Groups. Such groups are run by patients for patients and provide opportunities to influence primary care at the surgery. The PPG Chair Network, a county-wide group, is run quarterly, sharing and promoting best practice. The CCG Equality and Diversity Lead gave a presentation on Equality and Diversity at the PPG Chairs' meeting in January 2014 to encourage PPGs to consider if they are being truly inclusive and accessible in a) their own recruitment and membership processes and; b) the issues they are raising with the practices.</p> <p><u>Equality and Diversity Training for GPs</u> In September 2014 two pilot training sessions, 'Equality in Action' were hosted by Springmead Surgery (Chard) and The Meadows (Ilminster) for primary care staff working across the Chard, Ilminster and Crewkerne Federation area. A total of fourteen staff including administrators, receptionists, practice nurses, pharmacy technicians, practice managers and GPs attended the sessions.</p> <p>The training provided an overview of the legal 'need to know' aspects around equality, providing opportunities to discuss such topics as reasonable adjustments and positive action. The session concluded with an interactive exercise looking at what would be good as opposed to bad practice within primary care in relation to access and communication needs for patients who are deaf or hard of hearing. The interactive session , was designed to not only promote better patient experience but also to complement other aspects of practices' work such as making Friends and Family Test inclusive to all and to start to consider the implications of the forthcoming NHS England's Accessible Information Standard.</p>		<p>Explore ways to enable SEAG to be chaired by the CCG's clinical lead for engagement in order to clarify the governance around SEAG.</p> <p>Explore ways to support the voluntary and community sector and the input into engagement this provides.</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>Following on from the two pilot training sessions delivered in the CLICK Federation area in September, another, 'Equality in Action' training session was hosted by Beckington Family Practice (East Mendip) in December and Essex House in Chard in February. A wide range of staff including administrators, receptionists, practice nurses, pharmacy technicians, practice managers and GPs attended. Feedback has been positive; "I will have to think more carefully about individual service users and their needs. I realise I do not do this thoroughly at present." "I wasn't sure what to expect but found it very informative and helpful." "Really enjoyed it. Would like further talks at our practice."</p> <p><u>Healthwatch Somerset</u> is an external organisation and a statutory partner of the CCG that promotes patient engagement in the NHS and acts as the consumer organisation for patients. Relationships have been developed between the CCG and Healthwatch and joint working will continue in order to ensure that patients report their experiences and that the CCG acts upon this feedback.</p> <p><u>Medicines management</u></p> <p>The Committee noted the potential equality issue raised by a patient expert and a Committee member in the meeting that families may be stigmatised for having a family member with alcohol dependence. It also noted the equality issue raised in a clinical expert statement, suggesting that there could be issues with consent of treatment in certain populations in terms of cognitive decline and learning disability.</p> <p>The Committee considered that healthcare professionals should be mindful of the need to ensure equality of access to treatment for patients with disabilities. The Committee concluded that its recommendation on the use of nalmefene plus psychosocial support does not have a particular impact on any group with a protected characteristic in the equality legislation and that there was no need to alter or add to its recommendations.</p> <p><u>Urgent and Emergency Care</u></p> <p>Service providers have a joint process for managing feedback, which is currently being reviewed to ensure efficient and effective. Providers monitor E&D for all feedback</p> <p><u>Friends and Family Test</u></p> <p>During 2014-2015 a Friends and Family Test (FFT) for Primary Care was established supported by funding received from NHS England. This enabled</p>		<p>Explore ways to embed Healthwatch in the CCG governance and decision-making structures as a statutory partner and critical friend.</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>the CCG to develop a FFT app and to supply participating GP practices with an I-Pad and stand so that patients could easily access the app in the surgery. Respondents are invited, after completing the FFT questions, to complete a number of equality-related monitoring questions so that this data can be analysed alongside the FFT results.</p> <p>During 2014-2015 the CCG developed a FFT app for those with long-term conditions, providing another opportunity for those with long-term conditions to provide valuable feedback on the range of services available across the county be it acute care, out-patient, minor injuries unit etc. This is due to be launched in May 2015.</p> <p>During 2014-2015, in line with national guidance, NHS providers developed FFT tests for maternity and mental health services.</p> <p>The CCG monitors FFT results, feedback and learning / actions taken through the Clinical Quality Review process.</p> <p><u>Commissioning for Quality – See 1.1 for more information</u></p> <p><u>Promotion of avenues to get involved in CCG work</u> The CCG wrote an article for the Compass Disability Networker Magazine in February 2014 promoting PPGs, Health forums and PALS and encouraging members to get involved.</p> <p>Clinical and Collaborative Commissioning</p> <p>The Somerset Dementia Adviser Service, provided by the Alzheimer’s Society and commissioned by Somerset CCG, do exit questionnaires for their clients and carers to find out their experience of the service that has been provided to them. Any improvements to the service provided can then be acted upon.</p> <p>Provider Information The CCG is awaiting confirmation of provider EDS Evidence and Grading and will reference this information when available.</p>		
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EDS Goal 2: Improved patient access and experience

2.4: People’s complaints about services are handled respectfully and efficiently

How well do people from protected groups	Quality, Safety and Governance	The CCG would grade	
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- Undeveloped** ■ No evidence at all Or For few or none of the protected groups
- Developing ■ For **some** [3-5] protected groups
- Achieving ■ For **most** [6-8] protected groups
- Excelling ■ For **all** [9] protected groups

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

<p>fare compared with people overall?</p>	<p>Somerset CCG policies relating to incident reporting and complaints comply with legislation including the Human Rights Act 1998, Equality Act 2010 and Safeguarding Vulnerable Groups Act 2006.</p> <p><u>CCG Complaints and PALS</u></p> <p>The CCG has a Complaints and Patient Advice & Liaison Service (PALS) as do our providers.</p> <p>Equality Monitoring forms are sent to complainants with consent forms at the outset of an investigation and again when the complaint is closed with a complaints handling evaluation survey. These forms are filed separately and analysed at least annually to check whether there are any protected groups who are being adversely affected by service provision or complaints handling processes.</p> <p>Somerset CCG has recently reviewed its complaints handling process and made changes to work in accordance with the Patients Association Good Complaints Handling standards. Although the standards do not refer directly to protected characteristics they ensure all complainants have their complaints and concerns taken seriously and a full response to their questions provided in a timely and courteous manner.</p> <p>Equality monitoring forms are sent to all complainants with consent forms at the outset of an investigation, together with a leaflet “Why we gather data” explaining the purpose of collecting this data. Answering such questions and returning the form is entirely the choice of the individual concerned and the response rate is currently low.</p> <p>Following closure of a complaint, a complaints handling evaluation survey is sent out. Answering such questions and returning the form is entirely the choice of the individual concerned and the response rate is currently low. The format of the evaluation survey has recently been revised to improve return rates. These forms are filed separately and analysed at least annually to check whether there are any protected groups who are being adversely affected by service provision or complaints handling processes. If an equality-related issue is raised it would be noted in the context of the complaint, rather than anonymised equality data collected.</p> <p>Complainants are asked to indicate their preferred method of contact and</p>	<p>itself as ACHIEVING for outcome 2.4</p> <p>The CCG would grade</p>	<p>Promote importance of returning monitoring forms to improve return rates</p> <p>An additional question asking the complainant if they feel they have been discriminated against is to be included in the evaluation survey</p> <p>The Patients Association is to be commissioned to undertake a complaints handling evaluation survey which will include questions about whether the complainant has felt discriminated</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>provision can be made to meet a need resulting from a protected characteristic.</p> <p>The CCG, recently reviewed it's complaint handling process to take account of the publication of a number of national reports:</p> <ul style="list-style-type: none"> • Suffering in Silence – Healthwatch, published October 2014 • My expectations for raising concerns and complaints – Local Government Ombudsman (LGO), Healthwatch and Parliamentary and Health Service Ombudsman (PHSO), published November 2014 • Complaints Matter – CQC, published December 2014 <p>Information on how to complain and the PALS service is included on the NHS Somerset website. The design and layout of this site takes into account the needs of visually impaired users. The website platform is compatible with a wide range of screen reading software and can be navigated using just a keyboard. Our website explains that people may log complaints by contacting us through email, writing or telephoning and discussing with our complaints staff. We also provide information about how to obtain help with making a complaint and access to Healthwatch.</p> <p>As regards CCG PALS (provided via contract from the South West Commissioning Support Unit) a monitoring form (including sexual orientation question) is sent to all who contact the service. Answering such questions and returning the form is entirely the choice of the individual concerned and the response rate is currently low from all PALS contacts.</p> <p>CCG PALS covers issues raised around commissioned services and corporate functions, receiving approximately 70 contacts a month. Datix reporting system would highlight issues with an equality-dimension to it if included in the narrative of the concern. In addition, due to the relatively low number of queries and the 1-1 client-centred support given by PALS any trends in concerns relating to equality would be identified and raised in quarterly reports to the CCG's Directorate of Quality and Patient Safety.</p> <p>Any concerns relating to GP services have to be forwarded to the PALS service within NHS England (who commission GP services). Referrals onto NHS England PALS are recorded but not reported on. However, any significant issue (including any with an equality-dimension to it) would be highlighted via the CCG PALS reporting structure.</p>	<p>itself as ACHIEVING for outcome 2.4 The CCG would grade itself as ACHIEVING for outcome 2.4</p>	<p>against</p> <p>Monitoring data is to be shared at the Complaints Managers meeting</p> <p>Increase awareness that complaints can be made verbally and have formal arrangements in place to support this</p>
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Undeveloped
Developing
Achieving
Excelling

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>An alternative route to raise concerns would also be necessary in relation to any Specialised Commissioning Services, such as treatment relating to Gender Reassignment: again this would come under the remit of NHS England.</p> <p>A video in BSL explaining how to complain in the NHS has been added to the Somerset CCG Complaints section of the website. This should give immediate information and tips for patients who are deaf and wanting to understand the complaints process. To view click here</p> <p>Somerset CCG has purchased an induction loop and amplifier equipment. This equipment is designed to support one-to-one communication with an individual who uses a hearing aid or is hard of hearing and needs sound amplified.</p> <p>The equipment, which emits a digital encrypted signal for greater privacy / security of conversation, can support face-to-face communication with individuals be it complainants or PALS enquiries.</p> <p>The equipment is stored at the Wynford House reception to be used when needed, with visitors to the building and to be signed out as and when CCG staff need to use it.</p> <p><u>Commissioned Services - PALS And Complaints</u></p> <p>As regards PALS and Complaints within services commissioned through the CCG a similar process would be followed.</p> <p>It is acknowledged both by the CCG and service providers that collating monitoring data for PALS and Complaints continues to be a challenge. Although staff understand the need for collecting such information the need for sensitivity and appropriate timing in which to approach complainants for such details can be difficult. In addition, individuals can choose whether to respond and return the form or not and as found with CCG PALS the response rate can be low</p> <p><u>Medicines Management Team</u></p> <p>The Medicines Management Team works hard to respond promptly to all complaints regardless of whether or not the complainant has a protected characteristic.</p> <p>The Somerset Prescribing Forum (SPF) and the Prescribing and Medicines Management Group (PAMM) do not deal directly with individual patient</p>		<p>Finalise a 'Why we gather leaflet' for CCG Complaints and PALS to send out, in a bid to increase the number of responses.</p>
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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>complains</p> <p><u>Urgent and Emergency Care</u> Service providers have a joint process for managing complaints and feedback, which is currently being reviewed to ensure efficient and effective. Providers monitor E&D for all complaints and feedback</p> <p>Clinical and Collaborative Commissioning</p> <p><u>GP practices working in Federations</u> GP practices have complaints procedures in place. They can use Health Professional Feedback or pass verbal feedback via their Federation meetings or through their CCG contact manager.</p> <p>Commissioned services have complaints procedures in place.</p> <p>Provider Information The CCG is awaiting confirmation of provider EDS Evidence and Grading and will reference this information when available.</p>		
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EDS GOAL 3

EDS Goal 3: A representative and supported workforce 3.1: Fair NHS recruitment and selection processes leads to a more representative workforce at all levels.			
FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	<p>There is a national recruitment process that Somerset CCG uses for all of its advertisements and shortlisting.</p> <p>The CCG Recruitment and Selection policy sets out standards expected of managers to be applied to all candidates when recruiting staff. Short listing is carried out anonymously using NHS Jobs.</p> <p>All recruitment documentation to candidates shows the Two Ticks Positive about Disability and the Mindful Employer symbols due to CCG accreditation in these</p>		Better promotion of job opportunities to protected groups

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>areas. All applicants who declare themselves disabled are guaranteed interview if they fulfil essential criteria on the person spec. All disabled applicants will have reasonable adjustments made at interview to enable attendance. Quarterly workforce report monitors applicants for jobs in terms of ethnicity. Higher percentage of females employed in comparison to population in the county. Even spread of age range across the organisation. No evidence of any applicants or employees who are going through or have had gender reassignment.</p> <p>Recruitment and selection policy agreed with The Remuneration Committee and amendments consulted with the Staff Forum. Staff Forum consulted over Recruitment processes and selection processes in respect of protected groups and majority of groups seen as fairly dealt with in recruitment processes – was seen as unsure regarding gender reassignment, religion/belief and marriage and civil partnership. The CCG makes reasonable adjustments for disabled applicants/shortlisted candidates at interview and on appointment where necessary.</p> <p>The CCG would investigate fully any complaints by applicants from any background of unfairness / discrimination during the recruitment process and would monitor any such complaints in respect of the protected groups.</p>	<p>The CCG would grade itself as ACHIEVING for outcome 3.1</p> <p>The CCG would grade itself as ACHIEVING for outcome 3.1</p>	<p>Continue to monitor complaints on the recruitment process and assess if complaints are coming from those in protected groups.</p>
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EDS Goal 3: A representative and supported workforce
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

FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	All jobs are put through the NHS Job evaluation scheme to determine pay band with the exception of VSM (Very Senior Management), GP Members and Lay Members. The CCG uses the national Agenda for Change (AFC)		

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	<p>The Flexible Working Policy has been discussed with staff members, Trade Union and Management Team before being formally ratified at the Remuneration Committee.</p> <p>The Flexible Working Policy has also had an Equality Impact Assessment.</p> <p>The recent staff survey suggested that the CCG offers a variety of flexible working patterns to suit all staff members</p>	<p>for outcome 3.5.</p>	
<p>EDS Goal 3: A representative and supported workforce 3.6 Staff report positive experiences of their membership of the workforce</p>			
<p>How well do people from protected groups fare compared with people overall?</p>	<p>Staff are invited to attend regular engagement events and two way communication is encouraged at all times.</p> <p>There is a Staff Forum where representatives from each directorate attend to discuss issues that are important to them and those that they represent. Staff have reported through this forum that they feel able to discuss issues in an open and safe environment.</p> <p>Further staff engagement is carried out through:</p> <ul style="list-style-type: none"> • Staff Suggestion Box • Induction Pack • Staff Survey • Focus Groups 	<p>The CCG would grade itself as ACHIEVING for outcome 3.6.</p>	

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EDS GOAL 4

EDS Goal 4: Inclusive Leadership			
4.1 : Boards & senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations			
FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared with people overall?	<p>The CCG has an organisation-wide policy, "Equality and Diversity, Human Rights and Engagement Strategy 2013-2016" that was ratified by the CCG's Governing Body in May 2013. This policy covers all the nine protected characteristics (PC) as defined in the Equality Act 2010. Updates on progress and the CCG work using the NHS toolkit, "Equality Delivery System" (EDS) was presented to the Governing Body in September 2013.</p> <p>In addition to the Strategy the CCG also has an associated action plan that is reviewed annually. This is due for review following this evidence and grading exercise.</p> <p>Reports on Equality and Diversity are presented to the directorate's Governance Committee on a half-yearly basis. Annual reports are presented each year to this Committee too.</p> <p>EIA and Patient Engagement training has been developed and was first delivered on 2 May 2014. The training is also open to lay-users and also CSU staff who are working on CCG projects. Further training sessions have been organised and have been advertised to all staff</p>	<p>The CCG would grade itself as DEVELOPING for outcome 4.1</p> <p>The CCG would grade itself as DEVELOPING for outcome 4.1</p>	
EDS Goal 4: Inclusive Leadership			
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.			
FACTOR	EVIDENCE Please provide or state why you can't	Grade	Ideas for Improvement
How well do people from protected groups fare compared	See 4.1 above.	The CCG would grade	See 4.1 above

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NHS EQUALITY DELIVERY SYSTEM – EVIDENCE AND GRADING

	discussion and comment in May 2015.		
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 Developing ■ For **some** [3-5] protected groups
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