

Birmingham South Central CCG EDS2 Report

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

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

EDS2 Introduction

The EDS was first launched by the NHS Equality and Diversity Council in 2011 and was refreshed as EDS2 in November 2013. Although it is not a legal requirement, EDS2 allows the Clinical Commissioning Group (CCG) to clearly evidence what actions they are taking as a commissioning organisation to address equality and health inequality issues which are part of the responsibilities under the Health and Social Care Act 2012. Also, it is expected by NHS England (NHSE) that all CCGs will continue to implement it as a mandatory requirement. From April 2015, EDS2 implementation by NHS organisations was made mandatory in the NHS standard contract.

There are four sections: population health outcomes, individual patient experience, supported workforce and inclusive leadership. The key role of CCGs is to work with partners to improve the health and well-being of its population. Over time, the various improvements in health care services, social care, public health, wider environmental and economic factors have served to significantly improve the population's life expectancy and health status. This subsequently means that CCG's as commissioners of health care services have statutory and moral responsibility to put in place measures to improve potential patient and patient experience and satisfaction levels with, the healthcare services they commission for them.

The EDS2 framework was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS2 has four goals, supported by 18 outcomes as detailed in the table below. NHS Birmingham South Central (BSOL) CCG has used the EDS2 as a tool kit to meet the requirements (Public Sector Equality Duty) under the Equality Act 2010 and in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. Furthermore we have linked the EDS2 to Human Rights, listed below are the Articles.

The **Equality Act 2010** requires all CCGs to annually publish information which demonstrates their performance and progress against the requirements of the Public sector Equality Duty (PSED), for people with characteristics protected by the Equality Act 2010. The nine characteristics are as follows:

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

Other disadvantaged groups include people who are:

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

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

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

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

Human Rights

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

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

(Goal 4 would be a golden thread as part of all outcomes)

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

The Public Sector Equality Duty (PSED)

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

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

The goals and outcomes of EDS2		
Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Articles of the European Convention on Human Rights

The key human rights articles have been considered:

- Article 2 Right to life
- Article 3 Freedom from torture and inhuman or degrading treatment
- Article 4 Freedom from slavery and forced labour
- Article 5 Right to liberty and security
- Article 6 Right to a fair trial

- Article 7 No punishment without law
- Article 8 Respect for your private and family life, home and correspondence
- Article 9 Freedom of thought, belief and religion
- Article 10 Freedom of expression
- Article 11 Freedom of assembly and association
- Article 12 Right to marry and start a family
- Article 14 Protection from discrimination in respect of these rights and freedoms

- Protocol 1, Article 1 Right to peaceful enjoyment of your property
- Protocol 1, Article 2 Right to education
- Protocol 1, Article 3 Right to participate in free elections

- Protocol 13, Article 1 Abolition of the death penalty

Approach

BSC CCG is a commissioning organisation appointed by the Government to design and buy local health services for approximately 302,000 people in the south and centre of Birmingham.

[Download BSC CCG annual report](#)

BSC CCG are responsible for managing the contracts of:

- [Birmingham Children's Hospital](#)
- [Birmingham Women's Hospital](#)
- [Birmingham Healthcare Community Trust](#)

Overview of CCG population information

Birmingham is one of the most diverse cities in the country: more than 100 languages are spoken by over one million inhabitants. It is ranked the sixth most deprived local authority in England out of 326 authorities. In terms of age groups, it is the youngest city in Europe. BSC CCG are situated within the local authority boundary of Birmingham City Council. Comprising of 55 general practices with a combined registered population of 304,384. These general practices serve the electoral wards of Bournville, Brandwood, Kings Norton, Longbridge, Moseley and Kings Heath, Sparkbrook, Springfield, Nechells, Bordesley Green and the Districts of Edgbaston, Ladywood, Northfield and Selly Oak. Sparkbrook, Springfield, Nechells and Ladywood, in the northern part of the area, have high black and minority ethnic (BME) populations (88 per cent, 79 per cent, 73 per cent and 51 per cent respectively) compared with a Birmingham average of 42 per cent. These areas are also associated with high unemployment and crime, compared with Birmingham (as a whole) and England. There are also pockets of high deprivation in Edgbaston and Springfield. The northern area of the BCS footprint is characterized by a younger population, with 27 per cent under 18 years old, compared with Birmingham at 26 per cent. The four communities also collectively have a higher birth rate (73 live births per 1,000 women aged 18 to 44) compared with other BSC areas (57 per 1,000) and Birmingham (69 per 1,000). Evidence shows that deprivation, a young population and cultural factors lead to increased access to NHS services, high birth rates, and low uptake of screening and immunisation programmes. The southern corridor of the BSC area – predominantly covering Bournville, Northfield, Kings Norton, Weoley and Brandwood - has a significantly lower BME population. The unemployment rates are also below the city average, but there are still some pockets of high unemployment.

- Over 1.1 million people live in Birmingham.
- Since 2004 the population has increased by almost 100,000.
- Birmingham is a youthful city: 45.7% of Birmingham residents are estimated to be under 30, compared to estimates of 39.4% for England.
- 13.1% of our residents are over 65, compared with 17.6% nationally.

The following tables show a snap shot of the CCG's population demographics based on the 2011 census.

Table 1: Age ranges for BSC and England in comparison.

Age (quinary)	England Overall		NHS Birmingham South and Central CCG	
	n	%	n	%
0 to 4	3430957	6.32%	14839	7.35%
5 to 9	3272365	6.02%	14107	6.99%
10 to 14	2973055	5.47%	12666	6.27%
15 to 19	3230954	5.95%	14549	7.21%
20 to 24	3606417	6.64%	25082	12.42%
25 to 29	3718382	6.85%	14844	7.35%
30 to 34	3707209	6.83%	14001	6.93%
35 to 39	3396004	6.25%	12415	6.15%
40 to 44	3707404	6.83%	12272	6.08%
45 to 49	3918363	7.21%	12035	5.96%
50 to 54	3717288	6.84%	10852	5.37%
55 to 59	3186581	5.87%	9428	4.67%
60 to 64	2913931	5.36%	8611	4.26%
65 to 69	2975461	5.48%	7629	3.78%
70 to 74	2187412	4.03%	5869	2.91%
75 to 79	1784958	3.29%	5236	2.59%
80 to 84	1314361	2.42%	3866	1.91%
85 to 89	805111	1.48%	2269	1.12%
90 +	470405	0.87%	1351	0.67%
Total	54316618	100.00%	201921	100.00%

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

Disability	England		NHS Birmingham South and Central CCG	
	n	%	n	%
Day-to-day activities not limited	43659870	82.36%	159402	81.85%
Day-to-day activities limited a little	4947192	9.33%	18284	9.39%
Day-to-day activities limited a lot	4405394	8.31%	17065	8.76%
Total	53012456	100.00%	194751	100.00%

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

Ethnicity	England		NHS Birmingham South and Central CCG	
	n	%	n	%
White	45281142	85.42%	117985	59.56%
Asian British	4143403	7.82%	54282	27.40%
Black British	1846614	3.48%	11223	5.67%
Mixed	1192879	2.25%	8387	4.23%
Other	548418	1.03%	6208	3.13%
Total	53012456	100.00%	198085	100.00%

Overview of CCG health inequalities

BSC CCG is appointed by the Government to design and buy local health services for almost one third of the population living within the local authority area of Birmingham City. The area covered in the south and centre of the city includes 311,103 people registered across 55 general practices; there are certain characteristics that differ between the northern and southern wards covered by BSC CCG.

The population living in the northern wards (Sparkbrook, Springfield, Nechells and Ladywood) includes a larger proportion of young people (27% under 18 years old, compared with Birmingham at 26% and England average of 22%). The collective birth rate is lower in these wards compared to the BSC CCG area and Birmingham as a whole (64.7 live births per 1,000 women aged 15 to 44, compared to 70.4 per 1,000 and 67.9 per 1,000 respectively).

These wards also have an ethnically diverse population with 88%, 79%, 73% and 51% respectively of Black and Minority Ethnic (BME) ethnicity, which is more than the Birmingham average of 42%^[1]. Similar to Birmingham as a whole, there are a variety of

^[1] Ethnicity is based on Census 2011 for those wards, birth rate based on 2015 births and population for same year.

languages spoken by local people; there are over 100 languages spoken across Birmingham.

These wards have relatively high levels of deprivation, unemployment and crime compared with Birmingham (as a whole) and England. Birmingham has a high level of deprivation across the city and is ranked sixth out of 326 local authorities, which means some areas in our locality are among the most deprived in the UK. There are some pockets of high deprivation and unemployment in other wards we cover though, such as in Edgbaston. Evidence suggests these characteristics (higher levels of deprivation, a young population and cultural factors) are likely to mean an increased need for NHS services, high birth rates, and lower uptake of screening and immunisation programmes.

These characteristics differ in general through the southern wards of our geography - predominantly Bournville, Northfield, Kings Norton, Weoley and Brandwood, which have a significantly lower BME population and unemployment rates below the city average.

Other wards covered by BCC CCG include Longbridge, Moseley and Kings Heath, Bordesley Green and the District of Selly Oak.

BSC CCG Health Priorities

Mental health is a key health matter for BSC CCG; among people age 16-74 it is estimated that 17.5% of the population have a common mental health disorder such as depression or anxiety. This is higher than the regional and England estimates (14.6% and 15.6% respectively), while recorded depression in GP practices is lower across BSC CCG compared to the West Midland region and England. There are many factors that may explain this difference but cultural factors across different socio-economic, age and ethnic groups impact if, when and where people seek help with common mental health disorders.

Dementia is another common mental health problem that mostly affects people aged over 65; in BSC CCG practices, 4.93% of people aged over 65 were recorded as having Dementia, higher than West Midlands and England (4.14 and 4.31% respectively). This could be because more people in this age group locally develop Dementia or because many local health and social care professionals are effective at identifying Dementia symptoms and ensuring GPs record this. In 2015/16, 8.4% of the population registered across the 55 GPs in the BSC CCG area had diabetes; this is higher than the England average of 6.5% and the West Midlands average of 7.6%. This can be partly explained by the relatively larger population of people of Asian or Asian British ethnicity, who are more susceptible to developing type 2 Diabetes. Asthma is another long term condition that BSC CCG continues to manage as a priority; a greater proportion of children registered with a local GP have a diagnosis of asthma and a greater number of children and adults attend hospital emergency services as a result of their asthma compared to the West Midlands and England averages.

In addition to the factors mentioned, other priorities across BSC CCG include falls prevention and identifying people with latent TB.

Across Birmingham

Birmingham males have a life expectancy of 77.2 years (2013-15), compared with 79.6 years (2013-15) for England. Birmingham females have a life expectancy of 82.0 years (2013-15), compared with 83.2 years (2013-15) for the rest of England. The current life expectancy for both males and females across the city has dropped since 2012-14 whereas England's had remained static. The city's infant mortality rate in 2015 was 7.9 per 1,000 live births against an England figure of 3.9 per 1,000 live births during 2015. Rates are significantly higher in ethnic minority groups.

Rates of adult smoking in Birmingham (15.9% in 2015) are similar to national levels (16.9% in England in 2015), though for those aged 16 to 19 the figure reaches 26%, while some deprived communities have smoking rates of 45%^[2]. Meanwhile, levels of smoking in pregnancy based on the latest Birmingham CCG average (4.5 per cent – 2015/16) are well below the England average of 10.6 per cent (2015/16).

EDS2 Self Grading review

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

A SWOT analysis was also completed with key findings compiled into a full report.

Key examples of the SWOT findings are summarised below:

Strengths:

- Strong evidence of integration of equality and inclusion across commissioning and procurement activity; embedded equality analysis process as part of all business cases; equality criteria as part of procurement process (PQQ and tender evaluations); and improvements in equality monitoring across service designs and specific equality CQUINS which have significantly improved inclusive practice in a number of third sector providers.
- Robust governance around equality through the Quality and Safety Committee and Governing Body. The Quality and Safety Team undertake regular reporting and monitoring of providers through a range of reporting mechanisms and review processes. Performance is reported through the QSC along with mitigating actions. The QSC has in place a process for escalating significant concerns for swift resolution.

Weaknesses:

- I. Equality monitoring across all seven protected characteristics is not currently undertaken by all providers in a consistent manner. Equality monitoring forms the basis of good quality equality information to help us formulate our commissioning

^[2] NB: the latest data for this age group is not due for publication until next month

decisions and identify equality gaps. This is a system wide issue that requires a response from DoH.

- II. The CCG makes best commissioning decisions with the data it has available including public health data, ONS indicators and JSNA. The JSNA was last completed in 2014 leaving it outdated. Unless a 2021 census is conducted the population data derived from the 2011 census will continue to become more out of date. The CCG will need to consider how it can fill this gap.
- III. The Birmingham and Solihull Sustainability and Transformation Plan has no published Equality Analysis to support the decision making. This is a concern as it sets out substantial changes across the footprint which will have impacts across the nine protected characteristics.

Opportunities:

- I. To fully integrate equality and inclusion across the BSOL organisation ensuring place based commissioning approaches, including the undertaking of an Equality Analysis on the STP.
- II. To develop a robust governance framework for equality and inclusion across the BSOL organisation building on the established good practices of the CCGs.
- III. Establish relevant KPIs for equality and inclusion across BSOL

Threats:

- I. As an increasingly ageing population (although Birmingham has a larger than average younger population) there are increased pressures and demands on health services to become more efficient with greater strain on resources.
- II. On-going demands on NHS budgets and constraints on services to deliver efficiencies can move problems around the system instead of resolving issues e.g. Bed Blocking
- III. The wider social determinants of health including deprivation, geography, unemployment, access to green spaces, and education impact on health outcomes. Social and health inequalities and variations in life expectancy by geography and gender.
- IV. Uncertainty around the legal changes to the Equality Act 2010 and Human Rights Act as a result of Brexit, could undermine the equality and diversity commitments built into the NHS constitution and work of the CCG.
- V. Resistance to antibiotics and new infections
- VI. Winter flu can impact vulnerable groups including elderly and frail, children, and pregnant women
- VII. Uncertainty around procurement rules following Brexit could have implications for the diversity of our providers and protections for smaller providers.
- VIII. Conflict and war around the world can have a direct effect on migration levels into the UK and into Birmingham, impacting on the local demographic population and prevalence rates therefore effecting screening and health promotion needs.

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

EDS2 Patient review

The event was attended by 12 people, including both members of the public, representatives from the third sector and Health Watch. The event gave the opportunity to review some samples of the CCG's Equality activity with the aim of providing feedback and a grading.

The examples reviewed included:

- Equality and Diversity Contract Monitoring requirements
- Accessible Information Standard – CCG approach
- Bethel Doula Service
- CCG annual engagement report

While a range of excellent feedback was provided, it was not possible to gain a full grading from the panel. An indicative grading was provided for Goals 1 and 2 but since this was not unanimous, the CCG cannot be formally graded.

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

Key feedback included the following suggestions / general concerns:

- Consider involving students on work experience as a support resource
- Consider that while technology is a useful tool, not all of the population can use it – e.g. smart phone apps are not ideal for older patients.
- Signposting between services needs to be improved
- Challenges around secondary care discharge need to be looked at
- More collaborative working needed e.g. public and third sector joint working
- Carers views are crucial
- Many carers also work – this must be taken into account
- More events needed in the community
- Need to move beyond the medical model, consider the whole patient
- Hub approach works well, breaks down barriers
- Consider community champions

Key concerns about NHS Providers:

- Capacity / resources limited
- Poor standards of care on occasion
- Impact of using bank staff on care
- How feedback is actually considered
- Ensuring that Equality requirements are monitored and enforced

- Language barriers
- Extra support for those transitioning between services and information

Themes

- Carer support is vital
 - Need to involve the third sector
 - Need to improve communication (a recurring theme)
- Engagement
 - Evaluation needs to consider the extent to which it is truly reaching the target audience
- Forward Thinking Birmingham
 - FTB needs to broaden work in schools – to reach more schools – recognising it may not be possible to get into all of them.
 - Needs more hubs around the city
 - Service specification needs review to ensure that FTB is more accessible for BME people – anecdotal feedback that it is perceived to be less so.
- GP Practices
 - Give consideration of “Social Prescribing”
 - Consider Listening Service / Advocacy

Accessible information standard

- GPs are being overwhelmed with paperwork
- Accessibility issues at hospitals
- Staff are reacting poorly to Patient Passport, feel checked up on and are unwilling to complete sections
- Patient Passport not working effectively
- Health staff need the information in order to signpost
- PPGs need linking up to ensure info shared
- Make partnership working and referring effectively CQIN
- Specific, effective training for all NHS staff including bank staff on effective communication to patients with due regard to AIS
- Information is not being passed back and forth from provider to GP effectively
- GPs don't have the structures in place to implement AIS – should be reviewed
- Patients are not aware of AIS
- CQC noted that care plans aren't being followed

Bethel Doula

- Patient choice is key
- Breakdown on ethnic demographics
- Raise awareness of Post Natal Care – support Post Natal depression
- How are same sex couples included?
- How are the needs of patients transferred to acute wards supported?

- More help needed for young mothers with mental health conditions

Annual Engagement report

- Positive views on community engagement - reaching the key groups
- Make information more widely available
- Waiting lists and patient choice a concern – risk being barriers to access
- Strong list but some felt it was same groups, needs to be wider
- Didn't detail support for Asylum seekers
- Limited evidence of LGBT engagement
- Domestic Violence support should be enhanced
- STP not being mentioned enough, need to keep public aware
- CCG / NHS should consider collaboration with third sector

To summarise, attendees recognised positive experiences in the NHS but felt that there was more work to do. As a service it was noted that Forwarding Thinking Birmingham (FTB) is having a positive impact but more work was needed.

Summary of Points and grading

Goal 1 Better Health Outcomes	Goal 2 Improve Patient Access and Experience
<i>Developing grade</i>	<i>Undeveloped – on the basis of communication needs improving</i>
Good engagement with communities	Need to make it easier for patients to feedback to the whole system
Outcome impacted by available information	Support can be a two way approach
Staff attitude key	Workforce needs to be representative of City population
FTB – concerns that staff aren't going through care plans	
Complex needs require a central hub to support	

EDS2 Staff review

A staff group reviewed both the CCG's EDS2 evidence for goals 3 and 4 and the current Equality Objectives. No grade was determined but key feedback was provided, this included:

- BSC has supported a very inclusive culture with senior managers being very approachable and accessible
- Staff recognition awards have been well received
- The CCG has signed up to a number of quality standards including Investors in People
- Support of local charities has helped the CCG embed itself within the community
- As the CCG transitions towards BSOL staff expressed the hope that these positive aspects would be retained within BSOL.

CCG Equality Objectives

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

Equality Objective	Key actions / progress
<p>Equality Objective 1 Improve Equality analysis of service pathway design and transition processes to ensure the needs of people from 'protected groups' and disadvantaged groups are incorporated within systems where appropriate.</p>	<p>The CCG has worked extensively on its Equality Analysis process to ensure that it supports robust informed decision making. During the 2016/17 financial year, the CCG has worked with Solihull CCG and Birmingham Cross City CCG (BSOL CCGs) to develop a common approach to Equality Analysis, with revised forms and guidance.</p> <p>All decisions made by the CCG, relating to Commissioning / Decommissioning of services, Policy and Workforce are subject to robust equality analysis prior to the decision being made as a key governance requirement.</p> <p>Within the CCG's EDS2 portfolio examples can be seen of how pathway and transition related equality considerations have been made by the CCG.</p> <p>The CCG works closely with those who provide services on its behalf to ensure that robust Equality Analysis is carried out around service decisions, ensuring that all patients including those from vulnerable groups have equitable access to services. This is measured through the contract and reporting requirements placed on those organisations that provide services on the CCG's behalf.</p>
<p>Equality Objective 2 Improve Patient and public engagement people from protected groups and disadvantaged groups so that it is inclusive. Appropriate stakeholder models and methods of working with diverse groups and communities are developed. Improve coordination of patient and public engagement and service user satisfaction information.</p>	<p>The CCG's annual report and the CCG's Engagement report illustrates the key actions the CCG has taken to increase engagement with vulnerable groups.</p> <p>A BSOL wide approach is currently being finalised to support joined up engagement on projects, between the three Commissioners and the communities they serve.</p>

<p>Equality Objective 3 Improve accessibility of information and communication for people from 'protected groups' and disadvantaged groups. Monitor the quality of access to commissioned services for people from 'protected groups' and disadvantaged groups through contracts and patient feedback (e.g., physical access, communication needs, quality of care, outcomes).</p>	<p>The CCG has, during 2016 / 17 worked to adopt fully the principles of the accessible information standard both for its own activity, that of GP practices and those organisations that provide services on its behalf. In addition, as set out in the EDS2 report, section 2.1, the CCG has placed a range of requirements on providers to ensure equity of access for patients.</p>
<p>Equality Objective 4 Improve training and development opportunities for staff at all levels for equality, diversity and human rights. Improve workforce monitoring data for people from protected groups.</p>	<p>The CCG has worked with the Arden & GEM CSU EIHR team to enhance the training available to all staff on equality. Annual training has been delivered to all staff with an additional development session delivered to CCG Governing Body members. The CCG has worked with the HR Business Partner team to increase the number of staff who have declared their ethnicity. This has been tied into the CCG's WRES Action Plan. Between 2015 and 2016 the CCG has increased the proportion of its workforce declaring their ethnicity from 77.2% to 90.8%. This has been achieved through a data cleanse review and targeted work with staff to encourage them to update their data via ESR.</p>