



EDS2 Implementation in Richmond CCG

Richmond Clinical Commissioning Group

Sultan Mahmood -- DiverseCT

2015 - 2016

A concise report on the processes employed to implement EDS2 in Richmond CCG with the support of DiverseCT. The process started in August 2015 and is now coming to a conclusion with the goal of ensuring EDS2 is fully sustainable for the foreseeable future.

1.0 Introduction

This report sets out the progress of Richmond CCG in implementing the Equality Delivery System (EDS2) with the support of DiverseCT. DiverseCT is an Equality training and consultancy company specialising in implementing good practice in public sector organisations [See Appendix G].

The agreed support to implement EDS2 started in August 2015 and followed a period of relative inactivity in relation to Equality work in the CCG. Initially, when EDS was launched by NHS England, its use was discretionary by NHS Organisations but as of April 2015, NHS England has made it a statutory requirement that all NHS organisations implement EDS2.

The EDS framework was initially implemented at Richmond primary care trust (PCT) but had not been maintained to a standard that the CCG would expect when duties were transferred to the CCG in 2013. This was largely due to both the organisational structural changes and staff resources.

In order to ensure that the EDS2 was not only implemented but sustained irrespective of labour movement, DiverseCT aimed to equip Richmond CCG with the skills and the tools to ensure a constant focus on equalities was maintained.

2.0 Background to EDS2

The Equality Delivery System (EDS) was introduced to NHS organisations in 2011 as a generic toolkit to help maintain a proactive focus on equality, diversity and human rights through a framework of assessing performance against a set criterion of outcomes. It encourages local partnership with stakeholders to review and improve organisational performance for people with characteristics protected by the Equality Act 2010 and to support them in meeting their Public Sector Equality Duty.

In November 2012, the EDS was evaluated by the many NHS organisations that had implemented it and based on the findings, a refreshed version was published. This newer version, the EDS2 allowed organisations to have a more flexible approach to its implementation to ensure that it produced better outcomes for all people using services and those working in the NHS also.

The EDS2 is made up of 4 main goals that encompass 18 outcomes against which NHS organisations assess and grade themselves. The 4 main goals are;

- Goal 1** Better health outcomes
- Goal 2** Improved patient access and experience
- Goal 3** A representative and supported workforce
- Goal 4** Inclusive leadership

For a list of the EDS2 outcomes, see Appendix A.

3.0 Protected Characteristics

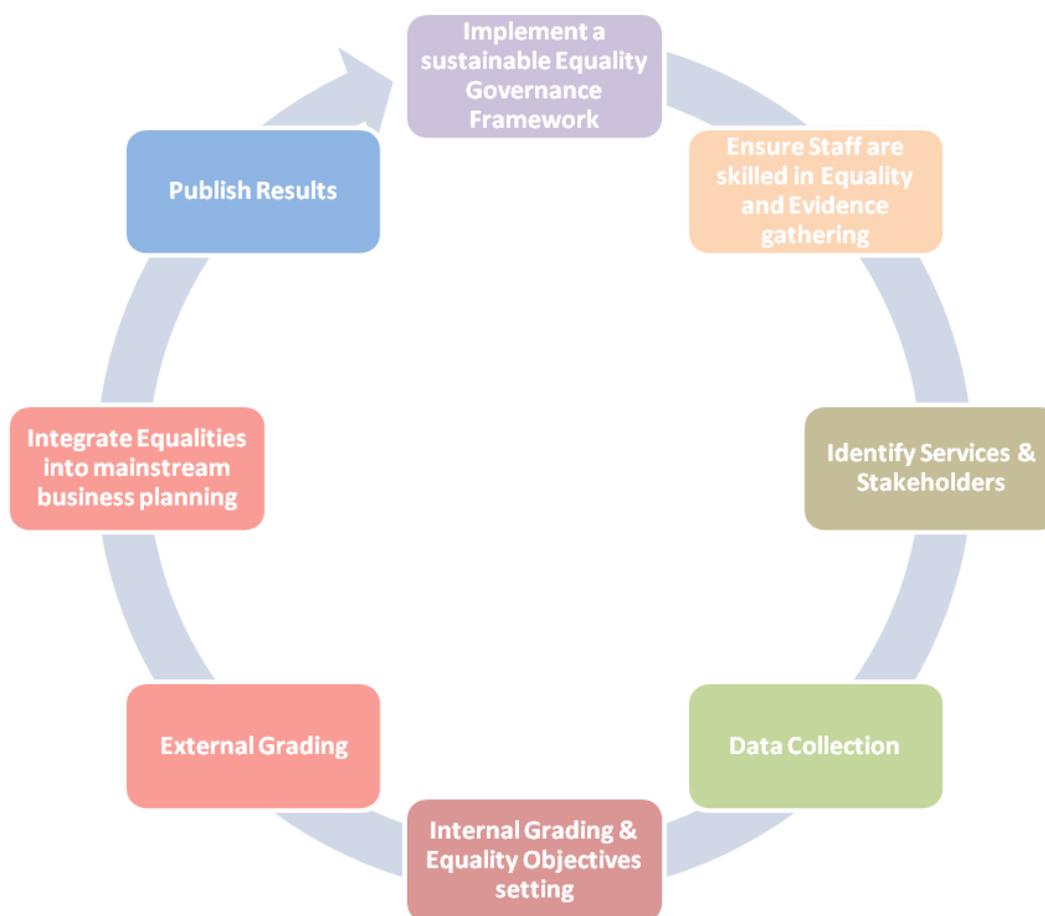
The Equality Act 2010 highlights nine groups of people whose characteristics are protected. These are as follows;

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

It is important, however, to ensure that there is a local focus on disadvantaged groups, including people who fall into “Inclusion Health” groups, as they may also experience difficulties in accessing, and benefitting from, the NHS. These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as sex workers)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

4.0 RCCG's EDS2 Implementation Cycle



See Appendix B for a detailed timeline of the tasks undertaken for implementation

4.1 The evidence gathering process

Following the introduction of the equality governance framework, a training session was held with commissioners with a focus on how to collect evidence, what type of evidence was acceptable and where evidence could be extracted from. A summary of the training evaluation can be seen in Appendix E.

A further training workshop was conducted which focused on how to use the Equality governance framework to evidence equality and to lay out their responsibilities in evidencing equality within Richmond CCG.

The subsequent submissions received from the service leads were then critically reviewed. A summary of the findings is set out below.

4.1.1 Community Services

Only evidence against EDS outcome 1.1 was submitted.

Good inclusion of relevant sections of NHS Contract but there was not any evidence provided to back up how these were being monitored or achieved.

There seems to be a lack of 'How' we will achieve, or how we are achieving.

4.1.2 Planned care

A comprehensive list of providers commissioned to deliver services was submitted but there was not any evidence of how providers meet the Equality Delivery System or the Equality Act 2010.

There was not any evidence put forward that the providers had implemented its equality commitments. This raised the question of whether the CCG sought assurance for equalities by asking providers to submit evidence in relation to how they fulfil their equalities obligations.

For acute contracts and Any Qualified Provider (AQP) Services for MSK and Podiatry there was only evidence provided against EDS outcome 1.1 services are commissioned, procured and delivered to meet the health needs of local communities was submitted

4.1.3 Primary care

From the information submitted it was evident that in 2015 NHS England (NHSE) had responsibility for commissioning primary care rather than the CCG. It was noted that the CCG was considering taking delegated commissioning of primary care medical services (GP services) from April 2016. It would be prudent therefore to liaise with NHSE to understand how equalities assurance had been sought for primary care and to confirm that relevant information would be shared as part of any delegated commissioning transition arrangements.

4.1.4 Children & Young People (C&YP)

Generally a good start to evidence gathering. There were plenty of examples of evidence against specific outcomes.

4.1.5 Learning Disabilities

In general, it was clear that a fair amount of work had been undertaken to arrive at the first draft stage of the Equality Audit Framework.

4.1.6 Urgent & Emergency Care

Generally the submission pointed in the right direction but lacked data, evidence and specific information.

4.1.7 Mental Health

There was a wealth of information and evidence in the form of documents embedded within the template for Mental Health. However, the specific extracts from the documents relating to each outcome were not referred to or extracted in order to review the evidence.

4.1.8 Dementia

Plenty of supporting documents were provided for the relevant EDS outcomes but without any explanation of how they meet the equality outcomes. Also, it did not explain how people from protected characteristics fared as compared to people overall.

4.2 Conclusions from first submissions

Although a good first draft for some service areas, for a number of the submissions there was a general lack of quality evidence and examples of how providers meet the EDS outcomes. Where evidence was given, there was a lack of focus on how protected characteristics fared.

Furthermore, there was very little to indicate that the CCG systematically requested evidence to meet requirements set out within NHS standard contracts and wider equalities obligations from the providers. It is not sufficient to merely mention that NHS contracts specify the equality obligations of providers as evidence that the CCG is ensuring that these obligations are met. The legal responsibility lies with the commissioners.

Following this initial evaluation of the evidence, it was recommended that the areas selected to take forward for further evidence gathering and internal grading should be Children & Young People and Learning Disabilities. The recommendation was agreed by the senior management of the commissioning team.

It was also decided that within the context of current staff workloads and in order to assist the embedding of EDS2, that the focus for 2015/16 would be on Goals 1 and 2 for these two service areas. Richmond CCG would be reviewed against Goals 3 and 4.

In order to manage work load within the commissioning team with new and changing priorities and new staff joining it was decided to extend the implementation timeline to the end of May 2016 in order to ensure effective implementation.

5.0 Internal Grading

Additional support was provided for the three areas selected for internal grading to ensure that the evidence gathered was both relevant and demonstrable for each outcome.

In order to ensure the evidence was relevant to the protected characteristics, a focus on the key question was maintained for each outcome at all times.

'How well do people from protected groups fare compared with people overall?'

There are four possible grades that can be allocated to each outcome. These are shown in the table below

Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall
2 or less groups	3-5 groups	6-8 groups	All 9 groups

Commissioners were supported in a number of different ways as listed below;

- a. Internal Grading Workshop for all commissioners as mentioned in the Evidence gathering section 9th November 2015
- b. Face to face meetings with commissioners of selected service areas - 5th May 2016
- c. Written Feedback provided on evidence gathered – ongoing following service area selection
- d. Telephone support – as and when required

Through this process of support, the evidence was scrutinised and a score was allocated to each outcome. For both service areas there was an abundance of information and evidence relating to each outcome but also a common theme of not knowing if the providers collected the data according to the nine protected characteristics.

This process allowed for further internal questioning in relation to the data requested from providers with a view to ensure that future data is reported in a format that would assist in the accurate evidencing against EDS2 outcomes.

With regards to Goals 3 and 4, evidence was again well presented however, there were a number of questions raised as to whether the HR team collected the type of data that would allow RCCG to adequately respond to the question, 'How well do people from protected groups fare compared to people overall?'

Once an agreement had been reached in relation to the evidence presented under each outcome, the framework was simplified to be presented to stakeholders at the External Grading Event.

6.0 External Grading

External grading event took place on 12th July 2016 at Heatham House, Twickenham. The purpose of the external grading event was to present the evidence supporting the grades that had been allocated to the service areas through Richmond CCG's internal grading process.

The local stakeholders would then be empowered to be able to challenge the evidence where required to ensure that the process of internal grading was robust enough and accurate in its representation. A final grade was to be allocated to each outcome.

A list of the organisations/groups invited to attend the event are included in the appendices. Local individuals, patients and carers already involved with the CCG's C&YP or LD work were also invited to attend.

The event was also promoted by Richmond CVS, Healthwatch Richmond and the CCG's regular communication channels e.g. website and twitter.

The following stakeholders attended the event:

<i>Children and young people</i>	
Name	Individual/organisation
Doreen Redwood	C&YP commissioning manager, Richmond CCG
Caroline O'Neill	Engagement & equalities lead, Richmond CCG
Ravi Arora	EMAG
Heather Mathew	C&YP strategic lead, Richmond CVS
Sian Thomas	Designated nurse safeguarding children
Kathy Godwin	Children Looked After (CLA) nurse
Alison Vickers	PPG member at Richmond Lock
Hannah Gould	Carers Centre – Young carers project
Bridget Jones	Carers Centre – Young carers project
Bushra Akhtar	Refuge
Kate Bisset	Richmond Council Public Health
<i>Learning Disabilities</i>	
Name	Individual/Organisation
Robert Colquhoun	LD commissioning manager, Richmond CCG
Julie Sobrattee	Director of Quality, Richmond CCG
Marianne Devereux	Engagement & equalities officer, Richmond CCG
Philip Moshi	Mencap
Ayodeji Adedigba	Yarrow Housing

Melinah Namaate	Consensus
Kevin Sears	SEND family voices
Alison Sears	National Autistic Society Richmond
Bruno Meekings	Richmond CVS
Laura Fox	LGB &T Forum

The event was facilitated by DiverseCT with short presentations given by both the service area leads and from a provider. Stakeholders were also informed of the EDS2 process that Richmond CCG had implemented and a brief explanation was given as to the purpose of the event. A copy of the events agenda is included in Appendix C.

[Presentation on C&YP](#)

[Presentation on learning disabilities](#)

The stakeholders were grouped according to their particular interest in C&YP or LD.

It was decided that both groups would look at Richmond CCG evidence against Goals 3 and 4 after they had completed their service area gradings. Unfortunately, only one group was able to fully scrutinize Richmond CCG's evidence.

[CCG evidence for C&YP \(EDS goals 1 and 2\)](#)

[CCG evidence for Learning Disabilities \(EDS goals 1 and 2\)](#)

[CCG evidence for EDS goals 3 and 4](#)

Below we have set out the findings of the external grading session including both the internal grades against the external grades. The table also includes comments from stakeholders at the external grading event.

Children & Young People

Goal	Outcome	Internal Grade	External Grade	
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities		
	Stakeholder Comments	<p>Assumption made that children coming into schools in Richmond were from affluent communities. However, the catchment areas for some state schools in Richmond result in schools pulling children in from less affluent communities e.g. Ivy Bridge Estate for Orleans School and Twickenham Academy going into parts of Hounslow.</p> <p>Data on independent schools population can be sourced from LSCB local safeguarding children's board.</p> <p>Gaps in data for LGBT and Gypsy, Romany and Traveller. Noted that these are not routinely collected by major providers.</p> <p>Not able to cross reference the data to see how protected characteristics fair in comparison.</p>		
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways		
	Stakeholder Comments	<p>It was noted that continuing healthcare data is collated by providers but not currently reported in a way that can be easily used. Also that the groups are recorded but not reported.</p> <p>It was confirmed that the level of risk is identified as part of any assessment.</p> <p>Anecdotal feedback from CAMHS that needs are identified but GPs would argue this is not the case. This is similar for SEND i.e. the process of assessment is good but then there are not always the services available.</p> <p>OT experience data for 2015 is available which confirms that 75% of respondents were happy with the service provision and support available</p>		
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed		
	Stakeholder Comments	<p>There needs to be transparency for service users in where the transition services start and end.</p> <p>Looked After Children (LAC) identified as an additional vulnerable group for this outcome.</p> <p>The group felt this was undeveloped as the evidence was not as clear as the previous outcomes.</p> <p>As transition is a particularly difficult stage the group felt that for children there was a clear need for data to be reported.</p>		

1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse		
Stakeholder Comments	<p>It was questioned whether the data presented means that there is no Child sexual exploitation (CSE) within the Asian community as it is not stated. Commissioner to check source of these statistics and if broader data available covering other BME communities.</p> <p>It was noted that CSE is a difficult area for health professionals. The Local safeguarding children's board (LSCB) lead on this area for Richmond and Public Health has undertaken a CSE needs assessment which should be referenced under this outcome and it would be developing.</p>		
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities		
Stakeholder Comments	<p>LGBT is an obvious group missing as seen as potentially at risk group.</p> <p>Is there a need to identify settled Gypsy, Romany & Traveller community to ensure health screening/health promotion etc?</p> <p>Would be helpful for the CCG to look at how it is ensuring the more vulnerable groups are accessing health screening and health promotion.</p>		

Goal	Outcome	Internal Grade	External Grade	
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		
	Comments	<p>It was noted that transgender C&YP may access CAMHS services in the borough rather than go to the specialist service run by the Tavistock & Portman NHS Foundation Trust as this would require consent from a parent. Is this criteria a barrier to C&YP accessing the specialist service?</p> <p>LAC placed out of borough can get caught up in the postcode lottery for accessing services – possibly less access than if they were based in Richmond. Also the case for C&YP in residential schools out of borough finding it difficult to access a GP when home for the weekend. Temporary access isn't always satisfactory. Continuity of care required for C&YP placed out of borough.</p>		
	Stakeholder	<p>Questioned whether we hear enough directly from C&YP about access to services. The C&YP voice appears strong in CAMHS but “silence is deafening” in other health services. It was noted that CCG “piggybacks” onto Achieving for Children’s C&YP engagement activities but the CCG needs to ensure that if it does this that the engagement also covers health issues.</p>		
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care		
	Stakeholder Comments	<p>Agreed this as undeveloped as there isn't sufficient evidence of specific protected characteristics data being collected by providers in the first instance.</p>		
2.3	People report positive experiences of the NHS			
Stakeholder Comments	<p>No tangible evidence of data by protected characteristics regarding positive experience of NHS.</p> <p>Noted that reference to OT experience data for 2015 in outcome 1.2 could be referenced also under this outcome. However, noted that OT is a small service out of a range of C&YP services</p>			

2.4	People's complaints about services are handled respectfully and efficiently		
Stakeholder Comments	<p>Need to have a specific evidence of C&YP complaints report broken down by protected characteristics.</p> <p>Issue raised of when a parent complains on behalf of a C&YP then whose characteristics are collated. More analysis needed to separate C&YP from adults and clarification of whether characteristics collated on the patient or person complaining.</p>		

Learning Disabilities

Goal	Outcome	Internal Grade	External Grade	
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities		
	Stakeholder Comments	It was suggested that someone from the CCG sit on the ESSG (Equalities Stakeholder Scrutiny Group) Equalities group		
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways		
	Stakeholder Comments	<p>No mention of specific dentistry services which are available.</p> <p>Commissioner confirmed that there is a community dentistry service, specialist epilepsy clinic, use of local pharmacies that provide effective services for individuals. There are national screening programmes in place.</p> <p>Requesting data and information from GP practices and residential placements etc. is difficult. No system/ coding collection in place to receive this information. It is the Individual acute providers that have this data.</p> <p>This outcome should include the data collection and results from the 'BIG EVENT' run by the CCG which are currently being collated and analysed.</p>		
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed		
	Stakeholder Comments	<p>It was commented that there is disjointed communication between different health and social care departments in particular the children and adults services. There is a gap in transition.</p> <p>The shared staffing arrangements between Richmond and Wandsworth are likely to have an impact on the outcome.</p> <p>It was mentioned that there has been a deep dive on Continuing Healthcare (CHC) and there is a lot of change happening within this area which it is hoped will improve collation of evidence in the future</p>		

1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse		
Stakeholder Comments	<p>The incident reports are collected by the service provider, and the CCG will review and have oversight of this. It is the responsibility of the providers to have a system in place to flag when someone has a disability. The CCG has a clinical reviewing officer in post to assesses LD cases in residential and care home placements so these are monitored and reviewed. Reporting on safeguarding issues goes to the Adult Safeguarding Board</p>		
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities		
Stakeholder Comments	<p>It was noted that Public Health is responsible for commissioning services under this outcome but there are specialist health care contracts in place that are commissioned by the CCG. The group agreed that 'in Richmond' needed to be included at the end of the wording of this outcome.</p>		

Goal	Outcome	Internal Grade	External Grade	
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		
	Stakeholder Comments	<p>The data from the 'BIG EVENT' should be included in this outcome as many people fed back that they could readily access their GP and had reasonable access. This is evidence from a service user and carer perspective. It was noted that the data was currently being collated and analysed. It was commented that although you may have an 'equal right' you may struggle with the ability to use it.</p> <p>ACTION: The evidence produced from the BIG event to be sent to the group so it can be added to into the grading. This evidence will be used in the LD 3-5 big plan.</p>		
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care		
	Stakeholder Comments	<p>It is about the empowerment of the individual</p> <p>The provider has delivered n desensitisation programmes – 93 examples of cases all supported by a LD Nurse.</p> <p>Junior doctors also carry out health checks</p> <p>What happens in the procurement process- users and carers are involved in the evaluation of tenders including questioning and challenging providers as part of the overall tender process.</p>		
	2.3	People report positive experiences of the NHS		
	Stakeholder Comments	<p>To include 'learning disabilities' as one of the protected characteristics covered by the user led Quality Checkers group.</p> <p>The 'BIG EVENT' data is a positive example of users and carers reporting positive experiences of their care through the easy read health information questionnaire and the inclusion and high rate of completion of the equalities monitoring form.</p>		
2.4	People's complaints about services are handled respectfully and efficiently			

Stakeholder Comments	
	<p>The CCG review service providers' responses to complaints on a quarterly basis at Clinical Quality Review Group's (CQRG) as the outcome of the complaint may need to be reviewed.</p> <p>It is important to understand the format of the complaint whether it is made via telephone, email, letter etc. and to understand the processes for making the complaint in the right way.</p> <p>The CCG does not ask for the evidence of this and so many of the protected characteristics of the complainant are unknown.</p>

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Goal	Outcome	Internal Grade	External Grade	
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels		
	Stakeholder Comments	How do selection processes accommodate those with protected characteristics? The demographic profile of the staff covers gender, sex, ethnicity, disability – not sure what this refers to?) If equalities information on recruitment is available does the CCG routinely ask for this and monitor who is applying, being selected and ultimately appointed in terms of protected characteristics?		
	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		
	Stakeholder Comments	The national staff survey is for permanent staff only. There is a perception that the CCG is not aware of what interim staff are paid. However some stakeholders identified this outcome as potentially achieving as there is a robust national job evaluation system in place. From feedback from both groups I would rate this as developing.		
	3.3	Training and development opportunities are taken up and positively evaluated by all staff		
	Stakeholder Comments	The CCG have put a training plan in place for all staff The CCG has developed an appraisal process for all staff – available to staff on the CCG’s workforce system as well as both mandatory and statutory training) Not yet able to identify take up and request for training by protected characteristics. Has the CCG asked for this?		
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source			
Stakeholder Comments	It was commented that in such a small organisation of approximately 40 staff it is difficult to use the ‘whistle blowing’ policy. Supported the approach of breaking down large policies and making them more real for staff. Within a small team individuals may feel exposed and very visible and this may bring a reluctance to use official channels for reporting bullying etc. What other avenues can the CCG use to address this?			

3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives		
Stakeholder Comments	<p>It was asked if the flexible working policy also covers ‘carers’</p> <p>It was suggested that in the staff survey the question is asked about flexible working.</p> <p>Not able to evidence for protected characteristics that flexible leave in place or requested to see whether all staff are able to access this. Has the CCG every asked for this type of monitoring?</p>		
3.6	Staff report positive experiences of their membership of the workforce		
Stakeholder Comments	<p>Some wanted to know how the national survey questions collated, analysed etc and by whom – <i>[do we need to respond to this as it is a national staff survey managed by an independent organisation?]</i> The Ways of Working Group (staff representative group) is a positive way for staff to feedback. There is input from members from each team on the staff survey It was suggested strongly that the CCG push for all protected characteristics to be included in the equalities monitoring questions as only six at present. –</p> <p>CCG is not analysing/interrogating the data well enough to understand how protected groups fair. ACTION - Need to check if the staff survey does drill down this far.</p> <p>Recognition that small staff teams don’t allow for full reporting in order to maintain anonymity.</p>		

Goal	Outcome	Internal Grade	External Grade
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
	Stakeholder Comments	<p>There is no concrete evidence that evidence is gathered There is not a comprehensive strategy in place ACTION: Suggestion that there is a session arranged for governing body members on equality and their role in supporting the EDS outcomes.</p> <p>HOWEVER other stakeholders saw this as developing as including focus on other vulnerable groups apart from 9 protected groups. <i>[We decided to leave the grading as undeveloped until a time we have collected the evidence to show otherwise]</i></p> <p>Information could be collated as part of governing body members 1:1 appraisal process to provide evidence for this outcome</p>	
	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	
	Stakeholder Comments	<p>Reporting is statutory and explicit The fact that the CCG is using the EDS and this workshop is happening demonstrates commitment.</p>	
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination		
Stakeholder Comments	Attendees were interested to know what the CCG do to accommodate staff if they have a disability, in terms of making reasonable adjustments in the premises etc and if there are policies on this.		

7.0 Action Planning

The External Grading Event proved very useful not only in the grading process but also as a means to forge improved relationships with stakeholders and to hear their constructive comments of the service provision in relation to equality.

The event was very positively evaluated by attendees. A summary of the evaluations is included in Appendix D. Through the external process, many comments or questions were raised which can be transferred into actions for the CCG.

7.1 Action points arising from the stakeholder evidence assessment

Children & Young People

1. CCG to work with providers through CQRGs to ensure providers are reporting robust evidence of how protected characteristics fair to CCG to meet equality requirements including EDS outcomes.
2. To establish if there is broader data breakdown by protected characteristics in relation to Child Sexual Exploitation.
3. To investigate access to health screening and health promotion by vulnerable groups
4. Improving C&YP voice in the work the CCG undertakes.
5. More information required about LGBT and gender identification (what information)
6. Clarification required as to whose protected characteristic is collected if a young person makes a complaint, the young person or the adult who is making the complaint on their behalf?

Learning Disabilities

1. It was suggested that the CCG links up with the Council's ESSG (Equalities Stakeholder Scrutiny Group) Equalities group.
2. To examine the communication between different health and social care departments in particular the children's and adults learning disabilities services. It was reported that there is a perceived gap in transition.
3. To change the wording in outcome 1.5 to add 'in Richmond' at the end to make it localised
4. The evidence produced from the BIG event to be sent to the group so it can be added to into the grading for Learning Disabilities.
5. To include 'learning disabilities' as one of the protected characteristics covered by the user led Quality Checkers group.
6. To ensure that more robust data is collected in relation to complaints so that themes can be reported by protected characteristics.

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1. Does CCG routinely ask for equalities information regarding recruitment in relation to applications, shortlisting and appointments?
2. To consider including interim staff and questions relating to flexible working in the annual staff survey.
3. Is it possible to cross reference take up of training and flexible working against protected characteristics?
4. Governing body member 1:1s and appraisals are utilised to gather evidence to support goal 4.1.
5. The CCG to work with providers to ensure that all categories of the protected characteristics are collated for services commissioned
6. To check how detailed the staff survey is in relation to accessing data around protected characteristics
7. To arrange a session for governing body members on equality and their role in supporting the EDS2 outcomes and seeking assurance on CCG's equalities obligations.

8.0 Conclusions

Implementation of EDS2 was not a straightforward task but was one that Richmond CCG was fully committed to achieving. A somewhat slow but pragmatic approach allowed the CCG to equip its commissioners with the requisite knowledge and skills to be able to undertake the tasks required.

The commissioners involved in collating the evidence for grading purposes felt that the process in itself was a very useful one that allowed them to look at their service provision in a way that they had not done so previously. However, there were challenges in prioritising this work within the context of changing and challenging work priorities.

The results of the grading for both Children & Young People and Learning Disabilities were about what was to be expected. While the grades allocated internally were primarily 'Undeveloped' & 'Developing' for all 3 areas, it is important to stress here that these grades do not necessarily mean that the service provision is inadequate or that there is not a good standard of service for the diverse communities in Richmond.

The process involved the collation of a huge amount of general information that allowed the CCG to see the quality of services provided, however, there were gaps in accessible data and evidence to be able to assess specifically for equality.

At the same time, this did not necessarily predicate that the data did not exist, but, in the majority of cases, it pointed to the fact that the CCG had not been specifically asking its providers to supply the data in a useable form for the benefit of the effective monitoring of EDS2 outcomes.

The lack of useable data negates the ability to adequately answer the question,

'how well do people from protected groups fare compared with people overall?'

There were many instances where anecdotal information pointed to the possibility of higher grades being allocated but as this could not be evidenced due to lack of data, a measured approach was taken and grades were allocated according to the evidence available.

CCG learning from EDS implementation

The following are the key learning points identified by the CCG:

- The need to integrate EDS as an equalities audit framework into CCG's project management office (PMO) systems to make EDS part of business as usual.
- Ensure the scope of each service area to be reviewed is manageable.
- Find opportunities to take a joint approach to annual EDS review with local NHS providers and/or neighbouring CCGs.
- Support for service leads to work collaboratively with colleagues within the CCG, relevant providers and the Council to identify evidence sources, gather evidence etc.
- Share information with attendees in advance of the stakeholder workshop to improve understanding and participation by attendees.
- Use the community involvement group as an additional final review and test of the external grading and actions identified.
- Have external facilitator for external grading and possibly internal grading.

9.0 Recommendations

9.1 EDS action plan

Following the implementation EDS2 into Richmond CCG during 2015/16 there are a number of recommended actions for the CCG to undertake that would greatly assist the organisation in ensuring progress on Equality. These are set out in the action plan below:

Liaise with service providers to ensure they provide specific data required around protected characteristics to be able to adequately test progress against the EDS2 outcomes	August 2017
Provide support to commissioners to use the equality audit framework to ensure that equality data is routinely reported and updated for each service area.	Ongoing
The CCG links up with the relevant local partners e.g. providers, Council and neighbouring CCGs to enhance joined up working around equalities work and EDS in particular – possibly run joint stakeholder events in future.	October 2017
Routinely ask for and monitor equalities information	January 2017

to report how protected characteristics fair in relation to applications, shortlisting and appointments.	
Routinely ask for and monitor equalities information to report how protected characteristics fair in relation to flexibly working and training and development for staff.	January 2017
Add equality training to CCG's mandatory training programme for staff to further their understanding of the subject area and how it impacts on their job function	March 2017
Run a leadership session for governing body members on their role in supporting the EDS2 and seeking assurance on CCG's equalities obligations.	March 2017
Discussion with CCG's community involvement group and other relevant stakeholders to inform next areas of scrutiny for the EDS2 as this should in part be decided on by local need and demand.	March 2017
Confirm that Workforce Race Equality Standards (WRES) is fully implemented and plan ahead for other equality standards that may become mandatory shortly.	December 2016
Broaden involvement of local patient and community organisations to further improve the diversity of attendees at the next external grading event.	September 2017
Monitor use of equality impact needs assessment to support due regard for protected characteristics in CCG projects and to support evidence gathering for EDS outcomes.	Ongoing

9.2 Equality objectives

As part of the Public Sector Equality Duty, the CCG must set equality objectives. The purpose of setting specific, measurable equality objectives is to help better perform the general equality duty, focusing on the outcomes to be achieved. Equality objectives help focus attention on the priority equality issues within an organisation in order to deliver improvements in policy making, service delivery and employment, including resource allocation. Some equality objectives have been

Below are the proposed equality objectives for Richmond CCG 2016-2020 developed from the stakeholders' action points in a drive to ensure inclusivity in the CCG's future commissioning and organisational plans and to ensure they are embedded into mainstream business.

1. To work with providers to establish a more informed reporting procedure that provides relevant protected characteristics information enabling progress to be measured against EDS2.
2. To work with local providers to develop a more strategic joined up approach to annual EDS review.
3. To ensure the implementation of Workforce Race Equality Scheme (WRES).
4. To work with HR to ensure full protected characteristic information is available in order to monitor how protected groups fair in relation to recruitment, (application, shortlisting and appointment) training and development and flexible working.
5. To support staff and governing body members to understand their role in supporting the EDS2 outcomes and seeking assurance on CCG's equalities obligations.

10.0 Monitoring EDS2

This report will be published on Richmond CCG's website and shared with all stakeholder involved in 2015-16 EDS review.

Monitoring of the EDS2 will be ongoing with a review to be published annually and regular reports to the Quality & Safety Committee to ensure that RCGG's Public Sector Equality Duty is being met.

Appendices

APPENDIX A

EDS2 Goals & Outcomes		
Goal	No.	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

APPENDIX B**EDS2 Implementation Process**

The table below outlines the activities undertaken to implement EDS2 from inception, through to setting new equality objectives.

Activity	Description	Purpose	Date Completed
DiverseCT EDS2 Proposal	Agreement of the scope of work required to implement EDS2		July 2015
EDS2 Briefing	Briefing for Commissioning managers	To introduce the ethos behind the EDS2 to senior management of commissioning team to ensure SMTs understood their responsibilities towards EDS2	August 2015
Understanding & Evidencing Equality Training	A full days training course focused on understanding what equality is and how to evidence it. 19 staff attended the training.	To ensure a common understanding of equality. To provide specific examples of evidence against each outcome. To assist in providing avenues to good sources of evidence.	October 2015
Equality Governance Framework	Development of a framework that allowed the Equality Lead to support the commissioners in collating and recording equality evidence for each EDS2 outcome	To create and implement a process that would ensure continuity of EDS2	October 2015
Internal Grading Training	Training commissioners on the process of internally grading their service areas	To ensure awareness of the internal grading process. To support evidence collection. To start process of selecting 2 areas for external grading	November 2015
1 to 1 Support with Feedback	Individual support sessions with service leads offered around using the Equality Governance Framework to gather evidence.	To ensure evidence collected was relevant to outcomes. To provide critical feedback on the evidence provided.	December 2015 onwards
External Grading Selection Report	All evidence from service areas was reviewed and two	To make the implementation of EDS2 manageable and not over burdensome. The two service	March 2016

	Service areas were recommended for full internal and external grading against EDS2	areas selected were Children & Young People (C&YP) and Learning Disabilities (LD)	
Internal Grading Support	Face to face, email and telephone support and feedback was provided to the selected service areas	To ensure a robust process was followed and that the internal grading would hold up to external scrutiny	March 2016 – July 2016
EDS2 External Grading Event	To host the external grading event with stakeholders	To work through the EDS2 Goals 1 and 2 for C&YP and LD and Goals 3 and 4 for Richmond CCG	July 2016
Implementation Report	EDS2 implementation report to governing body and made available to the public via the CCG's	To show the timeline of events and activities conducted to implement EDS2; to report on the agreed grading; to set new equality objectives	August 2016

Agenda from the External Grading Even held 12th July 2016

Equality and diversity in local NHS services How are we doing?

Agenda

10.00 Registration

10.30 Welcome (JS)

10.40 EDS2 and how today will work (SM)

10.50 Children & young people:

- How we are doing as commissioners (DR)
- A provider's approach (Young carers project)

11.20 Coffee break

11.35 Learning disabilities:

- How we are doing as commissioners (RC)
- A provider's approach

12.05 Outcomes of internal grading (SM)

12.20 Lunch

13.00 Reviewing our grading – group work

14.45 Feedback and next steps

15.00 Close

APPENDIX D

Service area	Organisation/group
CCG's community involvement group	Carers Centre
	Mencap
	Richmond CVS: <ul style="list-style-type: none"> • Health & Partnerships Manager • Strategic lead for C&YP • Community involvement coordinator
	Healthwatch Richmond
	EMAG
	Integrated Neurological Services (INS)
	Mind
	Age UK
	Richmond users and carers group
	Richmond Council community engagement
	LGB&T forum
	RUILS
	Alzheimer's Society
Patient Participation Group network	
Learning disabilities	United Response
	Right at Home
	My Time Active
	Certitude
	Cyrenians
	Downs Syndrome Association
	Hoffmann Foundation
	Spade
	Skills for Care
	Crossroads Care
	RISE Richmond
	RACC
	Working Together Group
	Voyage Care
	Royal Mencap
	Dimensions
	Walsingham
	Yarrow
	Choice Support
	Orione Care
	Regard Partnership
	Richmond Psychosocial Foundation Trust
	Your Healthcare
	Balance CIC

	YMCA
	Fitzroy
	True Access
	Stepping on Out
	Consensus
	Richmond Homes and Lifestyle Trust
	Richmond Council Transitions
Children & young people	Children in Care Council
	Youth Council
	Forum for Children and Young People with Disabilities
	Hounslow & Richmond Community Healthcare NHS Trust
	Off the record
	Terrance Higgins Trust
	Central London Community Health Care – (school nursing provider)
	Achieving for Children (AfC - Youth Offending Service
	Metropolitan Police
	AfC - Pupil Referral Unit
	AfC - Youth Service
	Richmond Local Safeguarding Children's Board
	AfC
	Waldegrave School

APPENDIX E**EDS2 Equalities assessment workshop – evaluation form feedback**

Evaluation forms completed: 9

1) How did you find out about the event?

- PPG Invitation
- Richmond Mencap passed on the information
- Challenging to convey information required to undertake assessments
- CCG communications (Five people)
- My line manager

2) Did you find the event useful?

- Yes very useful (7 people)
- 'Useful and informative but no mention of Gypsy, Romany and Travellers (GRT)'
- 'Evidencing protected characteristics and how I can adapt this to suit us as a private provider'

3) What did you find particularly useful?

- An insight into where we are regarding equality and diversity in local services. 'I particularly enjoyed hearing about the BIG EVENT, and questioned was this advertised and promoted enough locally'
- Hearing the information for the first time
- The children and young people's presentation was useful
- Group discussions and exercises (two people)
- Community feedback
- Understanding how much more data and information could be collated and gathered together and displayed to improve performance and/or reflecting progress

4) What do you think we can do to improve future events?

- A similar exercise aimed primarily aimed at service users and carers of the areas targeted
- Presenting information prior to the meeting and providing access to information
- Less presentation time and more time spent on the exercise
- A wider audience, a young person's voice being involved in discussions, more case studies
- No suggestion for improvement
- No improvements, perfect.
- I was interested in both children and young people and learning disabilities service areas but could only take part in one discussion

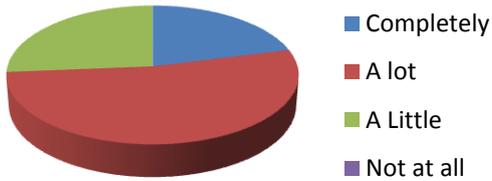
5) Other comments:

- Excellent workshop, very informative
- A well organised day
- A really great day, learn a lot and happy to be involved in the future

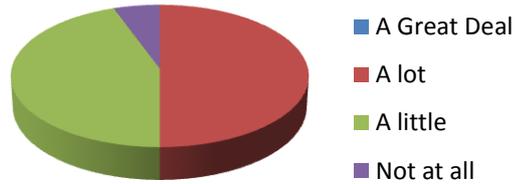
APPENDIX F

Evaluation of Evidencing Equality Training for staff Evaluation

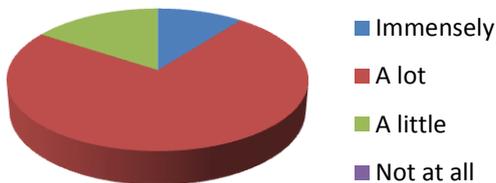
How much has your understanding of Equality increased as a result of this...



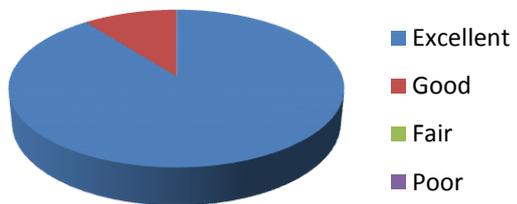
How much have your skills increased as a result of this course?



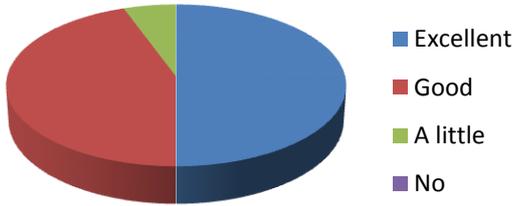
How much has the course impacted on your confidence in this area?



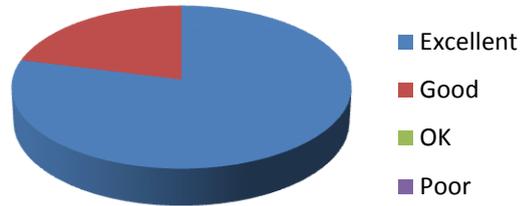
How would you rate the Trainers knowledge of the topic, presentation...



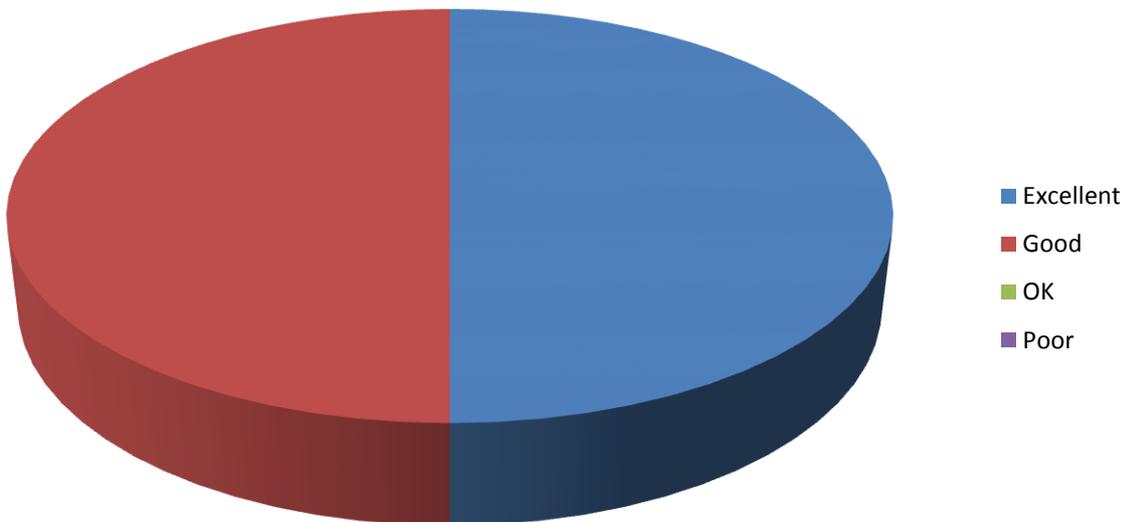
Were the presentations clear and easy to understand?



Please rate the Trainers overall performance



Overall, how would you rate this training?



APPENDIX G

DiverseCT is a training and consultancy provider, specialising in Equality, Diversity and Inclusion. DiverseCT has worked extensively with public sector organisations such as the NHS, Fire & Rescue Service, Police, Probation Services as well as Local Authorities in providing Equality based training and consultancy services for 26 years.

DiverseCT was commissioned by RCGG to provide the following primary outcomes

- EDS2 Implementation consultancy
- Development of an Equality Governance Framework
- Equality Evidencing Training
- Internal/External Grading facilitation
- Supporting Commissioners face to face/telephone/email

DiverseCT Contact details

web www.Diverse-CT.co.uk

email info@Diverse-CT.co.uk

tel 01582 204983