

Healthy Wirral - Whole System Integration Update January 2018

Meeting	Board of Directors		
Date	8 January 2018	Agenda item	14
Lead Director	Val McGee, Chief Operating Officer		
Author(s)	Val McGee, Chief Operating Officer		

To Approve <input type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
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Link to strategic objectives & goals - 2017-19

Please mark ✓ against the strategic goal(s) applicable to this paper

Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	✓
We will advance staff wellbeing	✓
We will enhance staff development	✓
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	✓
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	✓

Link to the Board Assurance Framework (strategic risks)

Please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?

Our Patients and Community	Our People	Our Performance
Quality and safety including addressing inequalities is not maintained or improved ✓	Lack of, or ineffective engagement and 2-way communication with staff & governors ✓	Failure to respond to system changes and the requirements of the NHS Five Year Forward View ✓
Patient experience is not systematically collected, reported or acted upon	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment ✓	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties ✓
Inability to deliver the benefits of integration within the defined timescales ✓	Failure to provide quality training and supervision and opportunities for career development for	Inability to sustain performance against contractual and financial targets ✓

		all staff		
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Link to the Organisational Risk Register (Datix)

Has an Equality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
		Regular report submitted to Board

Healthy Wirral - Whole System Integration Update January 2018

Purpose

1. This paper describes a number of strategic activities across the health and social care system which the Wirral Community NHS Foundation Trust (WCFT) is central in leading and supporting whilst ensuring an equality of partnership delivery and sustainability. At the same time, working with other community partners ensuring a strong out of hospital focus and clear leadership as work progresses in the development of an Accountable Care System (ACS), as part of Place Based care.

Executive Summary

2. These activities support the delivery of the Trust's strategic objectives and integrated business plan, and also support the commissioners' strategic intentions and wider system resilience. These developments ensure that service delivery is integrated, that patient care is optimised and that patient experience is enhanced. This work and focus demonstrates our strength as a strong and credible partner as we move to Placed Based Care.
3. WCFT is either leading on or is a significant partner on a number of integration initiatives across the health and social care economy. This places the Trust in a strong position as we develop Place Based Care. The paper also demonstrates the progress made in a number of key areas of integration, notably the significant part the Trust plays in providing services during the busy winter period and the strengthening of relationships with primary care.
4. This paper is to assure the Board of Directors of our strategic relationships, our support of the wider health and social care system and our key place in Healthy Wirral, which impacts on the strategic direction, quality and service delivery of Trust's activities and demonstrates our unique position in the health and social care system.

Areas of focus

5. The paper discusses the key areas of activity which have taken place across the health and social care system on the integration agenda. The points to highlight are an update on progress against improving the 4 hour standard at the Accident & Emergency Department (A&E) at Wirral University Teaching Hospital (WUTH), the emerging model and process within the Older Person (50 plus) care programme which is a cornerstone in establishing an ACS, the strengthening of relationships with Primary Care and the work programme moving forward following the successful transfer of Adult Social Care into the Trust. There is also an update around the Wirral Care Record.

Board action

6. The paper is to assure the Board of the commitment the Trust has to integration across a number of work streams and with key partners across the health and social care system.
7. The Board of Directors are asked to be assured.

Val McGee
Chief Operating Officer

27 December

Healthy Wirral Update

Wirral Partners Board

1. The senior leaders in Wirral, as part of the work programme of Healthy Wirral Partners, and as a follow on from the Price Waterhouse Coopers work, have had three “lock-ins” to understand the pieces of work that will be progressed as part of the development of Placed based care. Significant progress was made at the last “lock-in” including a position on the financial gap, plans for robust governance arrangements and priorities which are described as the Big 5+1. These work programmes are Urgent care, Muscular Skeletal (MSK), Older People, Unwarranted variation, Better Care Fund and Repatriation and Learning Disabilities.
2. The Healthy Wirral 50+ project continues to make positive progress. Phase one has begun in West Wirral; a clinical forum made up of GPs, nursing, therapies, mental health and social care representatives met for the first time in October and continues to meet.

The forum’s aim is to:

- Ensure local clinicians work together to develop an operating model for delivering the ambitions of Wirral’s locality 52:9:4:1 model for integrated working.
 - Conversations have taken place on understanding the boundaries of the 9 localities and ensuring that the Wirral partners within the system agree on those. Within the Community Trust and as part of the Community Nursing Transformation programme, a consultation has commenced with affected staff on developing teams in line with the 52:9:4:1 model. The 30 day consultation ends on the 17 January 2018.
3. This work continues to be overseen by the Wirral Senior Change Team.

The Healthy Wirral Executive Group

4. The Executive group met on the 21 December and agreed the following mission statement:

“Better health and wellbeing in Wirral by working together”

It also agreed a broad vision which is:

‘To enable all people in Wirral to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing. By achieving this together, we can provide the very best health and social care services when people really need them, as close to home as possible’

5. Key Benefits/Measurable Outcomes (including target delivery dates):
 - Delivery of system financial balance by March 2021
 - Delivery all constitutional standards by March 2021
 - Development of a Commissioning Prospectus outlining outcome/population based ambitions by September 2018
 - Implementation of Integrated Commissioning model by April 2018
 - Development of formal working model for Wirral Integrated Providers Partnership by September 2018
 - MSK transformation as enabled through Prime Provider model for the 'system' in Quarter 1 2018/19
 - Healthy Wirral 50+ new model of care proof of concept as enabled through the work of the Senior Change Team and implemented by 2020

- Urgent Care Transformation delivered by March 2019
 - Population Health as enabled by Global Digital Exemplar programme in place by 2020
6. Wirral Integrated Providers Partnership (WIPP) - a series of meetings have taken place chaired by Karen Howell and well attended by all Chief Executive's including the Chairs of the GP Federations. This will ensure that providers are in a strong position to influence commissioning intentions and to work on pieces of work identified as priorities.

Wirral Care Record

7. HWEDG received an update on the progress of the Wirral Care Record at the meeting in December and the main updates were:
- **Information Governance**
 - (1) Sharing agreements signed
 - (2) Opt out by 0.2% of the population
 - **Data**
 - (1) GPs - All practices signed up - 70% loaded - now in validation
 - (2) Hospital data mapped
 - (3) Community Data Bulk loaded waiting for daily extracts
 - (4) Working on Mental Health, Social Care and Hospice data
 - **People appointed**
 - (1) Project Manager
 - (2) Analyst (clinical)
 - (3) Analyst (information)
 - **Next Steps**
 - (1) Go live in remaining 33 GP practices
 - (2) Go Live in other Healthy Wirral partner organisations
 - (3) Further testing and validation
 - (4) Plan for the next group of registries.
 - (5) Health Information Exchange (HIE) available to all WUTH clinical users
 - (6) Review the information Sharing Agreement

Integrated Health and Social Care

8. Following the successful transfer of Adult Social care staff and services to the Trust on the 1 June 2017, work continues on the mobilisation plan. The pieces of work are categorised under the following sections:

Governance

9. The internal project team meeting has been linked into the development of the 52:9:4:1 model as this is seen as a sensible vehicle to use to develop integrated the services. Work continues on specific pieces of work
- The dedicated QPER (Quality and Performance) meetings for social care and improved reporting for KPI's, Finance, HR and Quality and Governance has been established. This is to ensure alignment with systems and arrangements with the Divisions.
 - Staff are being trained on the Datix system.
 - Internal audit programme for social care on specified practice areas in place.
 - An interim appraisal system is in place for social care staff.

Contract Monitoring

10.

- Contract monitoring meetings have been held monthly since the transfer date. Commissioners have recognised the progress made on performance reporting and early performance improvements. Action plans are in place for those KPI's requiring specific actions to continue to improve performance.
- Work has commenced in collaboration with commissioners in several areas identified for development/transformation within the contact. These include:
 - Enhancing processes within the Care Arrangement team (CAT) to support more effective market management and commissioning of domiciliary care packages.
 - A review of transitional arrangements from children's into adult's services.
 - The roll out of a pilot for the Trusted Assessor role will commence in January 2018. This pilot will enable the testing of an enhanced approach with partners who will aim to improve the timeliness of response, ensure greater continuity of care and seek to increase flow across the market as a whole. The ultimate aim is to grow capacity in the domiciliary care market, initially with two care providers, Premier Care and Professional Carers who work predominantly across the Birkenhead and Wallasey localities and who currently provide domiciliary care to 697 individuals totalling 33% of the market.
- There is a forecast overspend on the Community Care Budget and the Trust has produced high level actions on saving opportunities whilst maximising individual independence and maintaining quality. These actions focus on a number of areas including targeted reviews, Continuing Health Care (CHC) funding, maximising opportunities for reablement and targeted Supported Living review's. Work continues with the commissioners to ensure the effective management of the Community Care Budget.

Estates and IT mobilisation

11. The West Wirral staff moves completed in early December when the remainder of the West Wirral staff moved to the Warrens.

A&E Delivery Board and Urgent Care Priorities/Winter plan

12. Following discussion with regulators, senior leaders from across the health and social care system have agreed a set of priorities in order to improve the A&E 4 hour standard. This is monitored regularly both locally and regionally.
13. NHSI and NHSE have developed a 9 point plan for A&E Delivery Boards to implement. There is an expectation that there is improved performance at pace and ahead of winter. All partners across the system have a responsibility to ensure that the plan is applied and to tight timescales. There was some progress in October and November with a dip in December.
14. The system wide dashboard has been developed. The Community Trust and their staff are crucial in supporting the shift in the system to reduce the number of people attending A&E.
15. Performance against 4 Hour standard - It has been agreed that locally the system will perform at 90% by October 2017 and reach 96% by March 2018.

Current performance 79.1% (as at 21 December 2017)

December 2018 (data until 21.12.17)	79.1%
November	85.8%
October	87.8%
September Average	87.5%
August Average	79.2%
July Average	76.9%

Key Issues against plan

- Consistent performance during September, October and November, although short of the 90% target. There is a significant dip in performance in December 2017.
- Increase in the volume of patients at End of Life (EOL) presenting at the Emergency department.
- Ward opened specifically for patients with flu during the latter part of December.
- The centre announced the allocation of additional winter funds, the majority of which will go to WUTH to pay for already opened escalation wards (2). The total for the system is £1.880 million.
- Prompt bed availability remains the dominant reason for breaches.
- One of the principles of SAFER is % discharges by midday with a target of 33%.
 - Midday discharges October 16.9%
 - Midday discharges November 17.9%
 - Midday discharges December to date (12.12.17) 19.6%

Admission Avoidance

- The latest performance suggests that the primary Better Care Fund (BCF) admission avoidance schemes are overall exceeding the planned number of admission avoided (based on National BCF requirement of 3.5% reduction)
- However, overall non-elective admission is above plan by 4.3%. Therefore a wider analysis of admission avoidance schemes is being undertaken.
- The BCF Board recommended that the green car be de-commissioned.
- Additional funding from the winter plan will be used to enhance the Acute Visiting Scheme (AVS)
- A meeting took place to review the Directory of Services (DOS) profiles for Walk in Centres and the Minor Injury Units and additional; primary care dispositions were added to the profile.
- Single Point of Access (SPA) review has commenced. The project aims to ensure that North West Ambulance Service (NWAS) and other clinicians have timely access to a range of services to avoid hospital conveyance.

Delayed Transfer of Care

- In November the system achieved 1.9% against target of 3.5%.
- Stranded patient group (with attendance from Trust clinical staff) addressing and reducing the list with improved reporting into the system dashboard and fortnightly updates into urgent care executive and operational group.

Clinical Streaming (Phase 1 effective from 4th September 2017)

- Collection of streaming data over 7 days in place.
- There are 25-40 patients streamed away from the Emergency Department (ED) per day which equates to 25-40% of total minor type attendances.
- Support with type 3 counting against standard (this relates to activity undertaken at VCH Walk in Centre) and other Minor Injury facilities in the patch. This will also include Eastham Walk in Centre from January 2018 when it reopens for reduced hours each day. This approach has been approved by both regulators.
- The Streaming group will focus on recommendations for the streaming of paediatric patients.
- The model for phase 2 clinical streaming will be implemented by w.c.15.1.18, this will take into consideration the data collected from the Clinical Care reviews looking at the following:-
 - Minor-types patients who remained in ED (and were not streamed)
 - Patients seen by Streaming GP only (and outcome)
 - Patients streamed to Walk in Centre only (and reviewed by Advanced Nurse Practitioner (ANP) or GP out of Hours (GPOOH).
 - Patients returned to Emergency Department

Domiciliary care data (as at 18 December 2017)

- 10 patients awaiting placements from hospital.
- 4 awaiting packages of care into Transfer to assess (T2A) beds.
- 25 people awaiting reablement
- 36 people awaiting packages of care (POC) in the community

Transfer to Assess (T2A) and impacts on the system

- Multi-disciplinary team (MDT) assessing on average 120 patients per day, the MDT is well attended.
- Total number of T2A beds commissioned via BCF

Place	Beds	Duration
Grove House - Nursing	23	24.8.2017-31.8.2020
Daleside - Nursing	22	21.8.2017-31.8.2020
Leighton Court - Nursing	25	19.10.2017- 31.8.2020
Elderholme - Nursing	16	26.10.2016 - 31.8.2020
The Dales - Residential	10	25.9.2017 – 25.9.2019
Total commissioned	96	

- Additional T2A winter beds have been commissioned supported by the MDT provided by the Community Trust.

Place	Beds	Duration
Charlotte House	5	2 nd Jan-13 th Feb
Manor	10	Dec-April 2018
Manor	5	2 nd Jan-13 th Feb
Hazelwell	5	2 nd Jan-13 th Feb
Riversdale	3	2 nd Jan-13 th Feb
Summerfields	3 EMI	Oct- June 2018
Summerfields	2 (Residential EMI)	8 th Jan – 19 th Feb
Park House	3 Nursing EMI	Dec-May 2018

Therapy redesign

16. Julian Eyre, Deputy Director of Integration has been leading this piece of work on behalf of the Wirral system and with the following progress update.
 - Therapy leads are meeting to take forward a PDSA cycle change programme to test out better management of bed resources across the Assessment Unit and Medically Optimised Unit linked to the T2A model.
 - Community Trust therapy leads have shadowed the therapy team in the hospital to identify good practice and opportunities for improved integration and effectiveness.
 - Good practice visits are being arranged to the Countess of Chester Hospital and also reviewing integrated therapy teams in North Cumbria to share best practice.
 - Meeting arranged with Therapy Team leaders across Wirral to brief them on the project.
 - Following service mapping a review of each team has been undertaken and key service areas identified for integrated approaches.

Wirral Child and Family Services: A new model of care

17. Partners on Wirral have begun working together to develop a new model of care for families and their children which moves care closer to home, across a continuum of care from community based service in hubs, to high acuity and specialist services. This should address some of the workforce challenges, help to meet national standards whilst being locally accountable as 25% of the Wirral population are less than 18 years of age. The first meeting, attended by all partners took place to gain a shared understanding of what the current offer on Wirral is and identified areas of joint work to take forward.

Primary Care Relationships

18. Positive conversation took place at a recent Board to Board with colleagues from Primary Care Wirral Federation.
19. There has been good joint working with the Primary Care Wirral Federation around a future model for phlebotomy.
20. Work continues on the development of the Older People Live Well - 50 plus – 52:9:4:1 model.

Conclusion

21. As the local health and care economy comes under increasing pressure and scrutiny by the regulators around the imperative that there is improvement in the 4 hours target, the Trust has to ensure that the services that provide out of hospital alternatives are used to the absolute optimum.
22. The Trust continues to be an important and valuable partner within the local health and social care economy, and wider with the development of STP's across the Cheshire and Merseyside footprint.
23. This month's report evidences the progress that has been made across a number of projects which are related to integration, partnership and collaborative working across many layers within the health and social care system. It is complex, multi-faceted.
24. Integration is the cornerstone of our care model and the Trust is ideally placed to lead. Our staff are integral in delivering the different care models and the ICCH's are becoming an increasingly key focus for community care delivery. This will be augmented further by the work the Trust is supporting on the Older People Live Well - 50 plus – 51:9:4:1 model and will further support integration of health and social care staff and functions. We are an

increasing key partner in providing or navigating to alternatives out of hospital. We have to communicate and demonstrate what our strengths are in delivering services, both nationally and locally, in partnership for the future. The added value that the Trust contributes is a holistic view of patients and their trust in us, multidisciplinary team working, knowledge of our communities, strong leadership for consensus and partnership and a willingness to embrace new relationships and collaborative working.

25. The Board of Directors are asked to be assured that the Trust is instrumental in Healthy Wirral. We are absolutely the “place” in Place Based care and therefore a key partner in developing accountable care especially around integration, urgent care, commissioning and primary care agenda’s which ensures the delivery of a high quality service which enhances patient care and patient experience.

Val McGee
Chief Operating Officer

27 December 2017

Equality Duty Assurance Report (EDAR)

Meeting	Trust Board of Directors		
Date	8 January 2018	Agenda item	15
Lead Director	Jo Harvey, Director of HR and Organisational Development		
Author(s)	Sophie Hunter, Equality and Diversity Manager		

To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>
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Link to strategic objectives & goals - 2017-19

Please mark ✓ against the strategic goal(s) applicable to this paper

Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
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Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	
We will increase efficiency of corporate and clinical services	
We will deliver against contracts and financial requirements	

Link to the Board Assurance Framework (strategic risks)

Please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?

Our Patients and Community		Our People		Our Performance	
Quality and safety including addressing inequalities is not maintained or improved	✓	Lack of, or ineffective engagement and 2-way communication with staff & governors	✓	Failure to respond to system changes and the requirements of the NHS Five Year Forward View	
Patient experience is not systematically collected, reported or acted upon	✓	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment	✓	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties	
Inability to deliver the benefits of integration within the defined timescales		Failure to provide quality training and supervision and opportunities for career development for all staff	✓	Inability to sustain performance against contractual and financial targets	

Link to the Organisational Risk Register (Datix)

Has an Equality Impact Assessment been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
No previous history		

Equality Duty Assurance Report (EDAR)

Purpose

1. The purpose of this submission is to gain Board approval of the report and to enable the external (online) publication of the report as required within the Public Sector Equality Duty under the Equality Act 2010.
2. The purpose of this paper is to seek feedback on the content of the Equality Duty Assurance Report (EDAR) and request Board approval for the external publication of the document in order for the Trust to ensure compliance of its Public Sector Equality Duty.

Executive Summary

3. The purpose of the EDAR is to demonstrate how the Trust is actively working to reduce health inequalities by promoting equality and working to eliminate discrimination, whilst maintaining a commitment to respect human rights. Included in this is the how the trust will assess the impact of policies, strategies and action plans on the local population and its workforce.
4. Wirral Community Foundation Trust (WCT) is not only aiming to ensure that it is meeting the legal duties to promote equality and challenge unlawful discrimination, but to also ensure that consideration of equality and human rights issues is incorporated into day-to-day practice across the organisation. Intended outcomes will be equal access to services for all groups and reduced health inequalities and improved health outcomes for patients. Safeguarding employees across the protected characteristics and a commitment to advance equality of opportunity across the organisation are also key components.

Equality Duty Assurance Report 2018 (EDAR)

5. The previous EDAR was published in July 2017, which brought the trust back into line in terms of having an up to date EDAR. The cycle of reporting will now move to being January each year.
6. This document underpins the Equality Strategy 2017-2020, and demonstrates the trust's commitment to publish its Equality Strategy annual updates, Workforce Equality Assurance Report (WEAR), Workforce Race Equality Scheme (WRES), and in 2018, its assessment of the Equality Delivery System 2 (EDS2) in conjunction with the reformation of the Trust's Community Equality Panel (CEP).

Recommendation

7. It is recommended that Board approval is given to publish the EDAR with immediate effect in order to continue legislative compliance with the Public Sector Equality Duty under the Equality Act 2010.

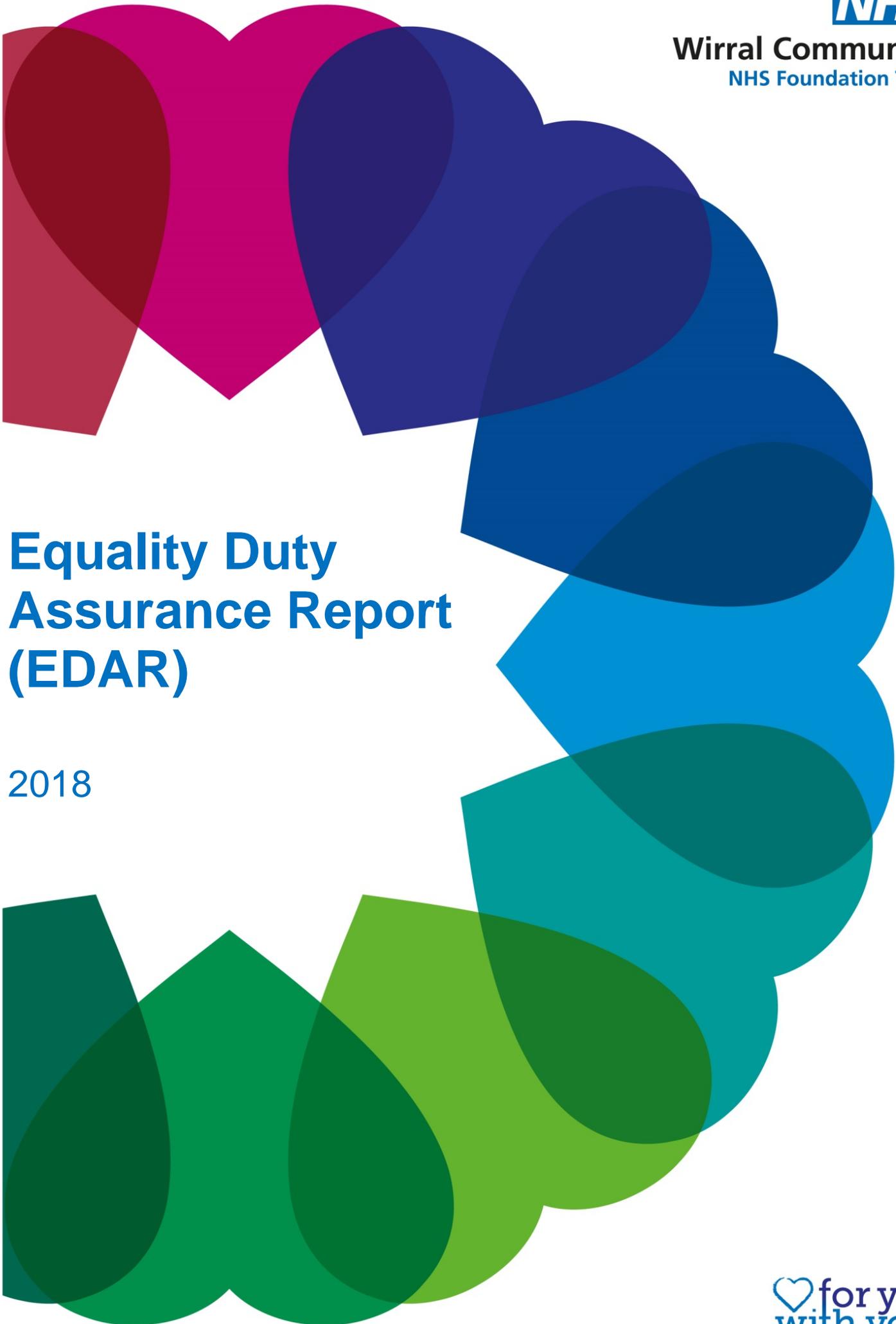
Board Action

8. The Board is asked to approve the publication of the EDAR on the WCT public website www.wirralct.nhs.uk.

Jo Harvey,
Director of HR & Organisational Development

Sophie Hunter
Equality and Diversity Manager

January 2018

A large decorative graphic on the right side of the page, composed of several overlapping hearts in various shades of red, pink, purple, blue, teal, and green, arranged in a vertical, slightly curved sequence.

Equality Duty Assurance Report (EDAR)

2018

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1. Introduction

Background

Public Sector organisations are required by the Equality Act 2010 to demonstrate how they are actively working to reduce health inequalities by promoting equality and working to eliminate discrimination, whilst maintaining a commitment to respect human rights. Moreover, they need to demonstrate the outcomes of this work, in particular, showing how they have assessed the impact of policies, strategies and action plans on the local population and its workforce.

Aims of the Equality Duty Assurance Report (EDAR)

In formulating this Equality Duty Assurance Report (EDAR), Wirral Community NHS Foundation Trust (WCT) is not only aiming to ensure that it is meeting the legal duties to promote equality and challenge unlawful discrimination, but also to ensure that consideration of equality and human rights issues is incorporated into day-to-day practice across the organisation. Intended outcomes will be equal access to services for all groups and reduced health inequalities and improved health outcomes for patients. Safeguarding employees across the protected characteristics and a commitment to advance equality of opportunity across the organisation are also key components.

Scope of the Equality Duty Assurance Report (EDAR)

This Equality Duty Assurance Report sets out the commitment of WCT in how it will endeavour to adhere to statutory obligations, building upon progress achieved under previous equality schemes and directives.

2. The Public Sector Equality Duty

Legislation overview

In April 2010, the Equality Act received Royal assent. The act identified the phased implementation of legislative requirements, to bring into effect measures to promote equality and eliminate discrimination, which were built upon nine previous pieces of equality law.

The Act now includes all the protected characteristics. The only part of the general duty that applies to *civil partnership and marriage* is the responsibility to eliminate discrimination and prohibited conduct.

The full list of protected characteristics is:

- age
- disability
- gender reassignment
- civil partnership and marriage
- pregnancy and maternity
- race
- religion or belief
- sex (formerly referred to as gender)
- sexual orientation

The Act introduced both a general public sector duty and specific duties, which came into effect from the 10th of September 2011.

General Duty

The general duty is as follows:

- **Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.**
- **Advance equality of opportunity between people who share a protected characteristic and those who do not.**
- **Foster good relations between people who share a protected characteristic and those who do not.**

The following are the public sector specific duties which came into force on 10th of September 2011. To meet the specific duties, public sector bodies should:

- **Publish Information outlining how they will comply with the general duty by 31/1/2012 (Annually thereafter).**
- **Publish details on their workforce breakdown and the local population by various equality denominations e.g. age, race etc., by 31/1/2012 (Annually thereafter).**

- **Undertake a revised equality screening process to replace equality impact assessments called an *Equality Analysis*, in functions, services and policies.**
- **Formulate one objective for each protected characteristic, by 5th of April 2012.**
- **Publish an equality strategy by 5th April 2013.**
- **All information published on how they will meet the equality duty must be presented in such a manner that it is accessible to the public.**

The Government Equalities Office indicates strongly that there should be less bureaucracy within the equality and human rights agenda. Emphasis now focuses on equality outcomes and productivity, rather than process. This follows some of the key outcomes of the White Paper 'Liberating the NHS: Equity and excellence':

- **Putting Patients & Public First**
- **Autonomy, Accountability and democratic legitimacy**
- **Improving Healthcare outcomes**
- **Cutting bureaucracy & improving efficiency**

WCT will continue its commitment to adhere to the revised equality duties and build upon the significant progress of work already undertaken with regard to race, disability and gender and all other protected characteristics. This equality duty assurance report is clear and provides the means to demonstrate adherence to the general duty are indicated within this document.

3. Meeting the equality duties

Providing evidence of how we are meeting our duty

Through this EDAR, WCT aims to demonstrate how it is paying due regard to the general duty. This assurance report has been published, to fall in line with the requirements of its specific duties.

The EDAR outlines the equality governance framework of the organisation, which underpins equality and human rights activity across all functions, policies and services within the organisation.

Wirral Community Trust relaunched its Community Equality Panel (CEP) in 2017 and plans to build this during 2018. WCT are committed to increasing membership from staff and local organisations, hosting quarterly meetings and naming the panel as assessors for the annual EDS2 assessments. The CEP is chaired by the Director of HR and OD who reports to the Board of Directors, advising and endorsing a range of initiatives, reports and actions.

The future assessment of the 18 individual EDS2 outcomes will be done by internal and external stakeholders, who reflect the spectrum of the protected characteristics and represent their respective interests and collective insight. This will ensure that the grades provide robust assurance that the Trust's functions, services, policies and strategies are working towards reducing equality and health inequalities across the whole organisation.

WCT began work to create a Workforce and Community Disability Support Group (WCDSG) in 2017 and so far has held focus groups and 1 to 1 discussions with staff on working with a disability. The staff who took part are keen to be involved further in 2018 and will be invited to form part of the WCDSG. The WCDSG will focus on disability matters and improving access for disabled staff and patients.

The WCDSG will meet 4 times a year and will be chaired by the Equality and Diversity Manager who will report directly to the CEP and Director of HR and OD, who in turn will report to the Board. The WCDSG will have internal and external stakeholder membership, with active involvement from patient representatives, charities, local government bodies and staff.

Reasonable Adjustments for Disabled Staff

“Equality legislation recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments

The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person.” Equality and Human Rights Commission 2017

WCT is committed to our duty to make reasonable adjustments for disabled staff and to ensuring that members of the workforce are adequately supported and adjustments made wherever appropriate. The assessment and practice of making reasonable adjustments is agreed via a multi-disciplinary approach involving communication with

the individual, their manager, Human Resources , and Occupational Health, where required.

Trust policy that further underpins this commitment includes:

- Flexible Working Policy
- Dignity at Work Policy
- Attendance Management Policy
- Work Life Balance Policy
- Management of Work Related Stress Policy

These policies embed guidance on the ‘when and how’ to introduce reasonable adjustments for a staff member, and ensure that this is done seamlessly. These policies refer to specific instruction, referral templates, risk assessment and support services. The Attendance Management policy was updated in 2017 to support the process for supporting staff who require adjustments to their role. These policies are regularly reviewed and going forward, will include the input of WCDSG and CEP where required.

The trust will continue its commitment to maintaining the “Disability Confident” level 2 accreditation and being a “Mindful Employer”.

Consultation and Involvement of Staff and Service Users

WCT is committed to ensuring that staff and service users are involved in shaping the equality and human rights work stream and have opportunities to influence health service planning and delivery. The Trust intends to achieve this via staff and service user access to the CEP, WCDSG and the Your Voice patient experience group.

WCT has a strong emphasis on engagement in its equality action plans, in order to facilitate ‘*autonomy, accountability and democratic legitimacy*’ with regard to how it discharges undertakings under the general duty of the equality Act (2010). Only by working in partnership with people and our staff can we develop services that meet local need and are utilised effectively. In addition to the groups identified above, individual services have patient engagement groups and undertake specific consultation exercises in relation to improving their services.

Equality Monitoring

Good quality data underpins all equality and diversity work from identifying priorities to measuring the effectiveness of our actions. The quality of data collection and analysis needs to be improved in order that we may effectively understand our local population and who is using local services. Improvements in this area have already been made with the migration of the majority of services to System One to achieve consistency however further progress can be made. We will formulate actions into the equality strategy to improve the capture of data, especially with regards to protected characteristics, where the profile is incomplete or requires more impetus.

Equality Analysis

A commitment to undertaking equality analysis ensures that our policies, strategies, functions and any services we deliver endeavour not to lead to an unfavourable effects on different people and help to identify any positive action we can take to promote equality of opportunity and access. By ensuring we have effective processes for

undertaking Equality Analysis, WCT aims to ensure the services it provides meet the needs of patients and thereby increases public confidence.

Equality impact forms a fundamental part of the Cost Improvement and Policy Development processes to ensure due considerations are made to the impact of change to those with protected characteristics and those who might experience barriers to healthcare within the Community. This will continue to be done using an Equality Impact Assessment form as part of any process changes. The Trust's Equality & Diversity Manager is a member of the Quality Impact Assessment (QIA) Panel.

Creating Accessible Information

Barriers to information can prevent people from effectively accessing health services and may affect health outcomes for some people. It is important that local people are involved in helping us to identify these needs and agree solutions. This is an important element of how WCT intends to actively work with its internal and external stakeholders.

WCT is committed to achieving this through its launch of WCDSG and CEP, and through its continued commitment to achieving the Accessible Information Standard. Work will be carried out in 2018 to ensure that actions resulting from the collection of AI data are captured and reported upon.

Promoting Equality Among the Workforce

WCT aims to have a workforce that reflects the demographic make-up of the local population. It will do this through positive and targeted recruitment policies and procedures. In addition it will ensure that the workforce is supported to promote equality of opportunity and challenge discrimination.

WCT make an annual commitment to produce a full Workforce Equality Analysis Report (WEAR) and Workforce Race Equality Standard (WRES) action plan, in order to support future planning and development options. In 2018 WCT will publish its first annual Gender Pay Gap Report.

Working on Health Inequality

The Trust will collaborate with partner agencies in both statutory and the third sector, to work on improving accessibility to services and the patient experience of patients from seldom heard groups in the community, who have been shown in Joint Strategic Needs Assessments and epidemiology studies to be disproportionately prevalent in poor health outcomes, morbidity and low access to both primary and secondary care services and resources.

WCT will utilise its growing engagement network and links to local 3rd sector organisations, to gain the perspectives and ascertain the needs of both its workforce and the public that it serves.

Equality and Human Rights links to priorities and functions, Values and Vision

Our vision is “To be the outstanding provider of high quality, integrated care to the communities we serve” regardless of potential barriers to health care and services. We commit to tackling these when they arise.

We have agreed Values that reflect respect, individual and person centred care.

The values at our HEART...

H *Health and wellbeing at the heart of everything we do*

E *Exceptional person-centred care*

A *Actively supporting each other*

R *Responsive, professional, innovative*

T *Trusted to deliver*



To underpin this, we have agreed **Behavioural standards** we want to see and encourage in everyone. They underpin what we do as a Trust and how we do it. They define how we behave, treat each other and our patients. Our supporting behaviours are to:

- provide compassionate care, with empathy, kindness, respect and dignity
- act with honesty and integrity
- communicate openly with patients and colleagues
- act with courage when things are not right
- build effective partnerships

4. Accountability

Responsibilities and Accountability

The Board of Directors have overall responsibility to ensure that the organisation adheres to the statutory obligations contained within section 149 of the Equality Act (2010) known as the Public Sector Equality Duty (PSED).

The Director of HR and OD chairs the quarterly Community Equality Panel (CEP) and in turn will report to the Board.

Wirral Community Trust (WCT) as a whole will work together to ensure that it builds up significant progress in meeting the equality duties and embedding the fundamentals of equality analysis and engagement in its functions, services, strategies and organisational undertakings.