Annual Equality Publication 2016

Contents

Foreword

Welcome to NHS Bury Clinical Commissioning Group's (CCG) third Equality Annual Publication.

Our CCG is responsible for buying health services for people living in our local community. These services include planned hospital care, rehabilitative care, urgent and emergency care, most community health services, and mental health and learning disability services.

The year under review (2015) has been our third year as a statutory NHS organisation, and has seen us begin to deliver the best possible health and care services for the people we serve; this includes people with protected characteristics, such as people who have identified with a particular age, disability, gender (including gender reassignment), married or in a civil partnership, pregnant or during their maternity period, race, religion or belief, sexual orientation as identified in the Equality Act (2010). Although not specifically covered by the 'Act', we also consider the needs of people from other minority groups, such as carers.

Our equality annual publication looks at how we are meeting our legal requirements by ensuring we buy services that do not discriminate against anyone and gives everyone an opportunity to use our services in the best way for them. The report also focuses on equality in leadership and the reflectiveness of our staff.

Fairness in commissioning quality care is our central aim. To achieve this we have been working with our partners and listening to the people we serve. There has been an increase in the number of challenges for our CCG, such as an ageing population and people living with long-term conditions. We have predicted increases in our overall population. This is all coming to the fore at a time when the NHS is being stretched by increasing demand and limited resources.

There have also been some interesting developments in relation to the Healthier Together programme. We are also awaiting the detailed outcome of the Comprehensive Spending Review of the government so that we will know what impact this will have on GM Devolution. We hope this enables us to make the transformation we hope for.

Dr Kiran Patel
Chair

Stuart North
Chief and Accountable Officer

Executive Summary

This is NHS Bury Clinical Commissioning Group's (CCG) third Annual Equality Data Publication. It shows our commitment to promoting equality and reducing health inequalities, and sets out how we have fulfilled our responsibilities arising from the Equality Act 2010, both to patients and as an employer. This Act requires public bodies to publish appropriate information showing compliance with the Equality Duty on or before 31st January each year.

Diversity within Bury goes beyond the ethnic mix of our local population and includes the age of our population, the religious make-up of our borough, the number of people with disabilities including long term conditions and mental health, more people taking on caring responsibilities and residents of different sexual orientation.

Addressing health inequalities of people living in the Borough is vital to ensure a positive impact and improved health. To do this we must understand the effects our commissioning work has on the diversity as described above to ensure we make continual improvements, whilst also with challenging unfairness and addressing inequalities.

We were authorised in April 2013 and equality, diversity and human rights has underpinned our journey so far and is reflected in our core business including staff training and development, planning, commissioning healthcare, working with patient and the public and partnership working.

Bury has a population profile that is young and ageing with both spectrums projected to increase. Ethnicity is diverse within both settled and emerging communities. Further there is a significant number of people living with a long-term illness and people taking on caring responsibilities. This brief picture makes the age, race and disability 'protected characteristic groups' a focus for local equality work and reflects the JSNA and Health and Wellbeing Strategy focus on adults and families, long-term conditions, elective and urgent care, mental health and prescribing.

We have a much older workforce than the local population and have a higher representation of Black and Minority Ethnic (BME) employees than the local population. However it recognises that more can be done to improve representation particular at the higher levels of the organisation and welcomes the introduction of NHS England's Race Standards which are now a mandatory requirement from 2015.

We have made progress in organisational development; engaging with protected groups and responding better to their health needs through a number of initiatives including:

- Internal training and development;
- Internal assessment and grading of the Equality Delivery System (EDS2) Goal 4;
- Engaging and gathering information about patient experience and needs to inform service redesign and delivery;
- Targeted communication and projects; and
- Strengthening patient and public involvement.

Looking forward, we recognise there will be challenges ahead, including:

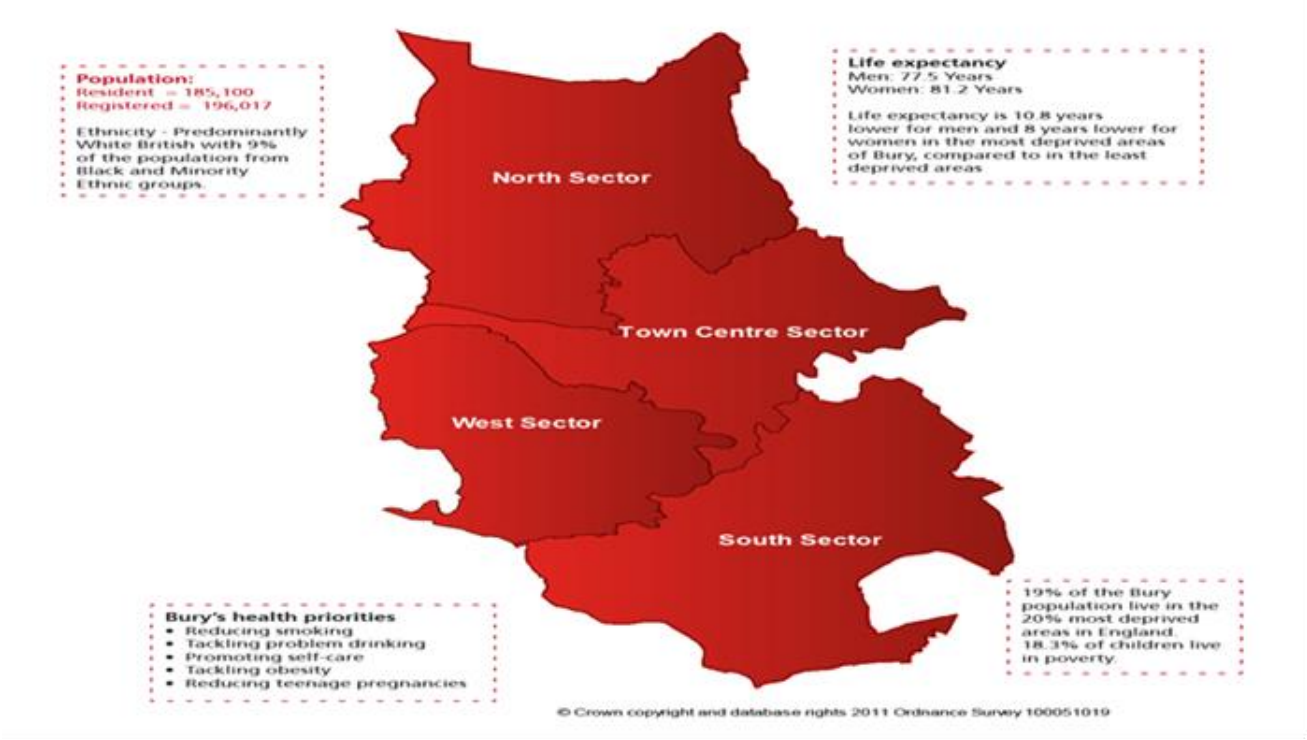
- Responsiveness of services to meet the needs of diverse and changing population and the financial pressures on the public sector;
- Ensuring transformation in terms of workforce and service provision does not disproportionately impact on protected groups; and
- Supporting Providers to deliver the new standards around accessible information and workforce race equality.

1: Background

We buy, or commission, health services for the residents of Bury and are responsible for making sure that these services are based on local need and deliver safe, high quality care. This has to be achieved within the budget allocated to us by NHS England, making sure we take into account the different needs of all our diverse communities.

Our **vision** reflects the needs of our local population and is to ***'continually improve Bury's health and wellbeing by listening to you and working together across boundaries'***.

Each one of the 33 GP practices in Bury is a member of our CCG and these GP practices work together to plan and commission services in response to the needs of our patients. We have a budget of around £215 million to plan and purchase a range of health services including those provided in hospitals and out in the community setting for our registered[1] population of over 199,600 patients.



We are responsible for making sure the services we commission are safe and of a high quality. We need to be assured that the organisations that provide the services we commission have systems in place to collect and analyse data to improve services and deliver better health outcomes for all patients, including vulnerable groups in Bury.

Since April 2015, we jointly commission with NHS England, Primary (Medical GP) Care Services. All other primary care services are commissioned by NHS England (dentist, pharmacies and opticians) and specialist services (for example cancer services from the Christie) **http://www.england.nhs.uk**. However, we have commissioned a number of primary care development programmes to improve health outcomes for particular communities.

This Annual Equality Publication looks at the ways in which the services we have commissioned between January and December 2015, taking into account the needs of our vulnerable communities and the plans that we are making to improve the way we commission services.

[1] Registered population reflects the number of patients registered with one of our CCG, 33 GP practices.

It reports on what equality data we have and any significant gaps identified. We aim to use equality data for service improvements, and deliver our equality objectives set out in our **Equality, Diversity and Human Rights Strategy 2013-17.**

This publication not only meets our legal obligations but reflects our commitment to openness, transparency and inclusion and will be available in an Easy Read format, Braille and other community languages on request.

2: Our Approach

Our **5 year strategy** sets out an ambitious programme of work for our CCG. At its heart are a number of key strategic aims:

- Improve the health of the population;
- Reduce health inequalities; and
- Deliver Parity of Esteem in health provision and outcomes for people with a mental health problem or learning disability.

Our Strategy is underpinned by **key values**:

Our local values

To support the **5 year strategy** we have reviewed and refreshed our Communications and Engagement Strategy and in doing this invited feedback from some of our key stakeholders and our Patient Cabinet. The Strategy sets out our main priorities over the next five years, including:

- To better utilise the experiences of our local patients who are treated at our providers in shaping future services and ensure that we embeds the mantra 'no decision about me without me 'into everything it does;

- To inform and support the significant transformation of health and social care that will take place in Bury over the next five years through public service reform. This will include promotion of changing services and working practices including more integration of care, bringing care out of hospital and closer to home, extending primary care services and supporting self-care;

- To develop the '**breadth'** of engagement (the total number of patients and the public engaged) and the '**depth**' of engagement (reaching patients and members of the public

who would not usually engage) in Bury by utilising new mechanisms for involvement and targeting different communities in bespoke ways; and

- To develop our work with stakeholders and in particular better utilising **Healthwatch** and our **Patient Cabinet** in understanding and responding to the needs of communities in Bury and to make views and opinions useful, by feeding into our commissioning process.

Our 5 year strategy also sets out a number of specific priorities in relation to equality and diversity:

PRIORITY	ACTION EXAMPLE
Develop data to monitor, information to manage and knowledge to act	Develop better (more detailed and disaggregated) population data in partnership with local authorities and the third sector.
Develop the right services, targeted, usable, useful and used	Target health improvement initiatives to particular groups underpinned by robust and up to date intelligence
Move beyond compliance to initiating best Practice	An equality analysis framework is collaboratively developed, shared and adopted. The framework promotes evidence-based equality analysis carried out with and informed, by the different equality target groups.
Workforce and leadership	Full sign up of member practices to 'Pride in Practice' Lesbian, Gay. Bisexual and Transgender (LGBT) quality standards

Working on Equality in Partnership

We are members of the **NHS North West Leadership Academy; Equality, Diversity and Inclusion Reference Group** and we will develop an internal action plan to support our leadership development of Equality, Diversity and Human Rights. We are also members of the **North West Equality and Diversity Network**, a forum which enables equality leads to share good practice and ask for support when they need it.

In addition, our membership of the **Healthier Together Equalities Advisory Group** provides us with an opportunity to advice the Healthier Together Programme on a range of equality inclusion issues.

We do this by utilising our member's expertise, representing the interests of the members of the public, ensuring that Healthier Together take account of the needs of the diverse population of Greater Manchester.

Members of the group represent patients and members of the public in the Healthier Together decision making process, paying particular attention to all equality groups.

3: Diversity in Bury

Bury has a resident population of around **187,500** (ONS, 2014 Mid-Year Estimate[2]) this represents a 1.3% on the census 2011[3], which reflected a resident population of 185,100; and has almost 199,600 (HSCIC Oct 2015) patients registered with GPs across the borough.

The communities we serve are diverse in their make-up but share some similarities in that they are generally less healthy when compared with the rest of the population of England. In terms of affluence and deprivation, Bury is ranked the **100th most deprived CCG out of 210** in England (2015 Index of Multiple Deprivation), although there are some areas of affluence.

Health inequalities are widening with approximately **6,400 children (under 16's, 2012) living in poverty** and **life expectancy for men and women significantly lower than the England average**.

We have several indicators of our population's diversity:

- The **gender split** within Bury is 51% female and 49% male. On average over recent years life expectancy has slightly increased, but is still significantly lower than England with life expectancy in Bury currently 78.0 years for men and 81.5 years for women (2012-14, ONS). The association between deprivation and ill health is all too clear; in the most deprived areas of Bury, males have a life expectancy of 10.7 years less and females 7.7 years less than their counterparts (Public Health Outcomes Framework, 2011-13).

- Bury has a **relatively younger population** profile, similar to England overall, with more people aged between 0-10, and 40-59 [ONS 2014 Mid-Year Estimates]. By 2021 the number of people under20 years old is expected to increase by 4 %. (2015 to 2021, using 2012-based sub-national population projections from ONS 2014
  The over 65 year old population expected to increase by 10%. The over 80 year olds population expected to increase by 22%. [Source: 2012-based sub-national population projections [ONS 2014].

- Bury has a **BME population** of around 10% [Census 2011]. The Borough has a number of emerging communities' and data from the Border Agency shows that there are 449 refugee and asylum seekers in Bury, largely from Iran and Zimbabwe. Other refugee and asylum seekers are from Iraq, Pakistan and the Democratic Republic of Congo. The greatest concentration of asylum seekers are within East and Moorside wards (53% of the total).

- The 2011 census outlined that there **over 21,224** people in Bury have a **limiting long-term illness, health problem or disability** equating to 27.2% of the population. Instances of disability rise significantly with age. As life expectancy increases, the number of people with complex care needs rises too. The number of people providing unpaid care is around 19,954, of which 2.5% care for 50 hours or more. The Census, 2011 showed those from the Pakistani and Bangladeshi communities are three times more likely to be carers than their white counterparts. Given the predicted changes in the over 65 population and long term conditions, it is reasonable to assume a corresponding rise in the number of carers. It is now widely accepted that carers are often in poor health themselves.

[2] Mid-year estimates are produced by the Office of National Statistics
[3] Census 2011 reflects the recording information of the given population

- The Census, 2011 showed a **majority of Bury's residents are Christian** (62.7%), followed by Muslim (6.1%) and Jewish (around 5.6%). 18.6 % identified as having no religion.

- There is currently **no local data on gender identity or sexual orientation**; it is estimated that 1 in 4000 people in the UK seek to support change their birth gender and between 5 and 7% identify as Lesbian, Gay or Bisexual nationally.

- The Census 2011 showed those married as 70,088 and those in a **registered civil partnership status as 253 in Bury.**

A more comprehensives breakdown of health in Bury can be accessed by following the links below:

- Joint Strategic Needs Assessment (JSNA) document.

  http://www.bury.gov.uk/CHttpHandler.ashx?id=14238&p=0

- **Bury Health profile 2015**

4: Meeting our Legal Requirements

The Equality Act (2010) is the UK's discrimination law, which protects individuals from unfair treatment and promotes a fairer and equal society.

It protects people from discrimination, harassment and victimisation in work, education and when accessing services like healthcare.

The Equality Act protects anyone who falls into a '**protected characteristic'.** There are nine protected characteristic groups**:**

- Age
- Disability
- Gender Identity
- Marriage & Civil Partnerships
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

The **Public Sector Equality Duty,** which was created under the Equality Act to harmonise the equalities duties, states that all public bodies must have due regard to the need to:

- Eliminate unlawful discrimination, harassment, or victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

Regardless of what protected group a person is in they should have equal access to healthcare.

To meet the requirements of the **Public Sector Equality Duty**, we have an obligation to publish information to show what we are doing to:

- Eliminate discrimination in healthcare;
- Reduce health inequalities;
- Identify and minimise barriers different community groups may face in accessing healthcare;
- Target local people who need to access health services to benefit their health outcomes; and
- Foster good relations between different community groups by inclusive practice.

This report builds on previous reports and sets the additional progress we can demonstrate how me have been meeting these legal requirements during the past 12 months.

Our Equality Objectives October 2013-17

We have undertaken a number of actions to move forward the Equality Objectives, which were set as part of our Equality Strategy, some of the key achievements are detailed below:

Equality Objective 1 - Improved data collection from all NHS services, including access to services, diseases rates

- Work is continuing to improve the gaps in data especially in areas of disability, sexual orientation, and patient experience;
- Toolkit in place to consider how equality is embedded in market management and contracts;
- On-going work on Equality Analysis; and
- Improve data sharing arrangements between CCG and other services.

Equality Objective 2 - Targeted health campaigns

- On-going work to identify 'seldom engaged' groups;
- Breast Screening campaign for South Asian Women; and
- Further work to be developed through joint working with public health to target health campaigns for protected groups.

Equality Objective 3 - Well-trained fully equipped staff

- Equality and Diversity training for all staff on annual basis;
- Regular contract monitoring meetings with service providers;
- Equality Analysis sessions delivered and a rolling programme developed;
- Further work to be undertaken to produce and deliver Governance Body Development sessions; and
- Staff Surveys and action plans produced with outcomes of results.

We are nearing the end of our four year Equality Objectives period (October 2013 – October 2017) and will review and refresh these in the next year, based on completed actions, **EDS 2 Outcomes** and changes to legislation or best practice measures.

5: Our Workforce

We recognise that a diverse and culturally aware workforce is better placed to understand and respond to the needs of our diverse communities of Bury.

There is no statutory requirement for public bodies with less than 150 employees to publish a workforce profile, however although the numbers are very small, meaning no statistical reliable inference can be drawn from them. In the spirit of transparency and openness, we provide an overview table below of our workforce profile.

As at the end of August 2015 we employed 97 staff, including salaried members of the Governing Body. This is a 21% increase from September 2014 when there was 80 staff.

Protected Characteristic	Bury Population	CCG Workforce	Comparison	
Age	Most common working age bands 30-44 (27.70%) 40-59 (27.18%)	Largest age band 30 –44, 40.21 45-59, 50.52%	⇧	overly representative in some age bands
Disability	27.2 % live with a limiting long- term illness, health problem or disability	2.06% disabled *low levels of disclosure*	⇩	Not representative and no clear picture
Ethnicity	10% BME	17.53 BME (all ethnic groups except White British, White Irish and White any other background)	⇧	Fairly representative
Gender	51% female, 49% male	61.86% female 38.14% male	⇧ ⇨	Broadly representative (but typical of NHS nationally)
Gender Identity	**No local data,**	**No staff data**	⇨	No clear picture
Pregnancy/ Maternity	**No local data**	**No staff data**	⇨	No clear picture
Marriage/Civil Partnerships	38% married 0.13% civil partnerships	77.32% married no civil partnerships	⇧	Overly representative and no clear picture
Religion or Belief	62.7% Christian, 6.1% Muslim 5.6% Jewish	41.24% Christian, 4.12 Muslim 1.03% Jewish *low levels of data*	⇩	Not representative
Sexual Orientation	No local data. Estimated to be 5-7% nationally	50.52% heterosexual *low levels of data*	⇨	No clear picture

We consider that the workforce profile of the providers we commission who deliver face to face patient care is also important. As a commissioning organisation we work closely with our providers to understand how well equipped they are to respond to our population needs.

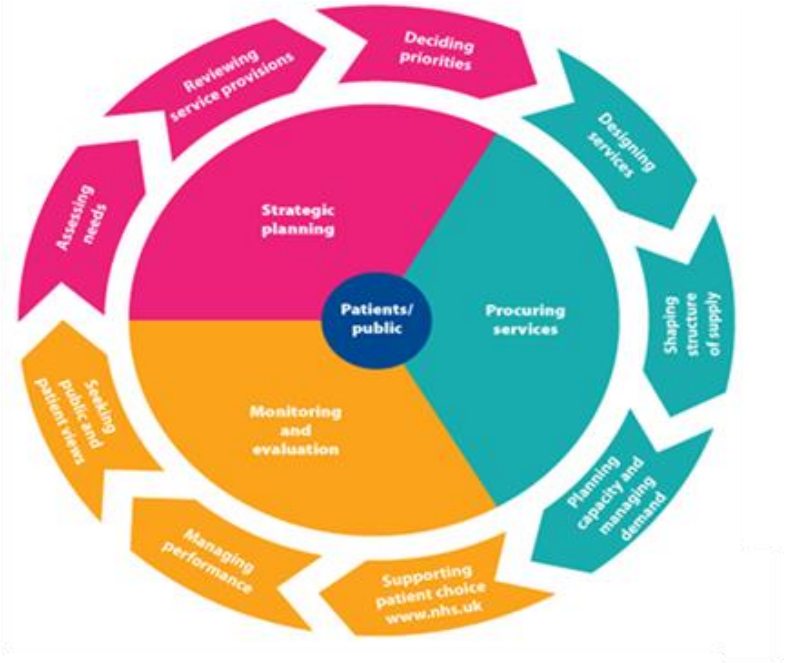
A detailed copy of our '**Workforce Report'**, which highlights the key workforce issues of our providers, can be found **here**.

6: Commissioning Process

EDHR at the heart of commissioning

We place equality and inclusion at the heart of commissioning services for local people from vulnerable protected groups. We have made some progress in transparently embedding Equality Diversity and Human Rights (EDHR), into its decision making processes and this will be increasingly reflected in the redesign of existing services and the commissioning of all services.

The diagram below illustrates the key components of mainstreaming equality and inclusion into the commissioning cycle:



We enure EDHR is at the heart of commissioning by:

- Ensuring all our staff (including new starters) and providers have received training how to embed EDHR into day to day practices;
- Ensuring our providers monitor fair access to services by protected groups and differential satisfaction levels. Build equality returns into contract reviews;
- Building EDHR criteria into all contracts, eg EDHR Schedule of evidence that includes: EDS 2 peformance framework, Workforce Race Equality Standards and the new Accessible Communications Standard;
- Involving our Patient Cabinet in service design and re-design;
- Showing 'due regard' by undertaking Equality Analysis at early stage of decisions, priorities, re-commissioning Intentions, programmes, strategies, policies where appropritate;
- Specifiying required Equality Outcomes witin service specifications; and
- Engaging local protected groups to identify health needs and any negative impacts on protected groups from health care changes under consideration by us.

7: Interpretation and Translation

As a public sector body we have an obligation under the Equality Act 2010 to ensure equal access to our services for all our population. This includes providing communication support to patients with sensory impairments or those who are non-English speaking, so they can access healthcare services in a safe and informed way.

We set aside a budget each year to provide interpretation and translation services, enabling patients to access to primary (GP, dental, optometry) and community health services.

The providers of interpretation services for Bury Patients are:

- **Language Empire –** for the provision of face to face foreign language interpreters and BSL interpreters.
- **Language Line Solutions –** for the provision of phone interpretation services.

Our data indicates that the greatest demand is for face to face interpretation, and the top 5 requested languages are as follows:

1) **Urdu**
2) **Polish**
3) **Farsi**
4) **British Sign Language BSL**
5) **Arabic**

During 2015 we launched a communications initiative to promote self-care to patients across the borough. In order to maximise the reach of these messages to BME communities' posters were designed and translated into the following languages: Urdu, Polish, Farsi, Somali and Punjabi. This enabled the promotion of self-care and was able to signpost patients to the appropriate services.

Accessible Information Standard

We will be working to implement the new Accessible Information Standard during 2016; the standard is mandatory for provider organisations from 1st April 2016 and has been included in the EDHR Schedule 2016 -2017.

It requires providers including GPs to identify and meet the information and communication support needs of patients, service users and carers where those needs relate to a disability, impairment or sensory loss. It does not cover personal preferences or foreign language support needs. Corporate publications (such as Annual Reports) and signage are not covered by the standard.

As a commissioner of healthcare services we also ensure our providers have communication support services through our procurement and contracting processes. Adopting the Accessible Information Standard will help us to give "due regard" for the needs of people from protected characteristic groups by promoting fairer access to services, and allowing people with communication difficulties a clearer understanding of diagnosis, treatment options and medication.

8: Monitoring Equality with our Providers

We can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities, or private sector providers. However, we must be assured of the quality of services we commission, taking into account **National Institute for Health and Care Excellence (NICE)** guidelines and the **Care Quality Commission's (CQC)** data about service providers and their compliance with the Public Sector Equality Duty.

Some of our contracts are with the following provider organisations:

- Pennine Acute Hospitals Trust (acute services)
- Pennine Care Foundation Trust (mental health and community services)
- Salford Foundation Trust
- Bolton Foundation Trust
- Central Manchester Hospitals NHS Foundation Trust
- North West Ambulance Service (NWAS)

We regularly monitor their equality performance, patient experience and service access.

With the support of the Greater Manchester Shared Service (GMSS) Equality, Diversity and Human Rights (EDHR) team, we assure the quality of provider services from an EDHR point of view by:

- Ensuring that provider organisations meet the requirements we have specified in their contracts. The GMSS has developed has refreshed the **EDHR contract schedule** for use across Greater Manchester. This will provide even richer information on which to base decisions, better outcomes for vulnerable groups and a consistent approach to equality monitoring;
- Scrutinising the Equality and Diversity information on providers' websites to ensure they show how they meet their legal Equality obligations; and
- Working with provider organisations (including GP practices) to improve their understanding of EDHR.

Individual provider organisations will be publishing their own Annual Equality Data Publication showing how protected characteristic groups use their services by locality and workforce information to show how they are meeting the requirements of the Public Sector Equality Duty.

We will use this to help us identify areas or communities where people do not use services or overuse them, and to commission services to respond to this. Plans to improve the collection or analysis of data are usually included in the provider's Annual Equality Data Publications.
We will scrutinise provider publications to obtain assurance that the provider organisations understand the improvements required and have action plans in place to address them.

The Table below briefly shows compliance from our main providers:

NHS or other providers	Equality Objectives agreed and published	Published Equality information in 2016	Published EDS grading around 2014-15 performance
Pennine Acute NHS Hospitals Trust	Yes	Yes	No
Pennine Care Foundation Trust	Yes	Yes	Yes
Bolton Foundation Trust	Yes	Yes	Planned for 2016
Salford Foundation Trust	Yes	Yes	Planned for 2016
Central Manchester Hospitals NHS Foundation Trust	Yes	Yes	Planned for 2016
NWAS	Yes	Yes	Yes

More information about EDHR in these provider organisations, including their Annual Equality Data Publications when available, can be found on the Equality and Diversity pages of their websites.

- **Pennine Acute NHS Hospitals Trust**
- **Pennine Care Foundation Trust**
- **Bolton Foundation Trust**
- **Salford Royal NHS Foundation Trust**
- **Central Manchester Hospitals NHS Foundation Trust**
- **NWAS**

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9: Patient Experience

Overall, patient satisfaction levels are rated as very good and good across GP practices for the residents of the borough of Bury; only 15% felt the service was not so good.

The GP Patient Survey is a national survey undertaken by NHS England. In NHS Bury CCG, **10,356** questionnaires were sent out, and **3,575** were returned completed. This represents a response rate of **35%**.

Overall experience of GP surgery	July 2014	Sept 2015
Very good	43%	46%
Fairly good	42%	41%
Neither good nor poor	10%	9%
Fairly poor	4%	3%
Very poor	1%	1%
Total		

Source: 2015 National GP Patient Survey for NHS Bury CCG

Complaints and Informal Patient Enquires (PALS)

Our 'Complaints and Patient Liaison Advice Services' (PALS) are provided by the 'Patient Services' team at Greater Manchester Shared Service (GMSS). The team are aware of the diverse population served by the CCG and an equality and diversity monitoring questionnaire and pre-paid envelope is sent to all complainants with the acknowledgement letter to complete and return (completion of the questionnaire is voluntary).

Analysis of the patient demographic data collated from PALS, Complaints and MP letter contacts over 1 October 2014 – 30 September 2015 shows, 414 patient contacts were received by NHS Bury CCG. Resulting in 472 issues[4], broken down as follows:

- Informal patient enquiries (PALS) – 368
- Complaints – 32
- MP letters – 10
- Compliments – 4

The table below provides a breakdown of the 472 issues received by responsible organisation:

	Number of issues	% of total issues received
NHS England	162	34.3%
NHS Bury CCG	123	26.1%
Pennine Care NHS Foundation Trust	69	14.6%
Pennine Acute Hospitals NHS Trust	62	13.1%
BARDOC	12	2.5%
Arriva	10	2.1%
Salford Royal NHS Foundation Trust	7	1.5%
Bury Council	7	1.5%
Royal Bolton Hospital NHS Foundation Trust	3	0.6%
Healthy Minds	2	0.4%
Mastercall	2	0.4%

[4] 1 enquiry or complaint may raise more than 1 issue and may be about more than 1 service/organisation

North West Ambulance Service NHS Trust	2	0.4%
PropCo	1	0.2%
Care UK	1	0.2%
Intrahealth	1	0.2%
The Christie NHS Foundation Trust	1	0.2%
Central Manchester University Hospitals NHS Foundation Trust	1	0.2%
Learning Assessment and Neurocare Centre LTD	1	0.2%
Manchester Mental Health and Social Care Trust	1	0.2%
Oaklands Hospital	1	0.2%
PDS Medical	1	0.2%
Greater Manchester West Mental Health NHS Foundation Trust	1	0.2%
NHS Heywood, Middleton and Rochdale CCG	1	0.2%
Total	**472**	**100.0%**

Patients are also assured that should they choose not to provide their demographic details, this will not prejudice the outcome to the issues or concerns they have raised. Of the 414 issues raised by patients in the reporting period, 42.8% of patients agreed to provide some or all of their demographic details. 57.2% of patients chose not to disclose this information.

A breakdown of the demographic data collated from all patient issues and concerns received by NHS Bury is given below. The data below suggests that:

- There is low reporting of complaints and usage of PALS from diverse ethnic back grounds;
- More women access the Patient Services Team; and
- Low reporting of disability status.

Ethnicity:

Patient ethnicity	Female	Male	Not stated	Total
Not stated	95	77	270	442
White: British	15	10		25
Asian or Asian British: Other Asian	4			4
White: Other		1		1
Total	**114**	**88**	**270**	**472**

Patient disabilities:

Patients with a disability	Female	Male	Not stated	Total
No	10	7		17
Yes	9	4		13
Not stated	95	77	270	442
Total	**114**	**88**	**270**	**472**

Sexual orientation:

Sexual orientation	Female	Male	Not stated	Total
Heterosexual	16	7		23
Not stated	98	81	270	449
Total	**114**	**88**	**270**	**472**

Religious beliefs:

Religious beliefs	Female	Male	Not stated	Total
Christian	13	6		19
Jewish		3		3
Muslim	4			4
Not stated	97	79	270	446
Total	**114**	**88**	**270**	**472**

Patient age groups:

Age groups	Female	Male	Not stated	Total
Under 16	7	4	3	14
16 - 24	7		6	13
25 - 34	7	4		11
34 - 44	7	5	1	13
45 - 54	7	5		12
55 - 64	3	8	1	12
65+	12	9	17	38
Not stated	64	53	242	359
Total	**114**	**88**	**270**	**472**

We want to ensure all its communities within the borough know how to access the PALS and Complaint services and will be working with the GM Shared Services, Patient Services Team to explore ways to improve awareness.

For further information about GP satisfaction see the results of the National GP Patient Survey for Bury

10: Communication and Engagement

Strategic

We recognise that inequalities exist in a number of important areas, wider determinants of health; access to and uptake of services and health outcomes. Through the Bury Health and Wellbeing Board, we work with strategic partners on a system wide programme of work to improve health outcomes and tackle the health inequalities that exist in the Borough. This work is informed by the Joint Strategic Needs Assessment.

We believe that working in partnership – with other organisations but also with communities, is fundamentally important in achieving health improvements and in driving up the quality of services. We have worked closely with Public Health, social care and other partners, including **Healthwatch** and the local voluntary sector, to develop a joint strategy for community engagement in relation to health and social care. The Community Engagement for Health working group has identified the Asset Based Community Development Approach as a key methodology for achieving health improvement.

Our partnership approach underpins a range of strategic and operational delivery programmes, drawing together expertise, resources and commitment from a range of sources. Examples include:

- **The Learning Disabilities Partnership Board** – The Board co-ordinates and monitors services to people with a learning disability and consults learning disabled people, their families and carers on services. It includes members of People First a self-advocacy group for people with learning disabilities.
- **Children's Trust Board** – led by the council and involving strategic partners from health, education and the voluntary sector the Board is responsible for the strategic planning; co-ordination and delivery of services to children and young people. Recent work includes the development of shared children and young people's participation strategy and a new Children's Plan.
- **Healthier Radcliffe** – a multi-agency partnership to extend access to primary care and improve the integration of health and social care services to the 35,000 patients living in one of the most deprived parts of the borough.
- **Professionals in Partnership** – a multi-agency group with the aim or raising awareness of the needs of deaf and hearing impaired people and ensuring services are co-ordinated, needs led and innovative.

Communications

We have communicated with and provided information on its work to local people via a wide range of mechanisms including:

- Our website;
- Web publication of our Governing Body minutes and papers along with our polices;
- Public attendance at our Governing Body meetings;
- Our quarterly 'Health Matters' electronic newsletter;
- Press articles;

- Social media;
- Attendance at local community meetings and events; and
- Our Annual General Meeting

We have invested in our communications infrastructure with the implementation of the 'My NHS' online platform. This enables people to sign up to receive information and get involved in our work. Participants are invited to register demographic information such as their ethnicity age and area of residence, to allow us to both target communications but also to contribute to assessing how far we are reaching the diverse communities in Bury.

Patient Cabinet

We have sought to *hardwire* patient and public voice into its structure and governance arrangements via the establishment of our Patient Cabinet - a group of local people from a range of backgrounds who themselves use local health services. Our Patient Cabinet have a key role in ensuring meaningful involvement and engagement with local people and communities - gathering views and feedback and making sure that people have a chance to feed into and actively participate in our planning and decision making.

As a formal sub-committee of our Governing Body it meets on a monthly basis, and issues raised through our Patient Cabinet have a direct route into our Clinical Cabinet and our Governing Body via its Chair, who is a lay member.

In turn there has continued to be a process of building links from our Patient Cabinet with a network of organisations and community groups including GP practice based patient forums.

Our Patient Cabinet fulfil the role of ensuring that the patient and public voice is integral to our work by:

- Regularly receiving and commenting on our plans;
- Working with our clinical and service redesign leads on service redesign programmes;
- Involvement in the procurement process for community health services and the Mental Health Innovation Fund;
- Gathering and feeding in views from the local community via attendance at local Township Forums, practice-based Patient Participation Groups and forging links with local voluntary and community groups; and
- Having representation on key committees and groups including: our Governing Body, Clinical Cabinet and Sector (GP practice) meetings;
- Involvement of our Patient Cabinet Members in the recruitment and selection of our commissioning staff;
- Members taking an active role in engagement activities linked to NHS providers including:

    - Patient involvement within the Manchester Cancer Programme
    - Patient representation on the North East Sector Cancer Board
    - Involvement in the quality Improvement Programme at Pennine Acute Hospitals Trust

We continued to learn from the operation of our Patient Cabinet over the past year. New recruitment to the Cabinet in January 2015 broadened the diversity of the group in terms of disability, religion and belief and age.

Public & Patient Engagement

In addition to the engagement work on commissioning programmes through our Patient Cabinet, our CCG has also undertaken a number of engagement exercises to inform commissioning plans.

Over the past year we have under taken a range of engagement activities to capture the views and experiences of local patients.

We have also sought to extend the reach of our communications and engagement activities to ensure that patients and members of the public are not just informed, but have the opportunity to voice their views and experiences. We have engaged with patients to inform service redesign plans relating to urgent care, cancer and palliative care, by running public workshops around each of these commissioning workstreams. A programme of engagement with voluntary sector organisations and patient groups around palliative care and cancer services also commenced in 2015 and this work will continue into 2016.

Also in 2015 we undertook a large scale public consultation exercise on the future of NHS prescribing of gluten free products. Patients were able to share their experience and views through an online survey and facilitated focus groups and in total over 150 patients took part.

In addition our commissioners worked with a military veteran's charity to gain their input into the development of the service specification for procurement of a new veteran's health service. Veterans were involved in shaping the service specification and in the process of selecting a provider as part of the procurement process.

Service provision

We recognise the importance of ensuring that universal services deliver equality of access, treatment and care and that service need to be responsive to the needs of the diverse population of the Borough. There is also a recognition that in some cases there is a need for targeted services and initiatives to meet particular needs.

Meeting the needs of lesbian, gay and bisexual patients

Since our last annual equality publication things have moved on with implementing the LGBT Foundation's Pride in Practice – quality standards for GP practices. Our public health partners in the council funded practices to complete the accreditation. We were active in promoting uptake across GP practices. As it stands, five GP practices in Bury have achieved the GOLD (full) PiP accreditation:

- Fairfax Group Practice;
- Unsworth Medical Centre;
- Ramsbottom Medical Practice;
- Ribblesdale GPs – Dr. Britton; and
- Rock Healthcare.

Six more practices have commenced the process, and are currently working their way toward GOLD accreditation. Practices include: Red Bank Group Practice, Peel GPs, Ribblesdale GPs – Dr. Subbiah, Spring Lane Surgery, The Elms Medical Centre and Greenmount Medical Centre.

We will continue to work in partnership with Public Health and aspire to involve other GP practices in this initiative.

Project to improve dementia support in BME communities

We continued to fund a project that aims to improve and increase dementia diagnosis in BME groups in Bury. The Asian Development Association of Bury (ADAB), an established local organisation, is working with GPs, BME communities, and other local organisations in the area in

order to improve the uptake of dementia services, whilst strengthening partnership working between GPs and the voluntary sector for the benefit of local patients. The project has been established in response to the comparatively low uptake of dementia services among BME people in the area.

Improving primary care services for people with a learning disability

We worked with a local voluntary group, The Bury Parent's Forum to provide training for GPs to raise awareness and improve the uptake and quality of Learning Disability Health Checks.

Improving community support for children with autism and ADHD

We have worked with its CAHMS provider, Pennine Care NHS Foundation Trust to fund the Bury Parent's Forum to provide step-down support for children with autism and ADHD and their Families.

Providing targeted community support for people with mental health problems

In June 2015 we launched an innovation grant fund for Voluntary Sector groups working with people with mental health problems. 5 organisations were funded including projects targeting BME groups, young people and older people with dementia.

Other Targeted campaigns

- We promoted HIV Testing Week internally and externally for in association with the LGBT Foundation;
- Patient views sought to help shape sight saving service for diabetics **http://www.buryccg.nhs.uk/news-and-media-centre/press-releases/2015/30072015.aspx**;
- We introduced a scheme that ensures the dementia friendly doctor will see you now **http://www.buryccg.nhs.uk/news-and-media-centre/press-releases/2015/17072015.aspx**; and
- Fast safely at Ramadan **http://www.buryccg.nhs.uk/news-and-media-centre/press-releases/2015/25062015.aspx** .

11: Taking Decisions

Our Chair and Accountable Officer are committed to embedding Equality, Diversity and Human Rights in all we do, ensuring that the decisions we take make a positive difference to the lives of our patients.

We do not automatically assume that our decisions will be equally beneficial for everyone. We test our assumptions before making decisions and assess the effects of a decision on particular populations in order to increase the likelihood that a decision will promote equality of access and equity of outcomes.

We have adopted the Equality Analysis toolkit used by GM Shared Service (which is based on an NHS England template) to analyse the possible effect of our decisions upon equality, diversity and human rights.

We have made progress with embedding this toolkit within our new 'Project Management Office' process which provides a standard approach for Quality, Innovation, Productivity and Prevention (QIPP) initiatives. This gives Quality Impact Assessments and Equality Analysis equal prominence and contributes to the evidence on which decisions are based.

Service proposals going before our Governing Body for consideration include an equality analysis and human rights risk assessment. We carry out these analyses to ensure we pay 'due regard' to the three aims of the PSED and the Human Rights Act.

Some of the Equality Analysis undertaken in 2015 included:

- Acceptable Use of IT Policy
- IMT Strategy
- Quality in Primary Care
- Inputted into the Quality strategy
- GM Military Veterans
- GM CATS
- Maternity, Maternity Support (Paternity) & Adoption Leave Policy
- Personnel File Policy
- Probation Review Policy and Procedure
- Lifestyle Changes project,
- End of Life Care (on-going)
- Quality in Primary Care LCS Agreement
- £5 per head Local Enhanced Service
- Combined Local Enhanced Service (Basket 2)

We have agreed a programme of Equality Analysis training. Two workshops were delivered during October 2015 and December 2015.

12: Governance and Assurance Arrangements

We set out here the governance and assurance arrangements for Equality and Diversity within our CCG.

All Governing Bodies have a collective and individual responsibility for ensuring compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes to the CCG, both as commissioner and an employer. Our Governing body is required to provide strategic leadership to the equality agenda.

Our Governing Body has an Executive Lead for E&D. Our Director of Commissioning and Business Delivery is responsible for ensuring that the necessary resources are available to progress the equality agenda within the organisation and for ensuring that the requirements of this agenda are consistently applied, co-ordinated and monitored.

Our CCG E&D Lead – who is the key person who liaises with the GMSS Lead for E&D and keeps the Governing Board up-to-date with progress on this agenda, via board reports etc.

Quality and Risk Committee – All equality and diversity issues are reported to this committee to ensure any quality or risk issues are discussed and highlighted as early as possible.

Patient Cabinet – Fulfilled the role of ensuring that the patient and public voice is integral to the wok of the CCG.

Clinical Cabinet – Has responsibility for ensuring that all clinical aspects are integrated into any key areas of work.

Front Sheets of Papers to Governing Body require the author to state whether or not an Equality Analysis has been completed. If an EA has been completed this is attached with the report going to Governing Body. However we recognise that this may not be as robust as it should be and therefore we are in the process of reviewing and refreshing its governance arrangements in relation to equality and diversity and Equality Analysis. Ensuring that both are an integral part of the decision making process.

E&D Specialist Support is provided by Greater Manchester Shared Service (GMSS).

13: Equality Delivery System (EDS2)

We adopted the Equality Delivery System (EDS2) as a performance framework to help us demonstrate how we are meeting the Equality Duty. EDS2 is intended to drive up equality performance and embed equality into mainstream NHS business.

We took part in the EDS2 internal assessment between September and October and focused on Goal 4 'Inclusive Leadership'. This involved some of our volunteers from our Patient Cabinet, which are made up of local people who represent groups in our community; key CCG managers and a peer review element provided by the 3 Manchester CCGs. They internally looked at how well the understanding of our leadership in the CCG, how well they champion equality outside the CCG and how they support staff in considering equality and our local communities with protected characteristics.

Given the internal focus of Goal 4, we decided to involve all our CCG staff members in the grading process via an online survey, undertaken during December 2015. Out of 25 respondents 92% agreed with the internal assessment outcome and graded our CCG as developing across the 3 outcomes.

The grading process consists of four grades which are allocated according to the following criteria set out below:

Score	Number of protected groups affected	Explanation
● **Underdeveloped**	0-2 protected groups	Insufficient data available
● **Developing**	3-5 protected groups	Improved outcomes.
● **Achieving** Level 1	6-8 protected groups	Improved outcomes. Have significantly improved on developing but still have actions to complete, clear future achievable plans in place
● **Achieving** Level 2	6-8 protected groups	Improved outcomes. Can demonstrate they have achieved significant actions & clear future achievable plans in place
● **Excelling**	9 protected groups	Improved outcomes.

The outcome of our assessment, which can be found **here** in more detail, will be used to enable and support continued improvement within the CCG.

Goal 4: Inclusive Leadership	2014 Grading
Outcome 4.1: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Developing
Outcome 4.2: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Developing
Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Developing

14: Workforce Race Equality Standard

Black and minority ethnic staff (BME) is significantly under-represented in senior management positions and at board level in the NHS. In 2012, just 1% of NHS Chief Executives came from a BME background, compared to 16% BME representation in the NHS workforce as a whole.

From 1st April 2015, NHS-commissioned providers have been required to apply the new NHS Workforce Race Equality Standards (WRES). WRES forms the first phase in a programme of work addressing workforce equality issues. This will apply to almost all provider organisations, and national organisations. All providers of NHS-funded healthcare services (other than primary care) will be expected to collect, analyse and publish relevant workforce data in respect of their staff providing NHS services, unless the income from services commissioned under the NHS Standard Contract is less than £200,000.

Organisations are required to collect and analyse reliable data and listen to their staff including especially BME staff, in order to understand how differences in treatment arise so that remedial action can be taken. This information will highlight any differences between the experience and treatment of white staff and BME staff in the NHS.

The aim is to ensure BME staff are treated fairly and their talents valued and developed, as many studies have shown that unfair treatment of BME staff adversely affects the care and treatment of all patients. In addition, organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focused care that is needed. Boards are therefore expected to be broadly representative of the population they serve.

As a commissioner, we do this by ensuring that our providers of healthcare services are collecting, analysing and publishing the data to establish the base line data for each indicator in the standards. We also need to use the WRES to help improve workplace experiences and representation at all levels for BME staff and publish this as a separate report.

We published its workforce data (up to 1st April 2015) in relation to WRES including identification of any shortcomings. The CCG will focusing on the WRES over the next year and intend to report on our progress in our next annual equality publication.

Our WRES for 2015 can be found here:
http://www.buryccg.nhs.uk/Library/Your_local_nhs/Equality_and_diversity/Workforce-Race-Equality-Standard.pdf

For more information see the **NHS England Race Equality Standards** page.

15. GM Health and Social Care Devolution

Local decision making organisations are increasingly being given increased freedoms and flexibilities to tailor budget and priorities to their own region's needs. Health and social care devolution is part of the wider plan to devolve a range of powers for significant areas such as transport, planning and housing to Greater Manchester. The deal signed in February 2015 with the Government means that councils and the NHS will have control of, or influence over, the entire health and social care budget for the 2.8m people in Greater Manchester (estimated to be around £6 billion for 2016/17).

Devolution in Greater Manchester will allow us to have a bigger impact, more quickly, on the health, wealth and wellbeing of people living in Greater Manchester. Health and care services will be more easily able to respond to what local people want and will use residents' experience to help change the way we spend the money.

The health and social care agreement or Memorandum of Understanding (MoU) is between the Greater Manchester Combined Authority (GMCA) and the Government, NHS England and Greater Manchester Clinical Commissioning Groups (CCGs). The GMCA consists of the ten local authorities, police and fire services. All other NHS bodies in Greater Manchester have also given their formal commitment to this agreement, which covers acute care, primary care, community services, mental health services, social care and public health.

Devolution will enable us to integrate and co-ordinate services in new ways to tackle some of the major challenges and health inequalities we face. We want to move from having some of the worst health outcomes to quickly having some of the best as well as closing the health inequalities gap within Greater Manchester and between Greater Manchester and the rest of the UK.

We are closely aligning our key health and social care transformation programmes with Greater Manchester-wide agreements to ensure that we benefit from a joint approach and shared learning to address complex challenges. There are also clear benefits from economies of scale in terms of cost, collective negotiating power and sharing of best practice. We also want to ensure that there are consistent quality standards to enable cross boundary working and fairness for our Greater

Manchester residents. Examples of the workstreams, initiatives and programmes at a Greater Manchester level that we are aligning our activity in Bury to include:

- Developing a social movement;
- GM memorandum of understanding with the social housing sector;
- Get GM moving strategy;
- GM mental health strategy;
- GM memorandum of understanding with Public Health England; and
- GM early years new delivery model.

For more information see the Greater Manchester Devolution website at http://gmhealthandsocialcaredevo.org.uk/

In order for Devolution to happen equitably, and to ensure that local health inequalities are addressed, each area has submitted a locality plan, showing how health and social care in each area will work in partnership to commission and deliver transformed services to reduce or eliminate health inequalities.

16. Achievements

Throughout this report we have highlighted our progress since our last year, including our recent grading against EDS Goal 4. Listed below are some of our achievements, which we intend to build on over the next year:

NHS Leadership Academy

- We have CCG membership on the NHS Leadership Academy Equality and Inclusion Reference Group and their Board.

NHS North West Equality Forum

- We are members in the NHS North West Equality Forum.

Healthier Together Equalities Advisory Group

- We have CCG membership on the Equalities Advisory Group. The role is to provide advice to the Healthier Together Programme on a range of equality inclusion issues, utilising member's expertise, representing the interests of the members of the public. Ensuring that Healthier Together takes account of the needs of the diverse population of Greater Manchester. Members of the group will represent patients and members of the public in the Healthier Together decision making process, paying particular attention to all equality groups.

Organisational Development:

- Securing expertise in Equality, Diversity and Human Rights (EDHR) to work with us to improve add value to our core business;
- Refreshing Equality Analysis process across our CCG, within the 'Project Management Office' process and training staff in its usage;
- Continue to embed equality considerations in our commissioning processes, including procurement, service reviews, contracting;
- Development of our Patient Cabinet in EDHR with training provided to the Cabinet on the Equalities Act 2010 and one of the Cabinet members delivering a presentation on ethnicity and health;
- Rolling out equality and diversity training for our staff and embedded GM Shared Service staff;
- Strengthen our engagement with local protected/ vulnerable groups; and
- Working with our providers to strengthen our requirements of them around EDHR.

Responding to the Health Needs of Local Groups:

- Meeting the needs of lesbian, gay and bisexual patients through promotion of sign up to the LGBT Foundation's Pride in Practice – quality standards for GP practices with 5 practices achieving the Gold standard and another 6 working towards this.
- Working with the Asian Development Association of Bury (ADAB) to improve and increase dementia diagnosis in BME groups in Bury.
- Improving community support for children with autism and ADHD though working with statutory CAMHS and a local community project to provide step-down support for children with autism and ADHD and their Families.
- Providing training for GP practices to improve the uptake and quality of Learning Disability Health Checks.

- Providing additional targeted community support for people with mental health problems through the Innovation fund.

Communications and Engagement:

- We started a conversation with patients, carers and the wider public about the appropriateness of NHS prescriptions for gluten free foods for adults, in November 2015. The 8 week engagement phase, which ran until 6th December 2015 obtained feedback from over 150 patients, and will inform a future decision by the CCG as to whether it should continue to prescribe in this area.

- Our 'Patient Cabinet' has a key role in ensuring meaningful involvement and engagement with local people and communities - gathering views and feedback and making sure that people have a chance to feed into and actively participate in the CCG's consultations and service planning. Through our Patient Cabinet we aim to ensure that services it commissions are geared around the people who use them and that decisions take into account local views. Our Patient Cabinet is diverse group and members have grass roots connections within their local communities where they themselves live and use health services. Improvement outcomes and access to services to BME communities, people with mental health problems and cares have emerged as key priorities identified by the Patient Cabinet.

- Representatives from our CCG, Bury Children's Trust, Pennine Care Foundation Trust and the voluntary sector have continued to explore how we can work in partnership to improve the involvement of children and young people in the Borough and build on local initiatives such as the Bury Youth Parliament.

- Staying Healthy during Ramadan. Our CCG was actively involved in the promotion of 'stay healthy' messages for Muslims fasting during Ramadan

17: Next Steps

Our commitment to equality, diversity and human rights has resulted in progress over our first 3 years, however we recognise we still have much more to do to improve quality, and reduce health inequalities.

Some of the key activities we are committed to do over the next 2 years and are detailed below:

- Test its performance against the Equality Delivery System 2, for Goal 1
- Improve the quality of Equality Analysis.
- Develop the awareness of our Patient Cabinet around barriers protected groups face, and strengthen their role in influencing commissioning.
- Support and monitor our provider performance in implementing NHS Workforce Race Standards to improve BME representation at board and employee levels.
- Support and monitor our provider performance in implementing the new accessible information standards.
- Improve our providers performance in Equality Diversity and Human Rights
- To raise awareness of disability, reasonable adjustments and discrimination by association.
- Consult and involve patients and public in relation to progressing integration plans which will involve engagement with groups including BME communities, carers and older people.
- Work with local patients and public in our end of life plans.
- Work with the Local Authority and other partners to implement an action plan linked to the Bury Mental Health Strategy. Delivery of the action plan to be overseen by a Steering group with representatives from our CCG, Bury MBC, Public Health and the Police. Service Users will be engaged including via the Patient Cabinet and user groups.
- Implementation of an action plan linked to the Bury Carers Strategy to improve support for carers.
- Work with partners to continue to deliver the key recommendations arising from the health services survey with people with a learning disability with the aim of increasing accessibility, improving patient experience and reducing inequality in health outcomes
- Work with our partners in the council to adopt a consistent approach to Equality Analysis for Health and Social Care.
- Improve data collection from all employee related activities.
- Undertake data cleanse exercise to improve protected characteristics on the Electronic Staff Record (ESR).
- Improve governance structure for the equality and diversity.
- Improve relationship with providers to ensure compliance with EDHR Schedule.